UNIV. OF
TORONTO
LIBRARY

Digitized by the Internet Archive
in 2010 with funding from
University of Toronto

http://www.archive.org/details/lancetmed1828wakl

~~P
Med
L~~

THE LANCET.

MDCCCXXVII—VIII.

IN TWO VOLUMES.

VOLUME II.

EDITED BY
THOMAS WAKLEY,
SURGEON.

LONDON:
PRINTED FOR THE EDITOR,
BY MILLS, JOWETT, AND MILLS, BOLT-COURT, FLEET-STREET.

MDCCCXXVIII.

407288
20.11.42

R
31
L3
1827/28
v.2
cop.2

THE LANCET

Vol. II.] LONDON, SATURDAY, APRIL 5. [1827-8.

LECTURES

ON THE

THEORY AND PRACTICE OF MIDWIFERY

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

Lecture XXIII.

Symptoms occurring during the Puerperal State of Laborious Labours, and of the use of Instruments.

After labours that are laborious, Gentlemen, the woman sometimes recovers as readily as if, during the delivery, nothing extraordinary had occurred. It does, however, occasionally happen, and that, too, where the labours have been managed with the best possible care, that a variety of morbid symptoms are manifesting themselves, more especially during the first few days; and to the consideration of these symptoms, and their treatment, we shall now proceed.

After parturition has been accomplished, whether by the use of instruments or otherwise, if the labour have been laborious, much swelling of the external parts, the *labia pudendi* and its adjuncts is by no means very unfrequent; and this may be accompanied with sloughs—sloughing of the inner surface of the perineum, or sloughing of the inner parts of the labia themselves. These sloughings and swellings, the result of compression and contusion, are best treated by fomentations and poultices; and the oil of turpentine seems to be of service, in accelerating the separation of the sloughs. Of course, the general state of the health will require attention. On tow, the oleum terebinth. may be applied to the mortified parts, pure, or mixed with two parts of the oleum olivæ.

After laborious labours, suppuration may take place within the pelvis, and matter to the amount of four, six, eight, or more ounces, may collect externally to the vagina and peritoneum in that cellular web which is interposed between the viscera below the brim. Much irritation of the hectic kind supervenes; there is sickness, and incrustation of the tongue; and purging, and sweating, and wasting, and a pulse of 120, 30, or even 40 in the minute, the symptoms altogether assuming a very alarming appearance. In the course of a few days after the delivery, the woman may die; or where the symptoms are less violent, the cysts in which the pus lodges may give way, the matter escaping variously, by the rectum, vagina, and, perhaps, the urethra itself. To detect the matter in these cases, may not always be a very easy task; throbbings, shiverings, irritation, hectic, and careful examination internally, are, perhaps, the best diagnostics. Cases of this kind must be managed on general principles: an ascertained accumulation of matter, may justify the use of the abscess lancet.

After laborious labours, the system sometimes gets into a state of collapse—the result of that extensive bruising, to which I referred in a former lecture. If the symptoms of collapse are not very considerable, the patient may rise out of them at the end of a few weeks, recovering not so much in consequence of any remedy that may have been applied, as from the gradual restoration of the contused parts under their own healing efforts. If, on the other hand, the collapse be very considerable, the body cold, the countenance fallen, the perspirations clammy, the pulse 140, or more, in the minute—the manner of the patient giving indications of debility and oppression, then any treatment, even the most powerful diffusive stimuli, will, I fear, be found of very little avail; and your patient will go on sinking until she die, perhaps, at the end of twelve, or twenty-four, or thirty-six, or, at most, eight and forty hours after the time of her delivery. I have known death from this cause occur, as late as the tenth day.

After laborious labours, a good deal of inflammation may sometimes hang about the abdominal viscera, and more especially those viscera which lie in the vicinity of the pelvis; and if you examine internally the os uteri, and parts adjacent, or the vicinity of the navel externally, the inflammation manifests itself by tenderness on compression; and this, too, where the bowels and bladder have been thoroughly evacuated, so that no overcharge of those organs can be the cause of the uneasiness. Together with all this uneasiness of the parts in the vicinity of the pelvis, there is a crusted tongue, and a pulse 120, sometimes 130 or 140; though, in these cases, the pulse, I think, does not ordinarily become very frequent. In some *instances*, the inflammation may be seated in the peritoneum—being, however, in general, circumscribed; more generally, the peritoneum appears to escape, and the substance of the uterus and vagina, or the cellular web lying externally to the vagina, and other pelvic viscera, is the seat of the inflammation. It is satisfactory to know, that these inflammations generally do well, provided suppuration do not occur, and this is by no means very frequent. Violent practices are uncalled for, and improper. Do not confound the disease with puerperal fever; thirty or forty leeches, say thirty on an average, should be applied above the symphysis pubis. Now and then, instead of the application of leeches, blood, to the amount of sixteen ounces, may be abstracted from the arm; laxatives, refrigerants, and the antiphlogistic regimen for four or five days, will commonly be found to overcome the symptoms. Of the remedies enumerated, leeches are my principal reliance; and when the patient has a moderate share of strength after the leeches, I am accustomed to lay on three poultices in succession, each for two hours, so as to encourage the bleeding; the poultices should be large, warm, and soft.

After laborious deliveries, sometimes the patient is affected with a certain puerperal irritability, not without its danger; and this occurs sometimes even in women of the most placid temper. To this irritability I have taken occasion to advert in a preceding Lecture, for it occasionally commences before the delivery is completed. Anxiety, agitation, susceptibility, perhaps morosity, are very strong characteristics of the affection, and the head and face are hot, and the pulse is frequent; 120 or 130 in the minute, with a certain smartness and quickness of the beat; the sleep at night is broken; the dreams are wild; and sometimes a disposition to delirium appears; the patient talking at random; the mind in the severer cases becoming altogether disordered. When, as more generally happens, the symptoms for three or four days together do not rise above the level here given, they gradually subside, the patient ultimately recovering. The chamber may be cooled and darkened; 20 or 30 leeches may be applied to the temples, perhaps repeatedly; the scalp may be shaved, and the head may be thoroughly refrigerated by cooling lotions, and bladders charged one-third with ice; the temperature being moderated by the interposition of one or more folds of flannel, if necessary. Relaxation of the bowels; opium, in the larger and more tranquillising doses: perhaps digitalis, in measure sufficient to operate on the system, may be found of service. Leeches seem, on the whole, to be preferable to cupping or venesection. A given quantity of blood taken away by leeches, reduces vascular action more decidedly, and acts more effectively on the body at large, than the same measure when abstracted by cupping or the lancet. In cases of this kind, it is desirable to get the milk into the breast, and to keep it there; for when phrenitic attacks occur, the milk sometimes disappears suddenly; an accident always to be regarded with some apprehension. When bleeding has been premised, and the skin is disposed to perspiration, the effect of larger doses of opium is sometimes very satisfactory. I have seen a sweat break forth upon the whole body, the pulse descending from 130 to 90, or 100 in the minute. A diaphoretic may be combined. The pulvis ipecac. cum opio is no inconvenient formula. When the irritability is purely hysterical, with quiet and patience, it usually passes away; gas, tears, groundless apprehensions, and a cloudy mind, among other characteristics, will be found of much use in the diagnosis here.

Rigors, wastings, sweatings, vomitings, purgings, and aphthæ of the mouth, may occur after laborious labours, the pulse rising to 120 or 130 in the minute, and the strength collapsing. In cases of this kind, I suspect there are often inflammation and excoriation of the inner membranes of the stomach and bowels, than which, with the exception of slough, nothing more certainly destroys the vigour of the system. Bear this in mind, when contending with these affections, and take your measures accordingly. Aromatics, chalk mixture, opium, extract of hœmatoxyli, you may give more or less abundantly, according to the effect produced, as in similar attacks, occurring after floodings; and I should recommend you, if the purging continue in spite of all your efforts, to remove the patient into the country as soon as may be. A rising ground is to be preferred. I have seen the most obstinate purgings give way under change of air. Should the weakness of the patient require it, an invalid carriage may be used during the journey, and a medical friend should accompany.

Solid food is less likely to keep up the diarrhœa than liquid aliment.

After laborious labours, your patient is sometimes affected with a retention of urine, which, in general, need not alarm. Two or three times a day the catheter may be introduced; for the less the bladder is loaded, the better. These retentions are the result of inflammation, intumescence, and perhaps some little spasm about the neck of the bladder. You will find them accompanied, too, with those inflammatory abdominal symptoms which I have been describing. Leeches, fomentations, and the catheter, are the best remedies. Abscess near the urethra may prevent the flow.

After laborious labours, again, weakness of the bladder is by no means infrequent. The patient could retain the water well enough before parturition, but after delivery this power is lost; it drips from her continually, and this independently of any solution of continuity by rupture or slough. Sometimes the contents of the bladder will come gushing away under efforts of the abdominal muscles. For months or years this incontinence may last, but more generally, unless the contusion of the bladder have been considerable, this weakness does not last for more than a few weeks. Of the method of managing these cases I shall hereafter speak at large; suffice it, at present, to observe, that much aqueous beverage, and frequent ablution of the vagina by the syringe and tepid water, are principal remedies. Blistering above the symphysis pubis, or on the lumbar region, deserve a fair trial, when the case becomes chronic.

In these laborious labours, if you have not been attentive to the evacuation of the bladder, it now and then happens, that the back part of the body gives way, making an opening into the vagina direct, two or three fingers, perhaps, being admissible at the opening. Emptiness of the bladder is the best security against these accidents, not of common occurrence; if, however, unfortunately they take place, the best method of treating them is by introducing the catheter into the bladder, and keeping it there, a sheep or bullock's bladder being attached to the lower extremity, so as to collect the water. I know of one case in which a very extensive laceration occurred, and where, by this method of treatment, the aperture healed completely, so that the woman, though the retentive powers were weakened, could, on the whole, retain pretty well the contents of the bladder. In this case there was a legal investigation, and I examined the woman more than once, as you may suppose, with no small care; and though, on the first examination, I could with ease introduce both fingers into the cavity of the bladder, where the catheter could be felt naked, yet, on investigating some weeks afterwards, I found the aperture closed so perfectly that scarcely a trace even of cicatrix could be detected.

Where there has been a great deal of pressure in laborious labours, whether from the abuse of instruments or other causes, sloughing may occur, the vagina or rectum being laid open of consequence. When slough of the cervix vesicæ is forming, the patient, at first, is incapable of passing her urine, so that the catheter becomes necessary; after a few days, however, you have the satisfaction to learn, that the water flows under the natural efforts; but no long time afterwards, you are mortified to hear that the retentive power of the bladder is lost, the water at the end of a week or two dripping from the vagina continually. About this time there comes away something which is said to be a piece of skin, and, when washed, immersed in water, and examined, it is found to consist of a portion of the bladder and vagina. Examination at this time detects an aperture in the bladder, sometimes small, but occasionally large enough to admit one or two fingers. The method of preventing these sloughs I have already stated; I have told you already that you should never permit a woman to be in labour too long, especially when the pulse is rising; that you are never to allow the urine to accumulate too largely; and that, more especially, when using the instruments, you are always to have these preparations of contusion, lacerations, and slough before your eyes, being on your guard against too much force. When the sloughing of the bladder occurs, I am sorry to say we are not at present in possession of any effectual remedy for it. You should attend to the general health of the patient, in order to give the healing powers fair play; but, without denying the possibility of closure, I may be allowed to observe, that I never saw a single case, and I have been called to many, in which the aperture has been completely healed; a great reduction of its dimensions is sometimes observed, so that there is scarcely room for the passage of a catheter, but, almost invariably, a fistulous communication remains. By means of the actual cautery, this might sometimes be healed, but the practice is rough.

A slough of the rectum is known by the escape of the feculent matter; happily this accident, more dreadful than the mortification of the bladder, is of much less frequent occurrence. Now and then, however, it does take place in country practice, as well as that of the metropolis, and several cases of this kind I have examined in this Hospital. By ligature, in some cases, and in others by an operation similar to that for hare-lip, a closure of the aperture might, I conceive, be accomplished; and I the rather mention this, because the complaint is so exceedingly distressing that every thing, not unreasonable, may be fairly recommended to relieve it. In the course of time, the edges of the aperture become callous; solid fæces may then be retained.

In consequence of the laborious labours, a good deal of pressure is sometimes made on the nerves, the obturator, and great sciatic especially. The trunk of the obturator nerve lies much exposed, immediately below the brim of the pelvis, liable, therefore, to forcible compression when the fœtal head is coming away. As to the great sciatic nerves, their origins are seated on the *sacro-iliac synchondrosis,* being of course much exposed to compression, if the head is large or the pelvis is small. Now, in the laborious labours generally, the nerves do not suffer, or, at most, very slightly; perhaps, as the head descends, the woman exclaims, "the cramp," and she requests some person to rub her limbs; by and by the birth is completed, and after delivery the pain is felt no longer. In some cases, however, of rarer occurrence, the nervous structure suffers so severely that the patient remains more or less paralytic for months after her delivery. It is a satisfaction, to know, that though the nervous structure does not possess self-healing power, of rapid operation, nevertheless it is not so destitute of that restorative energy as some have imagined. Nerves divided by the scalpel will re-unite, as was well shown by the experiments of Haighton; (the case of the celebrated Polish general, Kosciaskow, I formerly mentioned;) and thus after labours followed by numbness and weakness of the limbs, recovery may occur, although it requires a length of time, for example, several months, for the purpose. *Et hæc hactenus.*

Instruments.—When the birth of the child is obstructed, whether from the rigidity of the parts or from the bulk of the fœtus, or from the unfavourable position in which it lies, it becomes necessary occasionally, though but rarely, to have recourse to artificial means of delivery; and these artificial means are reducible to the following, as the principal—premature delivery, the Cæsarian operation, and obstetric instruments; and we will first give our attention to instruments, always a great obstetric evil, but not always to be avoided.

The different instruments received into modern practice I now lay before you; the tractor or lever, the forceps, the perforator, and those instruments which are in use connected with the perforator, the crotchet, the blunt hook, and the craniotomy forceps. Into two classes these dreadful instruments may be divided, those, I mean, which are designed to bring away the child by reducing its bulk, and those again which are intended to abstract the fœtus without injury either to the mother or her offspring; the latter may be called the *embryospastic* instruments, the former the *embryotomic.*

When you are called to a case requiring the use of the embryospastic instruments, that is, to speak in plainer language, the tractor or the forceps, long or short, before you engage in your operations I would advise you to examine what is the state of the patient. In some cases the woman is in a state of collapse; she has been bruised and lacerated before you entered the chamber, and perhaps you are summoned to the bed side only to see her die; I have already pointed out the symptoms by which these fatal injuries may be known. In other cases, the patient is in a state of inflammatory excitement, particularly where the accoucheur has properly called for assistance in good time; the skin is hot, the tongue is white, the pulse is high; and when you take away a pint or more of blood, you find it cupped and buffed. In some cases, too, those especially which are under your own care from the first, the woman is still vigorous, and quiet, and placid, when the necessity for instruments is brought under deliberation. In all these three conditions your patient may be, after a laborious labour,—composed, excited, or exhausted; nor ought you to commence the use of instruments till the state of the system have been determined. If there is excitement, bleed.

When you make your examinations, which you should always do before you have recourse to the embryospastic instruments, in some instances the patient bears with them well enough, but in others not so, the parts are inflamed, and swelled, and irritable, and will not sustain the slightest touch. In these cases bleed from the arm to the amount of sixteen ounces, more or less; foment the softer parts, and administer, if you please, thirty or forty drops of the tincture of opium, or a corresponding quantity of Battley's anodyne; and in this manner, as in the case of turning, you may prepare the parts for the operation.

When you are thinking of using the embryospastic instruments, again, before you operate, ascertain clearly what is the state of the *os uteri*, vagina, and softer parts. If you find these parts are rigid, you must not even think of using the forceps or lever; the very thought is almost sufficient to bruise, lacerate, and destroy. But if, as more generally, you find the os externum and the os internum wide open, and the softer parts completely relaxed, contraction of the bones being the cause of the deficiency of room, you are so far justified in having recourse to the operation. Remember this, I intreat you: if the mouth of the womb is shut, and the external parts are rigid, abusing the tractor or the forceps, you may destroy the patient; but if, on the other hand, the womb is open, and if the softer parts are relaxed, and the head is down among the bones of the pelvis, then the lever or forceps may be applied with the fairest prospect of advantage.

Again, before you apply your embryospastic instruments, even where the parts will allow it, the bladder should be emptied by the natural efforts, or the catheter, provided, indeed, the catheter can be introduced, for this is not always accomplishable. Nor must it be forgotten, when instruments are under consideration, that the loaded state of the intestine may require enemas.

Before instruments are applied, in general the position of the head ought to be made out, and with great precision. Instruments, the forceps especially, you never can manœuvre well, unless you first ascertain with nicety the bearing of the head. Without this knowledge, indeed, you may use the instruments, and you may bring away the child, not, perhaps, without an overweening self-complacency; but, after having seen a great deal of operative practice, I am persuaded you never can operate scientifically, unless the position of the head be first ascertained. When you have acquired sufficient dexterity by practice, the place of the head may be made out, by bringing the patient near to the edge of the bed, (where she ought always to lie when these instruments are used,) by lubricating two fingers of the left hand, (generally the most convenient,) and by passing those fingers up to the womb as far as may be. Proceeding in this manner, you feel the child's head; and by the roundness, the softness, the fontanels, the rising of parietal bones, not to omit the hair upon the scalp, the vertex presentation may be known. The presentation thus made certain, you may distinguish the situation, too, by passing your fingers along the sagittal sutures; at the one extremity of this suture, you find the little fontanel, of triangular shape, of small size, and with three sutures concurring at the other extremity; you detect the great fontanel of large size, diamond shape, and with a conflux of four sutures, the frontal, the sagittal, and the two legs of the coronal. There is one part of the head only, where four sutures meet, and that is the great fontanel; there are several parts where three sutures meet; hence it requires more tact to discriminate the little fontanel. Where the little fontanel is, there is the occiput; where the great fontanel is, there is the face, so that in this manner you make out the situation of the different parts of the head, with tolerable facility. But further, by observations upon the ear of the child, the observations on the fontanels may be confirmed. Unless there be an extraordinary want of room, two fingers may be passed between the symphisis pubis and the head, and there you will find the ear of the child; this, by inference, indicating the situation of the face and occiput to the sides of the pelvis. If you can feel the flap of the ear, your inference becomes still more complete, for, care being taken not to double this part, the flap always lies towards the occiput, and the part which is sessile, towards the face. Thus, then, under the vertex presentation, the most common of all, and that, therefore, on which I have enlarged the most fully—by the hair on the scalp—by the roundness—the softness—the fontanels, the sutures, the ear, you may easily make out the position of the head; and this knowledge is peremptorily necessary, if you wish to operate with instruments in a dexterous and scientific manner. Instruments are exellent in gentle and judicious hands, but most destructive if they fall into the hands of the violent and the ignorant.

Where there is a presentation of the *face*, you may sometimes be compelled to have recourse to instruments; and, I apprehend, the presentation of the face will be easily made out, for you, I am persuaded, will be able to distinguish the mouth from other apertures, though I have not always met with those who possessed discrimination enough for this distinction. To the touch of the face, in the new born child, its eyes, its nose, its mouth, and all its various features, your finger should be accustomed; and if you familiarise yourselves with the feel of these parts, there can be no difficulty in making out the presentation and situation also.

I repeat it, then, before you attempt to introduce an instrument in laborious labours, sit down tranquilly, considerately and repeatedly, if necessary, at the bed side, indeed, as often as the investigation may seem to require; and then make out by examination, to your thorough satisfaction, what is the position of the fœtus, for this knowledge is peremptorily necessary to the dexterous administration of instrumental practice. Well, this point ascertained, before you proceed further, ascertain, moreover, what is the nature of the difficulty with which it may be your lot to contend. In general, when deliveries are laborious, the obstruction arises from one of three causes—rigidity, disproportion, and unfavourable position of the cranium—of all which, we shall hereafter separately treat. Which of these causes may be in operation separately, or in conjunction, in the case under care, should be thoroughly investigated. So that, if any obstetric friend were to enter the room, and say, you are going to use your instruments—why, you ought to be able to give an answer, consisting of something more than mere words.

When instruments are to be used, it is proper to place the woman in a convenient position—that position being selected which may be the most commodious to yourself. Now, some may prefer the sedentary posture, some the recumbent; some that the woman lie on the right, some upon the left; these things are relative to the habits of the operator, and to dispute about them is barren. For myself, I generally place my patient on the left side, close to the edge of the bed, with the shoulders forward, the loins posteriorly, the knees and bosom being approximated, and the abdomen facing a little downward—in a word, in the position of this fœtus. Nurses are in the habit of putting a patient in a position just the reverse of this—I mean with the loins anteriorly, and the shoulders behind (observe the image.) Keep clear of the bed-post. Sterne hated wooden bedsteads. I am sure the accoucheur has reason to hate those with four posts. If your patient wish to bear with her feet against the bed-post, she may be indulged in smaller difficulties; but, in using the forceps, (especially as you proceed with the delivery,) you will find the post in your way. In laborious labours, you must also choose your own position by the bed side; in general I kneel myself, and have a chair in readiness; so that if fatigued, I may sit down; this precaution I should advise you also to adopt.

These then are the principal steps to be taken, before you use the embryospastic instruments; place yourselves in an appropriate position; let the woman be placed in the position demonstrated, close to the edge of the bed, that the pelvis may lie under the hand; ascertain, moreover, what is the nature of the difficulty; ascertain too the position of the child, and do not blindly pull down with the instruments, without this previous knowledge; let the bladder be emptied, and the rectum, too, if necessary; let the softer parts be fomented and relieved from the great irritability; if the patient is in a state of collapse, be on your guard, because she may die immediately after, or before the delivery; if she is merely in a febrile state, or in good general health, be watchful still, though she may be expected to do well; generally, before you use the embryospastic instruments, it is proper to take away fourteen or sixteen ounces of blood. Always it is absolutely necessary that the parts should be relaxed thoroughly, and that the dilation of the os uteri should be complete.

LECTURES ON CHEMISTRY,

BY

PROFESSOR BRANDE.

Delivered at the Royal Institution of Great Britain.

LECTURE XXXV.

On Zinc, Tin, and Copper.

The next metal on the list is *zinc*, which, although not a very important metal in the arts, is very useful for some chemical purposes, and its salts have been introduced into medicine. It is obtained, generally, from the sulphuret, or *blende*, and from the carbonate of zinc or *calamine*, by the following process: the ore having been broken into small pieces and picked, is put into a reverberatory furnace and submitted to a dull red heat, by which the sulphur and the carbonic acid are driven off from the ores which I have named. The roasted ore is then ground and washed, and eight parts of it are mixed with about one part of powdered charcoal, and the mixture is put into large earthen pots, a certain number of which are put into a circular furnace; and from the bottom of each pot an iron tube passes through the floor of the furnace into some water, which is placed beneath, and, as the pots are firmly closed by a strong lute in every other part, when they are heated to a red heat the metal distils through the tube into the water, and is afterwards usually cast into cakes. This zinc of commerce generally contains considerable impurities, such as lead, copper, now and then iron, and occasionally traces of manganese and arsenic, from all of which it may be separated by dissolving the zinc in diluted sulphuric acid, filtering the solution and precipitating the white oxide by carbonate of potash. The oxide may be reduced by igniting it with charcoal.

This *oxide of zinc* is composed of one proportional of metal 34, and of one proportional of oxygen 8, so that its equivalent number is 42; it may also be obtained by heating the metal in air; the metal takes fire at a red heat, burning with a bright flame, and is converted into a white flocculent substance, which was formerly called *philosophers' wool* and *flowers of zinc*, which you now see floating about in the upper part of the theatre. It is best prepared for pharmaceutical use by precipitating the solution of sulphate of zinc by ammonia, and then washing and drying the precipitate, because, when produced by combustion, as you have just seen, it always contains some small particles of the metal, which makes it feel gritty. It is sometimes used as a pigment in oil and water colours.

When heated in chlorine, a *chloride of zinc* is formed, or you may also obtain it by evaporating a solution of muriate of zinc to dryness, and by heating the residue red hot. The chloride is a very deliquescent salt, and becomes converted into the *muriate of zinc* when dissolved in water. The muriate of zinc turns turmeric paper red, like an alkali, but it is not alkaline, and it cannot effect a like change on any other yellow colouring matter, such as rhubarb and others. The *nitrate of zinc* is an unimportant salt. The *sulphate of zinc* is easily formed, in the large way, by the action of hot air and water upon the sulphuret or *blende*; but a better method of procuring this substance is to act upon the zinc itself, by diluted sulphuric acid, by the action of which you are aware that hydrogen is given out from the water; oxygen is absorbed by the metal to form an oxide of zinc, which is taken up by the sulphuric acid to form the sulphate. If sulphate of iron gets into a solution of this kind, it is a very difficult matter to get it out again. The sulphate of zinc crystallises in four-sided prisms, terminated by four-sided pyramids, which effloresce a little on exposure to air; and it is soluble in about twice its weight of water at 60°. It consists of one proportional of oxide 42, of one of sulphuric acid 40, and six of water 54, so that its equivalent is 136. It is found *native* at Holywell, in Flintshire, and other places, where it is probably formed by the decomposition of the *sulphuret*, which the miners call *black jack*.

The *carbonate of zinc* is sometimes found native, forming one of the varieties of *calamine*, which may be formed artificially, by adding carbonate of potash to sulphate of zinc. It is a white tasteless matter, and occurs both crystallised and massive; its primitive form appears to be an obtuse rhomboid. It is sometimes found with carbonate of lime, in a state of imperfect crystallisation, in the counties of Somerset and Derby. Calamine, beautifully coloured by carbonate of copper, is found at Matlock; and there is another variety, called *electric calamine*, from the circumstance of its becoming electric when heated. The solution of these salts of zinc, but especially the sulphate, are not precipitated by any metals but potassium and sodium, whilst, on the other hand, zinc is very efficient in precipitating other metals, such as copper and tin, from their solutions.

The tint produced by precipitating the salts of zinc by ferro-prussiate of potash, is white, which affords a ready distinction between this metal and iron; and from the precipitate of manganese, which is also white, it may be known, by the fact of the oxide of zinc being soluble in excess of alkali, whilst manganese is not.

Zinc is an useful metal in the chemical laboratory, especially in the construction of the voltaic pile, and also in the formation of pure sulphate of zinc, which is used in medicine. It has been sometimes applied in its metallic state to the covering of houses, instead of sheet lead and copper, but it has never been very generally used for that purpose. Sometimes it has been substituted for tin in the manufacture of culinary vessels, but in consequence of its ready solution in weak acids, it has been rejected.

Tin is the next metal on our list, and it appears to have been known at a very early period, being mentioned in the works of Moses; and, according to Pliny, was obtained from Spain and Britain by the Phœnicians.

The only important ore of tin is its *oxide*, and it appears, that, in the eastern countries, this ore was always sent into the market. The oxide is opaque and rough on its exterior, sometimes polished, having a tendency to transparency. It is one of the heaviest of the metallic ores, and the metal itself, with the exception of potassium and sodium, is one of the lightest. The oxide is found native in great abundance in Cornwall, and in different parts of the world, especially in the East Indies. It is found in rounded masses of various sizes among the pebbles in the valleys, and on the coast, and is separated from the alluvial matter, and small detritus of the rocks, by passing a stream of water over it; such a process for obtaining the ore is called a *stream work*, and the tin thus obtained, a stream tin. The principal stream work was at one time at Carnon, a valley situated at the head of one of the branches of Falmouth harbour. Its reduction is easily effected; the ore is broken down into fine powder by machinery, and this process is called *stamping*; it is then washed carefully, and the oxide being mixed with a certain quantity of coke, is fused in a proper furnace, and cast into large blocks. This is the method pursued to obtain the *common tin*, as it is called, but in order to purify it, or to convert it into *grain tin*, it is placed in a reverberatory furnace with charcoal, much in the same way as in the process for the purification of iron. The oxides obtained from the mines, usually are mixed up with large quantities of the sulphuret of iron, or *mundic*, as the miners call it, from which, after the streaming, it is partly separated by washing, so as to drive off the sulphur, and the iron requiring a much greater heat for its fusion than the tin, is left in the tin furnace, mixed up with the coke in the form of slag. The tin is usually cast into small bars, or ingots, for exportation. The specific gravity of tin is 7.30; it has a peculiar silvery lustre, not easily forgotten when once observed, and it has a greasy feel. When bent, it makes a crackling noise, and, if slightly rubbed, gives out a peculiar and rather fœtid odour; but on what this odour in some of the metals, (as, for example, also in lead and copper,) depends, is not known.

Tin is very malleable, and may be procured in leaves of considerable tenacity; but we have never been able to obtain it so thin as to be transparent, as we showed you to be the case with fine gold leaf. When fused, and about to cool, if struck smartly with a hammer, it separates into crystals, or at least into masses, which show a crystalline tendency. It melts at 442°; at a higher temperature, it is probably volatile, and at an excessive temperature it burns, which it will do readily, by submitting it to a stream of oxygen at a very high temperature. Formerly, *powdered tin*, and tin filings, were prepared for pharmaceutical purposes, and used as vermifuges; but they are dangerous to exhibit, the metal being rendered poisonous by slight oxidation when given in the first form, and creating great irritation in the last.

There are two oxides of tin. If a little nitric acid be added to tin in a state of fine division, a powerful action takes place; the metal is reduced to the state of a yellowish white powder, which is the *peroxide* of tin, and is purified by washing. If tin be boiled in muriatic acid, the metal decomposes a portion of water, or of the acid, and an oxide of tin is formed which is the *protoxide,* and is retained in solution by the acid. The protoxide of tin formed by digesting the tin in muriatic acid, may be separated from the acid by decomposing it by the action of an alkali; a greyish white powder is thrown down, which, when dried, becomes of a black colour, the water being retained in combination. The peroxide, when dissolved in the acids, gives rise to a set of salts quite different from the protoxides. The protoxide consists of one proportional of metal 58, and of one of oxygen 8, giving 66; and the peroxide, of 58 metal, and 16, or two proportionals of oxygen, giving 74 as its equivalent. Now these oxides are soluble in excess of alkali, but they require large quantities of alkali for that purpose; and as the peroxide is more readily soluble in the excess of alkali than the protoxide, it has been called *stannic acid*; however, as no neutralisation of the alkali takes place, although added in great excess, we should be suspicious in receiving this statement.

We now come to the *chlorides* of tin, of which there are two; the *protochloride,* from its analogical resemblance to the protoxides, and the *perchloride,* so named from the same reasoning. The protochloride is a very solid crystalline substance, which may be obtained by boiling tin-foil in muriatic acid; the perchloride may be obtained by exposing tin to chlorine, and heating it. All the salts formed by the solutions of the two chlorides in water, are very much used in dyeing, in consequence of the strong affinity they have for colouring matter.

The *nitrate of tin* may be formed by dissolving the peroxide of the metal in excess of nitric acid; and if we use the protoxide, it becomes oxidated, and converted into the peroxide. Neither this salt, nor the *sulphurets* of tin, of which there are two, are of very great importance to the chemist. The *bi-sulphuret* formed a substance once known under the name of *mosaic gold*; and the *sulphuret* is easily formed by combining sulphur with tin, and adding heat to drive off the excess of sulphur. Both of these sulphurets are insoluble in water, and both are convertible, by exposure to air and moisture, at a high temperature, into the sulphate of tin. Now, the *phosphate and carbonate of tin* are proto salts easily obtained from the proto muriate of tin by an alkali, and are not per salts.

The salts of tin may be recognised by their being colourless, and by the tints produced by the salts of gold upon the protoxide of tin, causing purple and black precipitates, but none in those salts containing the peroxide. If muriate of gold be added to a solution of nitrate of tin, a peculiar compound or union of the two oxides takes place, and a substance is produced called the *purple powder of Cassius,* which is much used for colouring porcelain. The principal, and, indeed, only alloy of any importance, of tin, is that with iron to form tin plate; plates of good iron are dipped into the melted tin, but it is not a mere adhesion of the tin to the iron; a mixture of the two metals takes place, the iron even at its centre containing some tin. The tin on these plates is sometimes crystallised by the application of an acid, which is afterwards varnished, and made into a variety of useful articles. It exhibits a beautiful specimen of the crystalline tendency of the metal.

Cadmium.—This is a metal which will not require our attention for a minute. It was discovered by Stromeyer, in combination with some of the ores of zinc, especially the black blende. It is soluble, like tin, in excess of alkali, but zinc throws it down from its solutions. If the ore of zinc be digested in the usual way in muriatic acid, evaporated to dryness, and redissolved in water, the solution affords a bright yellow precipitate with sulphuretted hydrogen, if cadmium be present; and by immersing a plate of zinc into it, metallic cadmium will be precipitated. It is not likely to come into any of the ordinary uses of tin, which metal it very much resembles. According to the best analysis, its number is 56; but its combinations with oxygen, chlorine, and the acids, are not known.

Copper.—This, then, brings us to the next metal on our list, which is *copper*; a metal extensively used in the arts, and many of its compounds for medicinal purposes. It is of a reddish colour, although, generally speaking, the tints which it assumes on exposure to air, differ from that of the metal itself. It has a considerable lustre when clean, but it becomes greenish if exposed to air and moisture, absorbing oxygen and carbonic acid. It was known in the early ages of the world, and before the discovery of malleable iron, appears to have been the principal ingredient in domestic utensils, and in implements of war. Its tenacity is below iron, but above platinum and silver, and gold; its specific gravity is 8.8; it melts at a dull white heat; exposed to a high temperature, and submitted to a stream of oxygen gas, it burns with a beautiful green light, but has not yet been volatilised. [The experiment was here shown of burning copper, with the oxygen blow pipe.] You see also, that by the discharge of the electrical battery, the metal burns with apparent facility. Both the metal and its oxides occur native, and in the crystalline form. You see here a mass of crystallised copper, in which the crystals have an octaëdral form; and if they are examined carefully, you will find that they are transparent, and of a deep ruby tint.

I see that we must defer the consideration of the oxides and salts of copper until the next lecture, when we shall give you an account of the modes of obtaining it from its ores, and of its alloys, which are numerous and important.

Lecture XXXVI.

On Copper, its Salts and Alloys, and on Lead.

We are now to proceed to examine, first the oxides, and then the salts, of copper.

The *oxides* of copper are two,—a *protoxide*, composed of one proportional of copper 64, and of one of oxygen 8, giving 72; and a *peroxide* composed of copper 64, and two proportionals of oxygen 16, giving as its equivalent 80. Both their oxides are capable of forming salts, but those containing the peroxide are such only as are of interest or importance. In order to obtain the protoxide, of which this is a specimen, you may dissolve copper in muriatic acid, taking care that there is a great excess of metal; and if to that muriatic solution you add a solution of potash, there falls down a yellow precipitate, which is a protoxide of copper combined with a quantity of water. When dried, it becomes of an olive colour, and if still further dried, of a red colour. Now there are the different states of the protoxide. It is exceedingly soluble in the acids, but the salts formed are not permanent. The protoxide, on exposure to air, absorbs oxygen, becoming converted into the peroxide, and the salts containing it, originally of a dingy green, acquire the blue tint belonging to the salts of copper generally. This oxide of copper is often obtained native; and here you see a specimen of it crystallised in octaëdra. If you dissolve copper in nitric acid, you obtain a beautiful blue solution, which, when precipitated by an alkali, gives the *hydrated peroxide of copper*. [This experiment was then shown.] If you collect and dry it carefully, it loses its beautiful blue colour, becoming brown, and ultimately black, or of a deep purple colour; it is then composed of 64 metal, 16 oxygen; and it is this oxide which constitutes all the principal salts of copper.

Chlorine and copper act upon each other with great energy, and if you introduce some of the metal, as copper leaf, into a retort, and bring an atmosphere of chlorine upon it, a violent chemical action takes place; the copper inflames, and you have a new compound produced. [This experiment was shown.] There is, as you see, great heat produced, and with a yellow matter, there is a brownish matter also produced, which is the *protochloride*; the yellow being the *perchloride of copper*. The protochloride may be easily obtained, by evaporating the muriate of copper to dryness in the air. The composition of the two chlorides of copper corresponds in their proportions with the oxides, being composed of 1 and 1, and of 1 and 2. Neither of the compounds are of any particular importance; but there is a *sub-permuriate of copper*, containing one proportional of muriatic acid, one proportional of copper, and a certain quantity of water; and this compound is found native in South America, and is called the *green ore of Chili*.

The *iodine of copper* is a brownish salt of no importance. *Nitric acid* acts upon copper with great energy; the acid is partially decomposed, and the remaining peroxide is dissolved in excess of acid. In its dry state it is composed of 80 metal, and 74 acid, so that its equivalent is 154. If we now add potash or soda to this solution of copper, we throw down the peroxide in the state you see it here, which retains its blue colour, as long as it is in contact with water; but if dried, it acquires a green colour; and if you expose it to a higher heat, you drive off the whole of the water, and obtain a peroxide. Now it is found, that, on a large scale, the blue colour may be retained for the purposes of a pigment, and it is a pure *hydrated peroxide of copper*, from a peculiar method of drying it, and there is a manufactory of this kind in Bristol. The solution of the *per*oxide in ammonia produces a beautiful sapphire blue colour, and this solution crystallises by evaporation; the crystals being found to be a compound of ammonia and copper, and it has been called a *cuprate of ammonia.* It is an important compound of copper, by enabling us to detect small portions of copper, by the deep tint produced. Here is a solution of the *prot*oxide in ammonia, which is a perfectly colourless solution, but the moment it is exposed to air, oxygen will be absorbed, and the mixture will become blue, showing the strong attraction of the protoxide for oxygen, and the change of colour produced by the action of ammonia upon the oxide. Now we have, in the same bottle from which we poured out the colourless solution of the protoxide in ammonia, some copper filings; and if we pour back the solution, which has now become blue by exposure to air, and let it remain there a little, for a day or two, it will become again colourless by the absorption of its oxygen by the metallic copper. Copper and *sulphur* combine with considerable facility to form a *sulphuret of copper*, in which compound one proportion of copper 60, is combined with one of sulphur 16, giving 76. This is also a native product, and is found crystallised in six-sided prisms; it is called the *black sulphuret*, or the black ore of copper. There are several trifling sulphurets of copper, but they are to be considered rather as mechanical than chemical varieties. It is found combined with the sulphurets of iron, arsenic, lead, and so on. It is also found in combination with two proportionals of sulphur, and is then called *copper pyrites*, or the *yellow* sulphuret of copper, which becomes of dingy yellow on exposure to air, but is of a brassy colour when recently broken. This is a very important ore; because, from it we are almost exclusively supplied with the pure copper, and it is very abundant.

The process for obtaining copper is very simple and beautiful, as far as the theory goes; but many practical difficulties attend the production of pure copper, requiring great skill on the part of the reducer to get over; especially to get rid of the arsenic, lead, and other minerals, with which it is combined. I can only here give you an outline of the process, which is essentially this: the ore is first broken into little pieces, or cobbed, as it is called; it is then roasted, by which a great deal of water, sulphur, arsenic, and other things, are driven off. It is next introduced into a reverberatory furnace of the same kind, as for the reduction of iron, and managed in such a way, that the carbonaceous matter of the flame may play fully upon the heated ore; the consequence is, that the sulphur is burnt, the copper becomes oxidised, and imperfectly reduced; and thus the mass or *slag* is formed, which, by a repetition of the process, the oxide fuses in contact with the carbonaceous matter of the fuel. The metal is thus gradually reduced, and by a number of processes, it begins to acquire more and more of a coppery colour, until it is fit to let run out into water, or cast into ingots or moulds, for common uses. There is a great variety in the quality of copper, and the granulated is generally purer than that which is rolled out into sheets. The sheet copper is produced, by passing the ingots whilst hot, between cylinders of iron in the rolling mills. There is a peculiar red colour belonging to copper, obtained by heating it, and exposing it to air; this colouring depends upon the imperfect oxidation of the surface of the copper, and the tinge the copper has, is usually resorted to as a test of its purity. It is a singular thing, that nothing gives it this red colour sooner than urine, and heated copper is, therefore, plunged into urine, for the purpose of giving it this red appearance, which is, probably, owing to the ammonia contained in it.

If you examine copper minutely and nicely, you will generally detect in it traces of other metals, such as iron, lead, zinc, and arsenic; the latter is very common. If you wish, for any particular purpose of chemistry, to obtain pure copper, many processes may be resorted to; but the simplest consists of dissolving copper in nitric acid, and immersing into the solution a plate of iron, which will immediately cause a precipitation of the copper upon the iron. You then collect the copper, and if you wish to make it still purer, you dissolve it again in nitric acid, and precipitate the solution by potash; you then melt the powder obtained, by mixing it with a flux of any kind, and exposing it to a brisk heat; and you then obtain a very pure copper, which may be rolled out into any shape. It becomes an object, occasionally, to be able to discriminate the qualities of copper, and if you find, in the copper of the shops, that the metal is not perfectly homogeneous throughout, if I may use the term, but contains portions of the oxide, such portions will always form a galvanic, or electric contrast to the neighbouring portions, and will wear away very quickly. Formerly, when copper was manufactured in less quantities, and with more care, it was certainly more durable than at present.

When the sulphuret of copper is exposed

to the air in its roasted state, it becomes converted into a *persulphate of copper*; accordingly, if you examine the water which runs from the heaps of roasted ore and from copper mines, you will find that it contains large quantities of copper. Formerly this was allowed to run to waste, but now it is collected in tanks and precipitated upon iron; and in this way considerable quantities of copper are saved. By evaporating this solution you obtain a beautiful rhomboidal salt, which is persulphate of copper. It consists, in its dry state, of one proportional of peroxide 80, and of two of sulphuric acid 80, so that its equivalent is 160; but in its crystallised state it contains ten proportionals of water; so that, if you expose 250 parts of the crystallised salt to heat, you will obtain 160 parts of the pure salt. Now this compound of copper, this persulphate of copper, is commonly called *blue vitriol*. There is, I believe, no protosulphate of copper, because if we try to dissolve the protoxide in sulphuric acid, we get a persulphate and metallic copper. It is a salt of copper very much resorted to by the makers of colours, especially by paper-stainers, and for painting in distemper, and so forth, and it is necessary, for their purposes, that the salt should be quite pure. There are two or three manufactories in the vicinity of London for the making of this salt, and there the peroxide is dissolved immediately in sulphuric acid.

Phosphorus and copper combine to form phosphites and phosphates of copper, but they are compounds of no use. A *subphosphate* of copper is found native near Cologne. If you precipitate the persulphate of copper with any carbonated alkali, you obtain a bulky precipitate, known in commerce under the name of *verditer*, which is a *hydrated carbonate of copper*. If we collect this precipitate and dry it, it pretty quickly acquires a blue colour, and it is then known under the name of *blue verditer*, and if dried slowly, the green colour being retained, *green* verditer. It furnishes a variety of tints, very useful for water colours, and when used with size or glue, for the staining of walls and places under cover. The *carbonate of copper*, which is exhibited here, exists native, and is a *sub-percarbonate*; that is to say, it consists of one proportional of peroxide of copper and carbonic acid 80, and 22 of carbonic acid. If collected and dried in a considerable heat, all this fine blue tint gradually vanishes, and it acquires a deep brown colour, losing its carbonic acid and becoming converted into a peroxide of copper; and with regard to it, I should have stated, that it does not lose any oxygen at a red heat, but if you mix it with any combustible substance, it imparts oxygen to it, and therefore it is often used for the purpose of decomposing animal and vegetable matter. Here is a specimen of the blue carbonate of copper, from Chepstow, and here a specimen of the green carbonate, or *malachite*, as it is sometimes called, from Siberia, where it is sometimes found in such large masses as to be made into tables, snuff boxes, and other things; but it is rather too soft for tables, although the polish of it is beautiful.

If you add a solution of *ferrocyanate* of potash to any solution of copper, you obtain a rich brown precipitate, which is a *ferrocyanate of copper*, which has been proposed as a pigment, since it mixes well with water and oil. The ferrocyanate of potash is one of the most delicate tests we have of the presence of copper; and I shall endeavour to show you the delicacy of this test, and the contrast which it affords to ammonia. In the first place, we will prepare a very delicate solution of copper, by adding a drop or two of sulphate of copper to either of these portions of water; and you see that there is no change produced in the appearance of either, but it will be seen to be extremely sensible of the action of the test. This, which I now add to the solution, is ammonia, which you observe indicates the presence of the copper by a very slight tinge of blue; this, which I now add to another solution, containing, you will recollect, the same quantity of copper, is the ferrocyanate of potash, which shows the presence of copper by a brown cloud, much more decisively than by the blue of the ammonia. You will have no difficulty then in determining whether any fluid contain copper by these tests; and if you remember that copper is very soluble in nitric acid, you might add a little of it first to the fluid, so as to expose the copper more perfectly to the action of these tests. The blue colour of the solution of the salts of copper, and the precipitation of the metal upon iron will serve to characterise them; but then it must exist in considerable quantities to do this; and I mention to you the test of copper, the ferrocyanate of potash, because it is more delicate than either of the others, and will enable you to detect it in very minute quantities in food, it being used foolishly to give preserves and pickles a fine colour. When copper is taken in the food for a long time, it creates pains and spasms in the bowels and stomach, and convulsive symptoms, not unlike the shiverings of an ague fit, coming on at stated intervals. I have seen such quantities of copper in confectionary, as to have a precipitate of the metal upon the knife with which the cake was cut. Cooks sometimes put pence into the water in which the vegetables are boiled, to give them a fine colour, which is an erroneous notion, for if the coin and the pot be clean it can do neither good nor harm. I once detected copper in pump water; it had a greenish tinge when looked at in some directions, and I found that a part of the pump was made of bell-metal, which is a very injudicious thing; but that water did not give a precipitate when treated with ferrocyanate of potash, until nitric acid was first added, and then the precipitation was very abundant. These two tests, then, will be ample for the detection of copper.

Copper forms, by admixture with other metals, several *alloys*, some of which are important. *Brass* is a compound of from 12 to 18 per cent. of pure copper; the pale brass contains as much as 20 per cent. of zinc. All the varieties of *bell metal* are alloys of copper and tin, most commonly in the proportions of three parts of copper and one of tin. The metal used for reflecting tubes, or *speculum metal*, is made of six parts of copper, two of tin, and one of arsenic. *Bronze* is a compound of about eight or twelve per cent. of tin with copper. The alloy of copper, tin, and lead, forms *cock-metal*, from which brass cocks are manufactured. There is one observation which I have to make on the use of copper in the arts, that is, the *tinning* of copper. People are aware of the danger of using copper vessels in the kitchen, and therefore they have the copper kettles, and so forth, coated with tin; but the tin is rubbed off, or broken off, by accident, and a part of the copper surface is exposed; and if any acid should happen to come into contact with it, the copper is taken up and mixed with the food. Such has often happened with the vile stew pans of the London kitchens; but people now are getting wiser, and they use thick tin plate, which is much safer, and if kept clean, perfectly unobjectionable. I am decidedly of opinion, that, under no circumstances, should copper be used for culinary purposes, especially when children form part of the family; milk, which is their principal food, being easily soured and impregnated with copper.

Lead.—The next metal on our list is *lead*, which is well known in its general habitudes; it is soft, malleable, but wanting exceedingly in ductility. Pure lead may be obtained from the nitrate of lead, by heating it with charcoal in the usual way, when you obtain globules of lead. Lead is seldom pure, being generally combined with silver, but in such small quantities, that it is not worth extracting.

Lead is capable of three degrees of oxidisation, but there is no complexity in this respect, because only one of them is capable of uniting with the acid to form salts; the first oxide contains one proportion of metal and one of oxygen, and is the *protoxide*; the second is composed of one proportional of metal, and one and a half of oxygen, and is the *deutoxide*, *minium* or *red lead*; and the third is composed of one of metal and two of oxygen, to form the *peroxide* of lead, which is a brown powder, obtained by acting upon minium by nitric acid. If you heat lead intensely, like other metals, it first enters into fusion, boils, and, in a high temperature, it burns with great brilliancy, throwing off yellow fumes, which are protoxide of lead, or, as it is called in commerce, *massicot*. [This experiment was shown.] Now, then, as to the mode of obtaining the *protoxide*, or that which forms the basis of the salts. For the purposes of experiment, it may be obtained by heating nitrate of lead, so as to drive off its nitrous acid and oxygen, and there remains the protoxide of lead. By precipitating the lead from its solution by an alkali, you may also procure it; but in that case it falls down in combination with water, so that although we are in the habit of calling such precipitations oxides of the metals, you must remember that they are, in fact, hydrated oxides.

If this protoxide of lead be exposed upon a large shallow surface, to the action of heat and air, it passes gradually to a red colour, absorbing a quantity of oxygen by so doing; and if you boil minium and nitric acid, or, indeed, merely digest it in the acid, you will find that the oxide separates itself into two portions, an insoluble brown powder, which falls at the bottom of the vessel, the peroxide; and into an oxide, which unites with the nitric acid to form nitrate of lead, which is the protoxide. So that, generally speaking, the salts of lead are compounds of one proportional of lead, one of oxygen, and their peculiar acids.

The action of *chlorine* upon lead, will be considered in the next lecture.

FOREIGN DEPARTMENT.

ON THE OPHTHALMIC AND THE SPHENO-PALATINE GANGLIA IN THE HORSE.

BY A. RETZIUS.*

Some anatomists, among whom are MM. Girard, Schwab, Gurlt, admit the existence of the ophthalmic ganglion in the horse; others, as MM. Muck, Desmoulins, and, more especially, Tiedemann, deny it. The numerous researches of M. Retzius on this point have decided the question; the ganglion has been observed by this anatomist, of which he gives a detailed description, as well as of all its filaments of communication. The spheno-palatine ganglion also exists in the horse, a fact which has been denied by M. Desmoulins. Surrounded by cellular tissue, the spheno-palatine ganglion of the horse is composed of a series of smaller ganglia, but the whole of which, joined to the nerves which are near it, may almost be considered as a small system of its own.

---

* Kongl.—Vetenskaps.—Academ. Handlingar. 1826.

ON THE DISTRIBUTION OF THE ARTERIES IN THE HEAD OF THE SHEEP.

BY DR. J. C. I. BARKOW.*

The arteries of the head of the sheep are very remarkable in their distribution. The common carotid gives off collateral branches before it divides into two principal trunks, from which all the other branches are given off. The branches which pass off before the principal bifurcation are—the superior thyroideal, the ascending pharyngeal, the occipital, the lingual, the posterior auricular, and a parotidean. The external maxillary artery is wanting, and its branches are furnished by other vessels. The common carotid bifurcates into the facial and internal maxillary; the facial furnishes the anterior, auricular, and the temporal; it is continued under the name of transversalis faciei, which gives off the coronary artery of the upper lip. The inferior coronary is furnished by the mental, which is itself a branch of the internal maxillary. This latter is a very important artery in the sheep, for it not only furnishes branches to the face, but also all those which, in man, come from the internal carotid. It gives off on each side three branches, which penetrate separately into the cranium, where they ramify in the *rete mirabile*, from which they pass to form the simple trunk of the cerebral arteries, which communicates with the basilar, and is distributed to the brain. As there exists no internal carotid, the carotid canal is wanting; the sulcus, which is observed on the sides of the sella tursica, and which resembles the carotid sulcus in man, contains only the inferior cerebral vein, which passes from the cranium by the spheno-petrosal fissure.

The ophthalmic artery is also a branch of the internal maxillary, and furnishes the ethmoidal artery and the posterior ciliary; the central artery of the retina, on the contrary, arises from the trunk of the cerebral artery, when it has passed from the *rete mirabile*; the olfactory nerve, also, receives some very small branches from this vessel. The internal maxillary furnishes the inferior maxillary to the face, which receives the name of mental, after having passed from the mental foramen; the superior alveolar and infra orbitar, which gives off a pterygoid branch; it terminates in bifurcating into two branches, which receive the names of pterygo-palatine and spheno-palatine.

With respect to the branches which pass off from the common carotid, it is necessary to be observed, that the ascending pharyngeal and the occipital arise from that artery before the lingual; and with respect to the superior maxillary, the first cerebral branch arises between the inferior maxillary and superior alveolar; the two other cerebral arteries, and the ophthalmic, are situated between the superior alveolar and infra-orbitar.

FIVE CHILDREN AT ONE BIRTH.*

A woman, ætat. 27, who had been married five years, of a middle stature, robust constitution, after having been delivered of twins two years before, was brought to bed of five children. She went the regular time without any thing remarkable occurring, except a sense of weakness and an occasional loss of appetite and sleep. The first child passed out easily after the membranes had been ruptured; the others came more slowly, and the last with great difficulty. Each was inclosed in a particular bag, and immediately followed by its placenta: all came with the head presentation. The two first were boys, then a girl and a boy, and lastly a girl. They all died before the third day. Their length, in general, was from 15½ to 16½ inches; the second boy did not weigh two pounds after his death. Although regularly formed, they did not appear to have arrived at perfect maturity. In the boys, the umbilical cord was 16 inches long, and 12 in the girls; no pulsation could be felt at the time of birth. The children had an old look; their voice was tremulous, they slept continually, and their temperature was very low. The mother, although weak, soon recovered.

BONY CONCRETIONS IN THE SUBSTANCE OF THE PLACENTA.†

In Dresden and its environs, Pofessor Carus says, that ossific deposition in the placenta is observed in two or three, and sometimes in five or eight, cases in a hundred. It is most frequently found in women of a scrofulous or cachectic diathesis, or those subject to nervous affections. These concretions never exist on the internal or fœtal surface of the placenta, being always found near its uterine surface, where they are generally collected together in patches, and not scattered throughout its whole extent. Their consistence varies from that of albumen to that of stone. Their component parts are phosphate and carbonate of lime, phosphate of magnesia, and a very small quantity of sulphuric acid, probably in combination with some base.

---

* Nov. Acta Acad. Natur. Curios. Tom. xiii. pars i.

* Gemeinsame deutsche Zeitschrift für Geburtskunde. Tom. ii. 1827.

† Archives Générales, Fevrier, 1828.

M. Carus is of opinion that they proceed from the mother and not from the fœtus, and compares their formation to the production of the solid covering of the egg in birds and in some species of reptiles. These concretions give rise sometimes to no bad symptom; they however more frequently occasion adhesion of the placenta, inflammation of the womb, &c.

CONGENITAL ANASARCA IN A CALF.

BY DR. JAEGER.

On opening the body of a cow which had been pregnant eight months, Dr. Jaeger found a calf, the entire surface of which was white, and deprived of hair, with the exception of certain spots. A serous fluid, rather dense, analagous to the liquor amnii of the cow, filled the subcutaneous cellular tissue, and passed off by the natural apertures of the body, and by the surface of the skin, without any incision having been made. It was supposed to be about fifty pounds in weight, that is to say, about half of the weight of the animal; the bones appeared to be regularly formed; the sternum and ribs were not developed as much as the rest of the body; this want of development was also observed in most of the organs contained in the thorax and abdomen. The lungs were very small and compact, and presented, on being inflated in the superior lobe, the appearance of elongations, similar to those which are observed in the lung of the cameleon, and, in the inferior lobe, that of a membranous bladder, transparent, and lined by a substance of a reddish colour; the lungs of this animal resembled, in a great degree, those of reptiles.

SYPHILIS COMMUNICATED BY LEECHES.*

In a journal entitled *Westphaelischer Anzeiger*, a physician relates a case in which leeches, used at first on a person affected with syphilis, and again employed on a child, communicated the disease to it. It is, therefore, necessary to know, when leeches are employed a second time, on whom they have been previously applied.

FRACTURE OF THE TIBIA IN A FŒTUS.

Communicated by M. CARUS.*

A servant, 25 years of age, and of a robust constitution, having fallen on her abdomen in the sixth month of pregnancy, felt the movements of the child very strong, which, however, soon ceased. The delivery took place in the usual way; the child was thin, weak, and manifesed but few signs of life. A transverse wound was found in the right leg, nine inches long, passing from one malleolus to the other, penetrating through the skin. The tibia was fractured, and in such a manner, that the malleolus was separated from the rest of the bone. The tibia was thrust outwards, presented a bad appearance, and had lost its periosteum. The edges of the wound were pale and flaccid. The fracture could not be reduced, because the edges of the wound were sphacelous, and the necrosis was of such great extent. The child died on the 13th day after birth. This is another proof, says M. Carus, that, during the fœtal state, diseases may be endured, which after birth prove fatal.

SURGICAL ARRANGEMENTS AT ST. BARTHOLOMEW'S.

To the Editor of THE LANCET.

SIR,—I was somewhat surprised to day, when I heard Mr. Earle speak of an old, and, as I consider, most absurd, custom, which has for many years existed in the Hospital of St. Bartholomew, and apparently without any appearance of its being removed. One might almost be led to suppose, from its having lived so long, and without the least molestation, that it was sacred, and that it would be death to those who dared to raise arms against it; but surely, being a grievance, it will be removed, and to effect this I consider the very appearance of the scalpels, &c. would overturn, and set at rest this formidable enemy.

In a few words, the grievance is this:—each surgeon, alternately, contrary to all the other rules which are laid down, takes all patients brought into the Hospital, labouring under stone in the bladder, for the short period of six months, neither a day more nor less, but just six months; and during that time, he must operate upon such patients as are the subject of that formidable complaint. Now, Mr. Editor, whatever could have been the motive for such a regulation, I know not, nor shall I for one moment consider. Neither can I tell who was the first to propose, and bring into effect, that which is an annoyance to the present surgeons; yet they, as if bound by *grim law*, had not the *courage* to shake off that which appears desirable.

---

* Notizen a. d. Gebiete der Natur. und Heilkunde, tom. xviii., No. 7, p. 111.

* Gemeinsame Deutsche Zeitschrift für Geburtskunde: Tom. ii., cah. i., 1827.

I think something may be said in favour of its immediate *death*, without subjecting it either to *judge* or *jury*; and as it is not to be strangled *in utero*, that time having past, strangle it now it has become old, and make room for more. We will suppose a patient applies to the Hospital for admission, labouring under stone, and that he wishes to put himself under the care of one particular surgeon, whom he has employed as his family surgeon, when the man's circumstances were good: he is told that it is not that particular surgeon's—what! why not week, *but six months!* We know very well that some patients prefer one medical man to another, and that such, labouring under any chronic disease, have only to wait a few days, when they can put themselves under the care of any of the three surgeons. Perhaps it might be answered that beggars must not be choosers: no; but then, when they can be accommodated in this particular, without the least inconvenience to the surgeons, I don't see why it should not be done.

If you think the above remarks worthy a corner of your valuable Journal, you can make what use you think proper of them.

Your obedient Servant,
A Subscriber.

March 22, 1828.

INADEQUATE REMUNERATION OF MEDICAL ASSISTANTS.

To the Editor of The Lancet.

Sir,—I perceive, in your Journal, two communications have lately appeared on the subject of the "inadequate remuneration of Medical Assistants;" the first is from "An Old Practitioner," who is, certainly, well acquainted with the evils complained of, and who suggested a remedy for the same, but at present has not applied it. The other letter is from "A Young Practitioner," and is an echo of the former's statements, hoping by that to revive the plausible sympathies of the writer.

I can readily conceive how stationary the point at issue will remain, if they mutually anticipate each other by silence; but as their delay has afforded me sufficient time to investigate the general merits of the question, from a most rigid and impartial inquiry, I am enabled to offer these few remarks on the abuses complained of.

I shall briefly notice the different classes among assistants, and the remuneration of each.

Medical assistants may be ranked under three heads—the visiting, the visiting dispensing, and the dispensing solely. The visiting assistant is required to have passed the Hall, and be fully acquainted with every part of his profession, midwifery included; he has assigned to him the most laborious part of every practice, and is exposed to all the casualties of it; for these services the general amount of salary is 40*l.* a year, very often it is much below this, and, whenever it exceeds that sum, the individual may consider himself to have arrived at the maximum of perfection.

The 2nd class is the visiting dispensing, who is required to attend to both departments, as occasion may require, and the most general salary is from 30 to 35 guineas per annum.

The 3d and last, though not the least meritorious, is the dispensing assistant solely; which involves the most tedious and confining part of either, and who really receives the most undue remuneration for the sacrifice of his time and health; the salary is from 20*l.* to 30*l.* a year, sometimes less, but very rarely exceeds that sum.

That this subject both requires investigation and reformation, no one, I think, can deny, who reads this epitome of its present condition; the point has been often talked over, but no one has had the cause sufficiently at heart to advocate it; the proposals of your correspondents entirely agree with my own; there only requires a common centre, to which its good effects should be concentrated and made known,—this centre is unanimity among themselves.

Being a sincere wisher for the success of the original proposal of your first correspondent, I feel diffident in intruding any notions of my own to counteract his intentions; but as he has so long delayed, I fear we must consider his scheme as relinquished; however, if not, they, uniting with these, double strength will be acquired; for my proposal is to take the general sense of the great body of assistants, for which purpose the signatures of all interested on this occasion are requested.

And now, Sir, as your Journal has been the parent and fosterer of many successful attempts to improve the condition of several branches of the profession, I trust this appeal will not be considered beneath your notice, and that, through your Journal, the disadvantages under which medical assistants labour will become fully known to the medical world.

I have drawn up a paper, signed by half a dozen respectable individuals, three of whom are engaged in situations similar to the three I have described, and of course can vouch for the truth of my statements; and should it not be requiring too much of you, we propose requesting permission to allow it to remain for signature at your office for a few days; or, if that should be in the least inconvenient, we will place it at a medical bookseller's. Trusting, Sir, you will insert this in the columns of The Lancet,

I remain, your constant reader,
A Medical Assistant and
Member of the Hall.
South Audley Street,
Grosvenor Square.

ADVANTAGES OF THE WESTMINSTER HOSPITAL.

To the Editor of The Lancet.

Sir,—Your Correspondent "Philalethes," and Mrs. Candour in the play, are evidently children of the same family; under a veil of ludicrous plausibility, both vainly endeavour to conceal the petty malice which is their real spring of action, and, under the pretence of public good, visit their more deserving neighbours with merciless vituperation. In reply to this gentleman, I shall rest my argument on matters of fact only, and I will not attempt to imitate either his logic or politeness.

If Philalethes (industrious as he would be supposed to be in the pursuit of science) had been truly desirous of making the best use of the advantages afforded in this excellent institution, he would have found no difficulty in getting access to any case; a mere intimation of his wish to one of the resident medical officers, would instantly have insured to him every facility of investigation; and if he, or any one else, will "at any time" apply to Mr. D. O. Edwards, Mr. Lant Smith, or Dr. Batles, he will be enabled "to question any patient he may select, or take notes of any case."

Mr. Smith, the house surgeon, goes round the wards every morning at ten; at which time every student who chooses, may accompany him, and assist in dressing and in performing the minor operations; yet so little do the "industrious" pupils of this hospital avail themselves of the opportunity, that seldom more than one or two are present.

Post-mortem examinations are always made when the friends of patients do not interfere to prevent them, and within the last six months, only three instances have occurred, in which inspectio cadaveris was omitted, and these were owing to the cause above stated. So far from being badly conducted, these examinations are performed with the greatest care, and a register is kept by Dr. Batles, the clinical assistant, in which the morbid appearances are accurately detailed. This book is open to the inspection of any individual, and I have no doubt that Dr. Batles will, with his usual urbanity, accommodate to the utmost of his power, Philalethes, or any other gentleman who may wish to make inquiries on subjects connected with the hospital.

Public notice has very frequently been given antecedent to these inspections, but without any increase of attendance on the part of the pupils; and the two or three students who are constantly present on these occasions not requiring the stimulus of a placard in their pursuit of knowledge, the practice has been discontinued for the last two months.

Many of my fellow pupils, I fear, are satisfied with literally "*walking the hospital*," and consider they have done their duty to their parents, to themselves, and to society, by joining in the *march of intellect* on Wednesdays and Saturdays. Your readers will judge if Philalethes belong to this class. I suspect his visits to the dead room are "few and far between," and that his zeal in detraction has led him to make assertions before ascertaining their truth. Notwithstanding the horror it may excite, I shall once more commend to him the word *Circumspice*, being convinced, that if he will but use his eyes and right hand in the proper place, he will find much more profitable and satisfactory employment than in dissecting the characters of his superiors.

Your obedient servant,
Westmonachus.

WEISS'S FEMALE URETHRA DILATOR.

To the Editor of The Lancet.

Sir,—Seeing a letter in your Journal of the 15th of last month, respecting the female urethra dilator, I am reminded of the circumstances connected with its invention. My friend, Dr. Nuttall, of Norton Street, Fitzroy Square, was requested to visit a patient, in consultation with Mr. M'Nab, the surgeon of St. Martin's Lane. The result of which was, that the patient was considered to be affected with a calculus of the bladder; and Sir Astley Cooper was invited to examine the case, in order that he might form a conclusive opinion, as to the means that should be adopted. Sir Astley advised extraction of the calculus through the urethra, after it had been dilated. Dr.

Nuttall fully concurred in the propriety of the suggestion, but objected to the proposed means. He thought the dilator then in use as badly designed, acting, as it did, on the principle of diverging lines, and by consequence dilating, in an unequal degree, different parts of the urethra. He objected also to the sponge-tent, as a painful and clumsy operation, and suggested as a substitute for either, the use of a dilator that should act upon parallel lines, forced asunder by a screw; thereby enabling the operator to dilate equally every part of the passage. Dr. Nuttall accompanied Sir Astley to Mr. Weiss's; the instrument was made by Mr. Weiss, in conformity with the principle spoken of above, and succeeded in the case I have mentioned, in a manner that satisfied the most sanguine expectation.

Your obedient servant,
JOHN SMITH.

March 27, 1828.

ABUSES IN THE WESTMINSTER HOSPITAL.

To the Editor of THE LANCET.

SIR,—Having perceived in the last Number of your publication that some person had endeavoured to vindicate the conduct of the Surgeons at the Westminster Hospital, from the charges brought against them by "Discipulus Æsculapii," I beg leave to remark, that the statement of "Westmonachus" is entirely false. I suppose that an account of the vacancy of the "*apothecaryship*" at that Hospital, has induced some of the *worthy* young men to deviate from the impulse of their own consciences, to obtain the favour of tho surgeons. "*Quisquis pro se.*"

Among other disadvantages attending that Hospital, I have to observe, that the "post-mortem examinations" are carried on without any previous notice, and the students are thus deprived of this most valuable source of professional investigation. I hope I shall not be obliged to occupy your pages with any more complaints, hoping that this will be sufficient to influence the surgeons to adopt some plan for the better regulation of this important branch of pathological research, and in their attendance at the Hospital, which I still affirm has been grossly negligent, but am happy to say is a little improved since the appearance of my last letter.

I remain, Sir,
Your obedient Servant,
"DISCIPULUS ÆSCULAPII."

March 23, 1828.

HOSPITAL OF SURGERY,

Panton Square, St. James's.

SINGULAR DISEASE OF THE TIBIA.—AMPUTATION.

J. S. ætat. 40. There is a circular ulcer nearly the size of the palm of the hand, on the fore part of the left leg, about its middle; its surface is elevated above the surrounding integuments, and consists of numerous irregular granulations of a peculiar florid red colour: from the centre of the sore arises a large irregular excrescence of a *horny* consistence, which is firmly attached to the tibia, portions of which the patient is in the habit of pairing off. The ulcer discharges an acrid sanies of a most offensive odour. He suffers constantly excruciating pain, which he describes as producing the same sensation as if knives were run into his leg. He is otherwise in good health.

He states, that 22 years ago, whilst on duty as a soldier, he received an injury on his leg, which laid bare the bone to such an extent as to induce the medical officer to advise the removal of the limb at that period. Some time after, several splinters of bone were taken away. Since then, the sore has always remained open; and within the last three years, the horny excrescence began to shoot out. He has been in several of the western depôts for medical science, where a variety of remedies were employed, but only with temporary relief. The pain and annoyance have, of late, been so great, as to prevent him following any occupation. In this distressing situation, and no hope being held out to him of a remedy, he was advised to submit to the removal of the limb, for which purpose he was admitted into this Hospital, and on Sunday last the

Operation

of an amputation below the knee, was performed by Mr. Wardrop, two lateral flaps being made with a common scalpel. Three vessels were secured, and the edges of the wound were brought together with sticking plaster.

This operation was not well executed, the tibia having been entirely divided before the saw came in contact with the fibula.

THE LANCET.

London, Saturday, April 5, 1828.

We have been informed, on authority in which we are disposed to place confidence, that the Marquis of Anglesea, Lord Lieutenant of Ireland, has recently issued orders to the managing Committees of the Hospitals in Dublin, receiving support from Government, to furnish him with an account of the fees paid by pupils for attendance in these institutions. The object of the viceregal mandate, we are given to understand, is either to reduce these fees from the present rate, to appropriate them to the use of the charities, or to throw the latter entirely open for medical and surgical instruction. The two great Hospitals of Dublin, Stevens' and the Richmond, in which the price of admission is most exorbitant and severely felt by students, from attendance at these establishments being required by the London College of Surgeons, come under the operation of this scrutiny, as receiving support from Government; so that, if a retrenchment of this kind be carried into effect, it will fortunately reach those places in which the evil exists in its greatest extent. But whether the intentions of his Excellency turn out in accordance with our information or not, the question, we conceive to be one of sufficient importance to be fully brought before the public, and the occasion to be favourable for its investigation. The subject, like most others affecting medical education, has been frequently adverted to both by ourselves and many intelligent correspondents; and we have little doubt but the attention at present directed to it, has been the consequence of such discussion. The sense of all the disinterested portion of the profession, awakened to the consideration of the abuse, by the facts and reasoning recorded in these pages, has been taken on its enormity; and we know, that in the observations which we have to make, we shall only re-echo the opinions, and comply with the wishes of the great majority of the surgeons and physicians of Great Britain and Ireland. Besides, we have not ourselves, though the topic has been repeatedly alluded to incidentally, hitherto given it such an examination as it obviously demands; or placed it in all those relations, demonstrative of its injurious influence, of which it is susceptible. These fees, have, in fact, latterly been raised to such a height, and are exacted under such anamolous circumstances, that we can discover no means by which they might be prevented from being carried to a still more extravagant rate, or reduced from their present exorbitant standard, except by the force of that popular opinion, which we are about to direct against the abuse. For, however startling the announcement may be to all interested in medical education and the advancement of the medical sciences, there is really no other power than that of opinion, to prevent the oligarchy of the London and Dublin Hospitals from absolutely closing up these establishments by excessive charges against all students, except their own sons and nephews, and those to whom they wish to make a present of admission. This possibility, or extreme case, which we have merely adduced to show the necessity of altering a system by which such an injustice might be committed, arises entirely from the undefined authority, or rather, usurped right, by which the oligarchy have extended their claims from time to time, until they have at length operated as a positive prevention to the acquisition of medical knowledge, both in this country and in Ireland. The axiom, which the experience of history has proved to be correct, that, the more imperfect the right, the more certain and noxious the oppression, would seem to hold equally valid in medical, as in civil taxation. In those cases, for example, where a tax, or contribution of any kind, is defined by law, discretionary exaction is at least provided against; but in those instances where individuals are empowered to collect all they can, or when the imposition of taxes is a pure usurpation, the severest grievances are the invariable results. From the commissioned revenue-factor of an eastern despot, the subject has no other protection than his own insolvency, or the capricious avarice of his oppressor; and in those instances at home in which corporations have assumed a right of mulcting their fellow-citizens, the excessiveness of the demand will be generally found to be in proportion to the assessor's deficiency of title. For the purposes of exaction, there is nothing like obscurity of claim—it is the cap of Fortunatus, the Aladdin's lamp, of the thorough-faced impostor—the night under whose shelter he demands with safety your property in the very light of day. Placed in analogous circumstances, the Agas and Proctors of our hospitals transcend, in excess of demand and impropriety of object for taxation, the extortions of their prototypes professing the tenets of Koran or Bible. Either usurping a right to impose fees on pupils, or deriving a fictitious authority from persons supposed to possess such a power, (for we are neither convinced that the medical officers of our Hospitals can show a deed of permission from the incorporated governors of these establishments to buy a revenue from students, nor that the governors themselves are authorised to grant any such delegated faculty to others,) they proceed on such an imperfect title to exact the most extravagant charges, for the acquisition of a species of knowledge, the most indispensable to mankind. On the opportunities of studying disease being made perfectly accessible to all, this information, so essential to the welfare of the human race, almost entirely depends. Hospitals are (or should be) the sources whence health is distributed through every department of the community, as life and nutrition are circluated through the system from the heart. To seal up, by impossible conditions of attendance, to the majority of pupils, these sources of instruction is, in point of turpitude, on a level with poisoning the springs from which the public are supplied with one of the necessaries of life. The hospitals over which this oligarchy preside, are not only rendered inaccessible to many, and almost useless to all, from the manner in which the business in them is conducted, but by a by-law of our college, they prevent provincial charities from becoming substitutes for our metropolitan establishments. For the fees which they exact from pupils, though the pretext for imposing such fees is the communication of instruction, they in nine cases out of ten make no compensation. Indeed, it may be here observed, that the most ultra supporter of this system does not claim fees for the mere inspection of the patients of a hospital, but for the information presumed to be derived from witnessing his practice, and from his personal instructions in clinical lectures. But even if this hypothetical compact were as honestly fulfilled as it is notoriously violated, it would not justify the exaction; as we are prepared to show, that hospital surgeons, according to their present rate of talent, are more than indemnified for the *trouble* of attending these establishments, and the delivery of clinical lectures in another way. Exacted without a legal right, appropriated without observing the obligations of commercial contract, and deflected from their legitimate objects, to which, under every condition of the case, they should be applied, these fees have no precedent in the insitution of other countries, and would be tolerated in this alone, and here alone would men be found sufficiently venal to receive them without remorse. Of the consequences of this system of taxing the acquirements of the most necessary species of human knowledge, it would be premature to speak here, as we shall have to show hereafter, that if there be one course more hostile than another, to the cultivation of medical science in this country, that course may be found in this exaction, and the circumstances by which it is accompanied. In this mere announcement of the subject, we have been induced to reverse the usual order of investigation, by anticipating conclusions which should follow from the advancement of facts and arguments, as a more compendious form of pointing out those opinions which shall be subsequently substantiated. We may not, it is true, presently check the abuse, but we shall place such a body of moral and substantive evidence against its injustice before the public, as must for ever render the profits of a vice, which cheats charity of its rights, and defrauds the beggar of the alms of science, a poor compensation for that derision and contempt with which mankind must, in future, look upon its perpetrator.

Our report of the operation of lithotomy at Guy's Hospital, in which Mr. Bransby Cooper, after employing a variety of different instruments, extracted the stone at the end of fifty-five minutes,—the average *maximum* of time in which this operation is performed by skilful surgeons being about six minutes;* has, as might have been expected, excited no ordinary sensation in the minds of the public, as well as among the operator's professional brethren. An attempt has been made to call in question the accuracy of our report, in a letter signed by a number of the dressers and pupils of the Borough Hospitals, which letter has been inserted, as an advertisement, in *The Times*, and also in the *Morning Herald*. Some of the young gentlemen who have affixed their signatures to this letter, were present at the operation; others, who were *not* present at the operation, have nevertheless, with a generosity more characteristic of their age than of their discretion, added the weight of their testimony to that of the eye-witnesses of the melancholy exhibition, and volunteered their approbation of Mr. Bransby Cooper's performance. Upon the value of this species of testimony we shall make no comment, nor do we think it material that the document to which we allude is signed, we believe, by not more than *one third* of the number of young gentlemen present; had they all signed it, their united opinion of the skill, dexterity, and self-possession exhibited by Mr. Bransby Cooper on this occasion, is not likely to influence the judgment of the profession, whatever it may effect with the public. The question to which the manner in which the late operation was performed is calculated to give rise, is not a question between Mr. Bransby Cooper and his pupils, but it is a question between a surgeon, holding a high and responsibel situation in Guy's Hospital, and the public. Of Mr. Bransby Cooper's amenity of manners, and kindness of disposition, we entertain no doubt; and the letter in question may be regarded as a testimonial of the estimation in which a good-natured lecturer is held by the young gentlemen who attend his class. But the question is not, whether Mr. Bransby Cooper is popular among his pupils, but whether he performed the late operation with that degree of skill, which the public has a right to expect from a surgeon of Guy's Hospital; whether, in short, the case presented such difficulties as no degree of skill could have surmounted in less time, or with less disastrous consequences; or whether the unfortunate patient lost his life, not because his case was really one of extraordinary difficulty, but because it was the turn of a surgeon to operate, who is indebted for his elevation to the influence of a corrupt system, and who, whatever may be his private virtues, would never have been placed in a situation of such deep responsibility as that which he now occupies, had he not been the nephew of Sir Astley Cooper. This is the question, the only question, in which the public is interested; and if Mr. Bransby Cooper is desirous of bringing this question to an issue in a Court of Justice, it will be for Mr. Harrison, the treasurer of Guy's Hospital, to enlighten the minds of the jury as to the circumstances under which the nephew of Sir ASTLEY COOPER was elevated to his present situation. In the event of an action, we shall most unquestionably call upon Mr. Harrison to *disclose* these circumstances to the jury. In the mean time, we do not anticipate the decision of this question by positively impugning Mr. Bransby Cooper's skill; but we contend, as we have repeatedly contended on former occasions, that the inevitable tendency of making the patronage of hospital surgeoncies an affair of family influence, jobbing, and intrigue, is to occasion a cruel and wanton augmentation of human suffering, and to render frequent such heart-rending spectacles as that which was lately exhibited at Guy's Hospital.

---

* We have frequently seen the operation performed by the senior surgeon of Guy's Hospital in less than one minute!

We repeat, that there may, by possibility, have been difficulties in this case, which no degree of surgical skill could have surmounted in less time, or with greater ability, than Mr. Bransby Cooper exhibited; and it remains to be seen, whether such difficulties can be shown to have existed. At present, not a single material fact in our report is denied, though its general accuracy is vaguely questioned by the operator's pupils. It is not denied, that nearly one hour elapsed before Mr. Bransby Cooper extracted the stone. It is not denied, that the operator had recourse to the multiplicity of instrtuments enumerated in our report. It is not denied, that the patient was subjected to extraordinary suffering—suffering which could scarcely fail to terminate in death; but no attempt has been made to show that this was a case of extraordinary difficulty. It is scarcely worth while to allude seriously to the document which has been put forth by Mr. BRANSBY COOPER's select pupils. But as these are the only panegyrists the operator has hitherto procured, we will put a case, which may enable the public to estimate the value of their approbation. Suppose it had been stated that, instead of employing fifty-five minutes in extracting the stone, Mr. BRANSBY COOPER had performed the operation in the usual time—say four or five minutes. Suppose it had been stated that, instead of manifesting great perplexity and embarrassment, Mr. BRANSBY COOPER had exhibited the utmost coolness and self-possession; that the patient appeared to suffer very slightly during the operation, and was removed from the theatre with every prospect of a favourable issue to the case. Let us suppose these, and similar *false* representations, to have been made in this Journal; and we will ask whether any of these young gentlemen, friendly as their feelings are towards a teacher, whose good nature is matter of greater notoriety than his science, and interested as they are in obtaining his good will, and his certificates to enable them to pass their examinations at the College before his "uncle," who is the president of that benighted body;—we will ask whether any of these young gentlemen, some of whom did, and more than ONE-THIRD of whom did *not* see the operation, would have come forward to contradict a favourable, though a false, report. We repeat that we do not, as the case stands at present, directly and positively, impugn Mr. Bransby Cooper's surgical skill; but, as none of the material facts detailed in our report have been, or, we believe, can be, contradicted; we do not hesitate to say, that, looking to the circumstances attending this and other operations performed by this gentleman; in connexion with the circumstances—we believe that we are justified, and that Mr. HARRISON, the treasurer of Guy's

Hospital, knows we are justified in saying, the *extraordinary* circumstances attending his elevation to his present situation, justice, humanity, the interests of the medical profession, and the safety of the public at large, call alike for investigation. Whether this investigation be of a judicial character or not, we are indifferent. We are prepared to meet Mr. BRANSBY COOPER, if he think fit, in a Court of Justice; we will meet him in our own person, (for this will not be a case to intrust to a lawyer, however eminent or highly gifted,) and we shall see whether Mr. Bransby Cooper will be equally prepared to meet us, the public, the relatives of the unfortunate patient, and Mr. Harrison, the Governor of Guy's Hospital.

THE "DIVINE" DOCTOR.

In one of the by-laws of the College of Physicians it is required, that the *purchasers* of degrees should spend at least two years in an university, before they can be admitted into the body corporate, hence JEMMY JOHNSTONE, and all the other ABERDEEN DUBS, were obliged to abscond to some seat of learning before they could become licentiates. The M. D. of "divine," origin, Charles Mansfield Clarke, Accoucheur and Bat, never having entered the precincts of an university, cannot be associated with the Dowagers of Pall Mall East, without this law being "discharged."

SULPHATE OF QUININE IN INTERMITTENTS.

Dr. FORSTER reports, as the result of his experience, in the treatment of intermittents, in the county of Essex, that the plan of exhibiting the sulphate of quinine as recommended in this Journal, by Dr. Elliotson; namely, the administration of one dose of ten grains, is the most effectual means of cure. But Dr. Forster always exhibits calomel, previously to giving the quinine, having found that, in several cases, the latter medicine has no effect until the liver has been "emulged," as the late Dr. Curry termed it, by the use of mercury.

Mr. WARBURTON's motion for a committee of inquiry did not come on, as was expected, on Thursday evening last. It is postponed until after Easter.

ON WHAT IS DENOMINATED "UNSOUNDNESS OF MIND," BY GEORGE NESSE HILL, ESQ., CHESTER.

"Things by their right names."—LACON.

SUFFER an humble individual to express his gratification at your notice of a late commission of lunacy. It is impossible but that a certain quantum of good must arise from investigating the nature of that condition of the human mind, which is denominated "unsoundness;" that yourself, and some of your ingenious correspondents may pursue this inquiry, is a "consummation devoutly to be wished," more especially by all those medical practitioners who have devoted many years to exploring the nature, and attempting a rational treatment of insanity. Every man accustomed to observe what passes daily within himself, is conscious that, as age advances in the march of decay, so his mind proportionally retreats into irregularity, gradual abolition of memory, and ultimate second childhood; arguing otherwise is, indeed, the true "refuge of ignorance," and the only true materialism, insulting to common sense and contradictory to real religion and sound philosophy.

Dictionary wisdom tells us, that unsoundness is the opposite to soundness; call "things by their right names," and what has this to do with the immortal soul, which the mighty Creator breathed into the wonderful body he had formed? How can a wearing out mind be otherwise considered, than as a wearing out body? What a mighty step is advanced in the declension of the mental faculties, by an apoplectic attack, an epileptic paroxysm, or a paralytic seizure? The medical evidence on the late exposure of a venerable clergyman is valuable, but would have been more so, had nothing been said about our holy religion, the Supreme Being, and the independence of mind upon matter; the wearing and worn-out mind, only resembles idiotcy; but idiotic mind is not insane mind, no more than it is a worn-out one. Nothing can more effectually prevent success, in the attempts to cure insanity through the medium of diseased body, (whence it always originates,) than the belief of the intellectuality of mind. Can what is intellectual, spiritual, and immortal, be influenced by the operation of gross matter? *Non compos mentis* are right words, and will do very well to denote exhausted or decaying mind, if "things were called by their right names;" but no sooner are these three words pronounced, but with spell-like influence, the mind of the hearer thinks of insanity, points to his head, and exclaims, "Ah, poor fellow! he is no more I find." Now, had the Nottingham jury stopped in their verdict at the word "affairs," their verdict would have been correct, and consistent with nature and truth. Insanity is rarely a disease of age, when the mental faculties are breaking down, and yielding to the first evidences of approaching dissolution. In a practice of nearly forty-seven years, I have never had a patient afflicted with insanity, whose age exceeded sixty-four; a gentleman who recovered his reason, lived to be *non compos*, but suffered no insane relapse. Insanity is always founded on peculiar predisposition, without which there can be no insanity; but having treated at large, on all the subjects connected with this wonderful and appalling disease, in an "Essay on its Prevention and Cure,"* it is the less necessary to dwell now on this most serious subject of human contemplation. Your liberality will indulge me in expressing the high satisfaction I experienced at my work having aroused the public attention to the subject, and materially promoted the parliamentary inquiry, which, for a short time, was carried on with vigour. How greatly it is to be lamented, that this vigour was so evanescent, and that other pressing concerns should have intervened to check the progress, and paralyse the efforts then made, before they had been completely investigated, and every accommodation and relief afforded to suffering humanity, which benevolent wisdom could suggest. Sure the period is at hand, when all will be done that can be done, to place the treatment of the insane on a rational and humane basis. To designate decaying mind as a disease, is about as rational as to call it criminal to have a fever, or the small-pox. One medical witness, at the late trial, says, the mind becomes "defunct," another name for dead. Does, then, this "emanation from the divinity," (as another witness expresses himself,) die? Does it sicken, decline, and expire, before the body? Certainly not in insanity, no more than a paralysed limb becomes defunct or dies. When the organ of eloquence is so rationally employed in depicting the origin of human passions, proving, in terms clear and intelligible, that the stomach and organs of generation are the fountains from whence they spring, that the passion of love is maintained by corporeal vigour, and when the "bodily energies decline, love is extinguished;" sounder truths were never uttered; but, when the same eloquence told the Court at Nottingham, that "if we suppose the mind to be an emanation from the supreme being, it is not susceptible of the ordinary corruptions of matter;" when these two things are brought into apposition, are "things called by their right names?" The illustration of the origin of the passions, their growth with the growth of the body, from whence they originate—their vigour and decline, are beautifully portrayed; but who is yet hardy enough to adventure the promulgation of the doctrine, that such are the faculties of the immortal soul, breathed into man's body by the Creator of that body, and which is combined with organic matter in a manner we cannot comprehend, because, as we are truly told, we see through a glass darkly, &c. What has gross materialism (which sees nothing beyond the grave) to do with this reasoning? Can the faculties of the incorporeal intellectual spirit dwell in the stomach, as was supposed by an Indian tribe, or in the organs of generation, and thus give birth to human passions? Could we, by "overcharging the stomach, produce dulness of the faculties," if those faculties were spiritual emanations? "Inseparable conjunction of body and mind." Inseparable! Alas, how very few bodies, 80 years old, fail to show hourly proof of defunct mind, or, as the ingenious lecturer says of the mind, "it is extinguished." What is extinguished, if things are called by their right names. Are mind and soul convertible terms? When we hear and read of "the inseparable conjunction of mind and body," are the body and soul inseparable? Is the imperishable spirit a seedling placed by its maker in the stomach, heart, or brain, to grow, arrive at its acme, and decline with the bodily energies, and ultimately become extinguished with them? This is gross materialism, if any thing be; but what, then, is the principle of life, and what the immortal spirit? Is the latter subject to decay? Is it capable of forgetting that a man has a daughter, who had stung him with the unkindness of a Goneril? Incompetency of mind and body is one and the same thing; otherwise a man at 80 would be as competent to solve a problem of Euclid, as he was at 28; but could he carry a sack of wheat as well at the former age as at the latter? Impairment or defection of mental faculties, is not insanity. When the mind and body are like any other piece of complex machinery, are so worn out as to be no longer capable of repair, his property is not to be cruelly despoiled, or his body incarcerated for a disease he never had. If it be proper that the estate of a lunatic should be placed under the care of the Chancellor, is it not equally proper that his Lordship should have the cognizance and appropriation of the property of a man of worn-out mind? And who is hardy enough to aver, that such a man ought to be sent to a mad-house? If all those who endeavour to support such absurdities were to be sent to such a receptacle for one little month, they would learn a very salutary lesson. Sound mind must mean healthy mind, if it mean any thing; "unsound mind" must mean diseased mind; but is every diseased mind an insane one? Are there not such diseases as phrenitis, delirium, coma, &c. Commissions of inquiry, whether a man be a lunatic, or arrived at a state of second childhood, are serious investigations, and demand the most patient and scrutinising inquiry. Still they are two very different things. We cannot suppose there was one of the Nottingham jury ignorant that age, ill usage, wear and tear, will as certainly derange and destroy his wagon, as they will the horses which draw it. Intellect! what do we definitively know of ntellect? Should the word ever be used in any other sense than as expressive of the faculties of the immortal spirit? What does the human mind, with all its astonishing powers, comprehend of the soul? Of sound or unsound intellectuality! What are the constituent parts of anatomy? What is the vital principle, the very essence of vitality? But when we speak of mind and its functions, we are no longer at sea without a chart or compass; we soon make head-land, which it is permitted us to explore, and to comprehend the difference between its diseases and its senile decay. Failure of memory is the earliest indication of "impaired mind;" but such a state is neither insanity nor idiotcy, because impaired mind is not diseased mind, any more than original weak memory is acquired bad memory. The editor of the *Morning Chronicle* of Nov. 3d, has, among some excellent remarks on the late trial, passed a very heavy censure on the conduct of medical men on this and similar occasions, which they are forcibly called upon to prove they do not merit; it is said they are ready "to advocate any side for money;" every honourable mind must feel indignant at such a foul charge, and hasten to repel it with the scorn it merits: conflicting evidence is the basis of the charge, forming a just complaint, as but too often occurring in our courts, especially in lunatic cases. The source of this discrepancy is the lamentable fact, that but very few medical men have made what are called mental diseases a part of their study, owing to causes too well known to require particularizing.* Hence few come so qualified to public investigations, as to enable them to give clear decided statements of even demonstrable facts, on so intricate and neglected a subject; and thus it comes out, that imbecile and insane mind are constantly confounded, for want of calling things by their right names. Insanity is a disease very rarely occurring at the age of 70; whereas evidences of a worn-out mind do not often appear before that æra; but there is something hacknied in the words *non comp.*, for no sooner do they reach the auricular portals of our courts and juries, but the ideas connected with madness and madhouses rush on their minds, overwhelming every iota of truth and common sense, and hence incalculable mischief results.

---

* See the Quarterly, Edinburgh, Eclectic Reviews, &c., of the day.

Before closing these desultory remarks, permit me to occupy a small portion more of your time, to remark on the increased frequency of suicide: the year 1827 was pregnant with many shocking instances of neglected insanity, and its almost always certain consequences. What subjects of human suffering call so pathetically for the prompt exercise of all the kindlier charities of life, as those deprived of reason? but who have been more neglected? It may be safely averred, that there is no feeling which assails the human heart so pungently, as that of losing a near relative or valued friend, under circumstances which leave on the mind of the survivor even a bare suspicion that all was not done to save him which might have been done; this self-reproach ceases but with memory: and more especially is this the case, when existence is closed by an act of self-destruction; then the arrow is doubly barbed. On several late (almost weekly) inquests, what an assemblage of melancholy distressing facts have been disclosed, to meet the public eye—these are manifest; but who can explore and reveal the agonising, but useless regrets they have occasioned in the breasts of affectionate survivors? How shall this anguish be ameliorated? how shall other tender hearts, now beating in fancied security, be saved from similar wretchedness! The answer to this important query is easy, for has not the immortal Verulam left it on record, that "the wisdom of foresight and prevention is better than the wisdom of remedy?" Once fairly rouse public attention to the importance of the subject, and excite as much zeal, knowledge, and care in behalf of the sufferer, before the fatal catastrophe, as there is always exercised afterwards to prove the insanity, and shield the poor victim's name from unmerited reproach. Useless wisdom! unavailing kindness! Having for its reward, neither prevention nor cure! Scarce one case of suicide comes before a Coroner, where it does not become apparent, by the clearest demonstration, that there was time sufficient to have arrested the progress of disease, and prevented its fatality. Ignorance of the nature of the malady, or its just mode of treatment, furnishes no apology, since so much has been written on this most awful, as well as interesting subject of human contemplation. But who will read? who, from pride, false reasoning, and still more reprehensible motives, do not guardedly shun the view, that insanity, in the germ, presents to them? criminally fancying "all men mortal but themselves;" whereas, the fact is, that no family on earth possesses exclusive privileges, or a grant of exemption from madness; all are exposed to the influence of exciting causes; and whereever there exists predisposition, the accession of the malady is certain,—eclipsing the brightest of human understandings. There are certain branches of human knowledge, of which it is almost criminal to be ignorant—insanity is one of them. How can torpid or designed inattention answer to itself for all the dreadful consequences of guilty neglect? And is it nothing to restore to himself, to his relatives, to society, and to the world, such a man as the excellent Romilly?

---

* See Essay on Prevention and Cure, &c. Preface.

But it is time to bring these remarks to a conclusion, more especially, as the important subject of erecting asylums for pauper lunatics is occupying the attention of Parliament; and of course, the past, present, and future management of the insane will come under the review of men, who, it cannot be doubted, will allow any branch of the important subject to escape their scrutinising investigation.

ROYAL INFIRMARY, EDINBURGH.

AMPUTATION AT THE SHOULDER-JOINT—OPERATION OF LITHOTOMY—STUDENTS' PETITION TO PARLIAMENT ON THE SUBJECT OF DISSECTION,—&c.

Since the last report, which contained all the cases of any importance up to the conclusion of the clinical course, nothing particular has occurred in the surgical wards with the exception of two capital operations. These operations were, amputation at the shoulder-joint, and lithotomy. The subject of the former, Jane Walker, aged thirty-three, was admitted on the evening of the 10th of March, about nine o'clock. The arm and fore-arm were severely lacerated and contused; the carpal and meta-carpal bones luxated; the radius and ulna fractured in several places; and the biceps muscle separated from its connexions as high up as the coronoid process of the scapula, with the remaining soft parts of the humerus extensively injured along the two lower thirds of its length. The injury was inflicted at some distance from town, at eleven o'clock on the day after her admission, by the wheel of a water-mill. There was no hæmorrhage. A consultation was immediately held, after which Dr. Ballingal removed the limb at the shoulder joint, forming the deltoid into a single flap, in consequence of the contused state of the opposite integuments. Four vessels were taken up; the flap confined in its proper place by the interrupted suture; and adhesive straps. The operation was followed by severe constitutional symptoms, vomiting having come on in the night shortly after its performance, and the pulse ranging between a hundred and a hundred and twenty-eight for the first five days, with furred tongue and costiveness, followed by one slight attack of diarrhœa and pain of abdomen. The discharge throughout was excessively profuse; no union of the parts having taken place; and on the 20th, the integuments over the scapula and above the clavicle became painful on pressure. The usual signs of suppuration being present, an incision was made on the 23rd, on the back and lower part of the scapula; and a considerable collection of matter evacuated. The discharge from the several openings continued profuse; and on the night of the 27th, she was attacked by severe vomiting, and died on the following morning during the visit. As yet there has been no examination of this patient, which might explain a result not expected from the previous symptoms.

The operation of lithotomy was performed on a boy of the name of C. Mitchell, a groom, and a native of Calder. He was admitted on the 16th of March, with most of the usual symptoms of calculus, as frequent desire of micturition; a deep seated pain in the perineum; sudden stoppage of urine when flowing in a full stream; occasional prolapsus ani; weakness in the loins; and a sensation of a stone in the bladder, which could be distinctly felt by the sound; three years ago he passed five small calculi, one of which he states to have been as large as a horse-bean, since which time most of the preceding symptoms have been present. On the 19th, Dr. Hunter performed the operation in the theatre, by making the external incisions into the urethra, on a curved staff with a scalpel, and subsequently enlarging the wound on the removal of the staff with Blizard's knife, using the finger as a director, and cutting upwards. Two or three forceps being found too large, or the orifice being found rather too small for them, one was at length introduced, and after many efforts to grasp the stone, in which it was broken, a large fragment of it was extracted. The bladder was next syringed, but a large portion of the stone being still found remaining, the forceps was again applied, and after many tedious efforts to seize it, another piece was taken away. The scoop was then introduced by means of which several small fragments were removed; and lastly, the syringe was again used to wash out the remaining particles, the whole process, owing to the defective incision and consequent fracture of the stone, occupying about half an hour. The stone in its entire state must have been large, the nucleus of it, composed of lithic acid, being of the size of an olive; and the external parts composed of ammoniaco-magnesian-phosphate, considerably larger, but broken down during the operation into several small parts. A gum tube, such as is used by Mr. Liston, was introduced into the bladder; the urine passed through it purely for a few days, when it was removed; the boy has not had a bad symptom since the operation; the urine entirely flows through the wound, which looks healthy; and at the date of writing, he is considered in a favourable condition.

Lord Lansdown's observations on the presentation of the Worcestershire petition, have been felt as strongly here as in England. There have, in consequence of his remarks, been two or three meetings of the students on the subject; and a subscription entered into for defraying the expense of a petition to Parliament. There are few places indeed more deeply interested in the mitigation of the laws and prejudices against human dissection, than Edinburgh; for, as a school of medicine and surgery, it has been, particularly this season, injured by a scarcity of subjects, notwithstanding all that has been asserted to the contrary, by persons who prefer concealing the truth, to acknowledging an evil which cannot be remedied without being made public. It is, in fact, scarcely possible for the generality of students to acquire a competent knowledge of anatomy in Edinburgh, from the price at which the materials of that science are to be procured; a subject being worth, at present, from seven to ten pounds, or, as they are more usually disposed of to the students, from one pound ten to two pounds an extremity. The consequence is, that from this cause, and others, there is a considerable falling off in the number of the students here this season, and that a deficiency of nearly a hundred in the number of the graduates of this year is expected.

Scotus.

Edinburgh, March 29, 1828.

WESTMINSTER MEDICAL SOCIETY,

March 29, 1828.

DISCUSSION ON BURNS AND SCALDS.

Mr. Bingham read a paper on burns and scalds, dividing these accidents into three kinds, the first where the part is simply excited; secondly, where there is an effusion of serum under the cuticle; and lastly, where there is destruction of the part. In the first species, Mr. Bingham considered that hot or cold applications might be used, as best suited the patient's feelings. The vesications, he thought, should not be opened until all chance of the serum being absorbed is lost; they are then to be punctured, and powdered chalk sprinkled over the surface. In the third kind, where the part is actually dead, and therefore must be thrown off, leaving a cavity afterwards to be filled by granulations, Mr. Bingham recommended the free use of stimulants internally, as well as externally; and he spoke in terms of high commendation of the utility experienced in the administration of opium. When suppuration is fairly established, Mr. Bingham uses the calamine cerate, with a small portion of powdered opium. In cases of contraction of the skin, Mr. Bingham thinks it would be advisable to operate by introducing a portion of skin from some other part of the body.

A member spoke of the advantages resulting from the application of *raw cotton* in cases of burns or scalds, and stated that which, if confirmed by experience, is highly important, namely, that the skin, under the use of this remedy, retains its original properties.

Dr. Barry and Mr. Skene made some ingenious remarks on the modus agendi of the remedy in question; and Dr. Johnstone said, that he thought the author of the paper had not given sufficient attention to the circumstance of burns and scalds frequently proving fatal from internal disease.

A gentleman, who said that he had seen much practice in the colliery districts, observed that extensive superficial burns usually prove fatal in the stage of collapse; but that small deep burns are, for the most part, fatal in the stage of excitement.

After some further remarks from Dr. Barry and from Mr. Hunt, the Society adjourned.

LONDON MEDICAL SOCIETY.

March 31, 1828.

Dr. Haslam, President, in the Chair.

Dr. Stewart moved that Dr. Burne be requested to publish the oration which he delivered at the last anniversary meeting.

Dr. Clutterbuck said that he was prevented from being present when the oration was delivered, but from what he had heard of it, he was desirous of seeing it in print. Dr. Burn was then formally requested to publish it.

Dr. Burn rose to inquire whether any of the fellows had met with tetanus produced by an excised wound:—he had heard of a case in which it appeared to arise from this cause, and was desirous of learning whether such had occurred to any of the gentlemen present; in the case to which he had alluded, it appeared to be induced by a puncture made in bleeding.

Mr. Chevalier said that some cases of tetanus are related in the *old* Medical and Physical Journal, from which it appeared that the disease in question came on in consequence of amputation, but he was not well acquainted with the history of these cases, and therefore could not say whether any tetanic symptoms made their appearance before the operation was performed.

Dr. Burn did not consider the cases alluded to by Mr. Chevalier, as conclusive, even if no tetanic symptoms were present at the time of amputation; for in amputating, the bone was sawn, and some of the soft parts might be lacerated by the teeth of the saw, and thus the disease might be fairly attributed to the cause which usually gives rise to it.

Mr. Howel put a question to Mr. Kingdon, relative to the case of disease of the brain, which Mr. K. related to the Society at the last meeting, and this led to a recapitulation of a great part of what was previously said upon this subject. Mr. K. further observed that he had seen cases where the serous effusion in the ventricles was accompanied with symptoms which led to the supposition of diseases that did not exist. One person was supposed to have rheumatism, another gout, and a third even *stricture of the rectum!*

Mr. Howel then stated a case of apparent apoplexy, which occurred in a female, in the last month of pregnancy. The woman was bled largely, and a few hours afterwards it was found that she had given birth to a dead child, although there were not any symptoms which induced him to consider that the patient was in labour. The uterus contracted readily after the expulsion of the placenta; and on the third day, the woman had some return of sensibility; on the fifth day, she was still more sensible, but was not even then aware, till she was informed of it, that parturition had taken place. The lochial discharge was, in this case, very slight; the woman had been much alarmed a short time before the fit occurred.

Dr. Burn related a case very similar to the preceding, in which the child was born whilst the mother was in a state of insensibility without any of the symptoms which usually accompany labour. This woman, previously to the occurrence of the fit, was much distressed. She died shortly after delivery, without any traceable cause.

Mr. Field made some observations on a case of parturition, in which the child was born very rapidly, apparently by a single effort of the uterus. The patient lost some blood afterwards, and was in a state of syncope for a long time.

Mr. Waller said that he had seen cases where the patient had been insensible for a great part of the time of parturition. This condition was noticed principally in women subject to hysterics, and though the symptoms might be very alarming to those who had not before witnessed them, yet he did not believe they were usually dangerous. He had seen patients very faint after the birth of the child, notwithstanding the quantity of blood lost was very small, and the uterus was properly contracted. Some practitioners were much frightened on these occasions, and attributed the syncope to a continued discharge from the uterus, which however, they were unable to discover. They were apt to fancy that the uterus did not contract sufficiently, and under this idea they sometimes "scraped" it for hours. This was a practice, in Mr. Waller's opinion, perfectly unnecessary, and was not, under such circumstances, at all justifiable, as there was no danger of hæmorrhage while the uterus remained properly contracted. He considered the state of insensibility which had been described, and which he had seen both before and after delivery, to arise from hysterics, and he had been accustomed to call it the "hysteric fainting;" according to his experience, it always yielded to the remedies as usually employed in hysterics.

Some desultory conversation here took place upon uterine hæmorrhage, in which Dr. Williams, Mr. Waller, Mr. Howel, Mr. Kingdon and Mr. Shirley, took a part.

CHELMSFORD AND ESSEX HORTICULTURAL AND FLORIST SOCIETY.

(*Essex Herald.*)

An open committee of this Society was held on Saturday evening, at the Saracen's Head Inn, to elect officers, and to arrange the business of the Society for the ensuing season: Dr. Forster in the chair. After a favourable report of the increase of the funds of the Society, the chairman addressed the meeting as follows:—

Gentlemen,—Since our last meeting, an event has occurred which will be much regretted by men of science throughout Europe, but particularly by botanists; I allude to the death of the president of the Linnæan Society of London, Sir James Edward Smith — a man eminently distinguished through life, for his unremitted attention to natural history in general, and his indefatigable endeavours to promote botanical science in particular. It was only when we last assembled, about six weeks ago, that we elected him our honorary and corresponding member, and this day I have to record to you his decease. It is a remarkable circumstance, that his death should have taken place at the very time, and I believe on the very day, that his last volume of *English Flora* was published. He was the intimate friend of my father through life, and they, by turns, dedicated their botanical works to each other. Dr. Smith (a title by which he is still better known in Europe than he is by the superfluous epithet of his knighthood) was the son of a respectable merchant of Norwich, and was originally intended for the silk trade, but the natural bent of his genius led him into a more scientific line of life, and he is one of the numerous instances which Great Britain has afforded, of individual merit raising itself above the level of its original station, to the most distinguished place among men of science. Dr. Smith was educated as a physician, and took a medical degree at a foreign university, but preferred the prosecution of science to the drudgery of medical practice. He is celebrated as the purchaser of the *Herbarium of* Linnæus, and as author of the *Flora Britannica*, of "*English Botany*," and of numerous other works on plants. He was successively elected member of the principal botanical societies of Europe, and was for many years our president of the Linnæan. He was a close follower of the *System of Linnæus*, and, for a long time, seemed averse to the innovation of the *Natural Orders* of Jussieu. Dr. Smith was a man of very liberal mind, and though he was himself a warm advocate for the doctrines of Dr. Priestley, he was divested of sectarian bigotry. He was the friend and patron of all men of talent, without the least regard to their political or religious opinions, in proportion to their moral merits and their literary and scientific attainments, and his loss will be equally felt by his personal friends, as by his scientific correspondents. Since our last meeting I am happy to congratulate the Society upon many new and most respectable names which we have this day to record among our members. [Here the new names were read, and Dr. Forster then resumed.] It is now time that I should say something of the prospects of the Society. We have a large accession of members, and consequently an increase of funds; but *have we already a corresponding augmentation of plan, an extended object of research, and a better arranged scheme for the execution of that object?* This is the question which I propose for your consideration today. We are met now to arrange the meetings for the *Show of Flowers;* but we have already declared a more extensive object to be part of our plan; namely, the cultivation of the more immediately useful objects of horticulture. The culture of the garden, from the remotest antiquity, has always blended the two-fold objects of ornamental botany and the cultivation of medicinal and culinary plants. Botany was first cultivated in this part of Europe, by the religious orders in their monastery gardens. The travelling friars and pilgrims of the mendicant orders introduced the greatest number of new plants, and by their knowledge and popular application of medical botany, they laid the foundation of our modern Pharmacopœias. Early in the 16th century, the followers of St. Ignatius of Loyola penetrated the most dangerous and inhospitable regions of the earth, and brought back into civilised Europe, numerous, new, scarce, and useful plants; a trace of which singularly instructive part of the history of botany may be still found in the popular names for plants, such as *Jesuit's Bark*, *St. Ignatius' Bean*, *Monk's Rhubarb*, and numerous others, which served to mark out for our imitation, the attention paid to the *useful* part of botany, by all those early cultivators of the flower garden. Dr. Forster here illustrated the subject by numerous instances, and detailed the history of the introduction of various particular plants into the country, which, however, are only interesting to the botanist, and which we cannot find room to report at length.

Mr. Howard rose and made some very apposite remarks on the Horticulture of the period alluded to, and a protracted discussion of a miscellaneous nature on the antiquity and origin of gardening followed, of which no notes were taken, as the chairman, at the suggestion of a gentleman present, observed, that, as it was getting late, it would be better to go at once into the business of the meeting.

Mr. Wicks, solicitor, then proposed, and Mr. Cowland seconded it, that Dr. Forster be elected president for the ensuing year.

Dr. Forster then rose, and having returned the Society thanks for the honour conferred on him, observed, that from the nature of the Medical Profession, and his liability to be called away, he could not promise to the Society a regular attendance, but he would do his best, and whenever he had time, would endeavour to make up by personal exertion, what he felt conscious he wanted in ability, to further the useful objects of the Society. He added, that he trusted, therefore, he should meet with cooperation on the part of other gentlemen who had done him the honour of adding their names and influence to the Society, since he had become a member of it. He was not one of those who liked the too-common plan of laying on one's oars and whistling for wind. The man who called on Hercules should put his own shoulders to the wheel. He felt himself pledged to act on this principle towards the respectable gentlemen who lent their pecuniary aid and names to the Society, but he could not do it alone, and hoped that all members would do their part.

Mr. Howard was then proposed as secretary and treasurer for the ensuing year, and duly elected.

The thanks of the meeting were then voted to Mr. Wood, the late president, for his attention to the business of the Society.

It was then agreed that the show of prize auriculas and cucumbers should take place on Tuesday, the 22d of April next; and that, in future, prizes for fruits should accompany those for flowers, and should be arranged at a subsequent meeting.

The committee adjourned at ¼ past 10 o'clock.

LITHOTOMY AT GUY'S HOSPITAL.

" [ADVERTISEMENT.]

To the Editor of The Times.

Sir,—As you alluded, in a paragraph of your paper of Saturday last, to an operation lately performed at a public hospital, declaring, at the same time, that the " details were too shocking for general perusal," we beg you will insert the following letter, which was addressed to the Editor of the *Morning Herald,* as an explanatory refutation to the report which that Journal had extracted from The Lancet.

We have the honour to remain, Sir,
Your obedient servants,
The Students of the Borough Hospitals.
(Signed) John Hilton, Chairman.
Anatomical Theatre, Guy's Hospital,
April 1, 1828.

ANATOMICAL THEATRE, GUY'S HOSPITAL.

To the Editor of The Morning Herald.

Sir,—We, the undersigned Dressers and Pupils of the Borough Hospitals, have observed, with mixed feelings of surprise and regret, that in your paper of Saturday last, among the various channels of information, which, in your official capacity as Editor, you deem it your duty to explore, you should have selected from The Lancet of the same date, what purposes to be a report of an operation recently performed at Guy's Hospital:—of surprise, on the one hand, that you had no misgivings as to the truth and accuracy of the publication, no suspicion of the quarter from which your information was derived; and of regret, on the other, that, presuming guilt on such evidence, you should have given a temporary sanction and stability to the statement, by inserting it in your highly respectable journal.

But, Sir, as you did not stop to ask, " are these things so?" before giving them publicity, we at least expect that, in the impartial exercise of your censorship, you will readily repair the mischief your instrumentality has caused, by setting forth in those columns which contained the charge, the following unanimous and unequivocal contradiction.

Indeed, we should be extremely forgetful of the advantages secured to us by this institution, and but ill requite the kindness we have uniformly received, were we to " spare to speak" at this moment, when the character of one of its officers has been so foully and falsely assailed. Hence we feel we are called upon, in an especial manner, to justify the conduct of that individual; to testify to his qualifications as a teacher, to his superior skill as an operating surgeon, and to his worth and integrity as a man. We therefore formally protest against the defamatory calumnies which have been noised abroad, and avowedly declare that the report of the case, as given in The Lancet, is altogether amplified and exaggerated; that there is every distortion of facts, and insertion of what are not facts, to bring the operator into contempt, and to sully his fair character. But, as it would occupy too much space in your valuable columns to *dissect out* and falsify each assertion, we shall content ourselves with affirming, that the protracted time of the operation was attributable to the unusual and extraordinary difficulties which presented themselves; that these difficulties were met and overcome by the operator with coolness; and that he neither used any expressions but those called for by the exigencies of the case, nor spoke in the unguarded manner which has been so maliciously, but ridiculously, imputed to him; and that the last assertion, viz. of the patient being kept upon the table *bound* whilst the operator was explaining, is only one of the many falsehoods that have been so meanly devised and industriously circulated against him.

We have been thus brief in our contradiction of the statements, or rather the misstatements of The Lancet, because it is notoriously admitted as a fact among the reputable part of the profession, that to quote from The Lancet is at all times a ground for doubting the truth of such quotation. Besides, the spirit with which the report is written, plainly disproves the sincerity of the production—*mole ruit suâ*.

But what we have said will suffice to show, that although the best among us cannot escape with impunity, there will always be found those who are ready, humble as their efforts may prove, to expose such personal hostility, and to assure the public that his attacks have the least effect where they are intended to do the most injury.

John Hilton
*H. Blenkarne
*Wm. Davies
Henry Roberts
*Wm. Muriel
*Sam. S. Scriven
H. W. F. Greatwood
*J. W. Owen
*Chas. Ridley
*John Elliot
*John Bush
*John Atte
*Wm. Barker
John Dalrymple
H. M. Hughes
*Alex. Twedie
*R. H. Swallow
*J. Dashwood
Henry Reynolds
Wm. H. Fogerty
*Samson Cary
George Dade
W. R. Renwick
*Wm. P. Borrett
*Fred. Priest
*S. W. Mousley
*Mich. Wallis
*Griffith Boynton
*A. W. Maitland
*Wm. Francis
*George Myers
W. D. Williams
*G. L. Hillas
*Benj. Dulley
*Thos. Delahay
J. Hickson
*Benj. Wood
*N. C. Bacon
J. T. Kirkman
*Thos. Watters
James Edgecome
*George Edgecome
*Wm. Ellis
*J. E. Goodridge
*Ed. Hillyard
*Ed. Ingram
*John Smith
*Mich. Minter
*Ed. R. Bower
John Swift
*Wm. Sankey
*Arthur Lamb
*W. Perkins
*Rt. Paterson
Ch. Griffiths
*Rd. Jones
*T. W. King
*J. E. Cambirdge
S. J. Bayfield
H. W. C. Abbott
John K. Cook
A. Dalrymple
Robert Stone
S. R. Ensor
*Rich. Hieson
*W. P. Andrew
Wm. Clowes
Horatio Daveney
*R. Carrington
*T. C. Laver
*J. E. T. Panatt
*J. Postlethwaite
*Jos. Calcott
*H. R. Lewis
G. R. Robinson
*W. Ellis
*Henry Butcher
*John Pitcher
*Edw. Turner
*W. H. Denham
*J. Cornley
*Edward Carey
S. F. Bromley
*Edw. Downing
*Jonathan Blake
Wm. J. Rundle
J. T. Hepworth
*G. W. Linton
*Edw. Ingram
*John Mansell
Alexander Hett
Brooke Muriel
*Rich. Valentine
*M. Buszard
*Eb. Smith
G. H. Armstrong
*Charles Ridley
*S. B. L. Bell
*John Bird
Richard Savage
Thomas Hall
John D. Croker
*D. W. Crompton
*J. O. Nichols
*John Davison
John T. Gilson
Henry Denne
H. T. Glendining
J. W. Workman
*Chas. K. Webb
*Robert C. Foss
*John Plane
*T. V. Oates
S. Gould
*F. Budd
H. J. Moorhoous
*Thomas Hall
*Geo. Hillas
G. S. Byap
*Edw. Jackson
H. Whitmore
*J. S. Scarborough
*Rd. Chapman
*John Price
H. H. Coffin
J. S. Tulle
*Thos. Ward
*Ed. Andrews
*C. Spurgin
*R. P. Edwards
*J. Bayly
F. H. Tresilian
*H. W. Burton
*John Purvies
*B. Spurgin
*G. Heath
*Thos. Delahay
*H. J. Macy
A. S. Taylor
T. A. Smith
*Fred. Clerk
Edw. Cock
*A. T. S. Dodd
Wm. Smith
F. Braithwaite
R. T. Scaw
*W. Gates
*S. Mason
*Isaac Harwood
E. A. Reynolds
*Wm. Anderson
Rt. Dashwood
*Rd. Bright
J. Shoubridge
J. T. Stinson
*Robert Hook
*Geo. Bayfield
J. S. Tribe
George Rainey
*R. Ballantyne
H. Parry
*Fras. A. Bulley
*G. H. Wortham
*C. M. Morales
Wm. Guy
Octavius Munton
Robert T. Jones
Thos. S. Byass
*Richard Ibeson
*Thomas Ware
Henry Peacock
J. G. Leete
Frederick Tuckett
Charles Gaselee

Those gentlemen, to whose names an asterisk is affixed, were eye-witnesses of the operation, while the rest bear testimony to the high professional character of the operator.—March 31."

ST. GEORGE'S HOSPITAL.

MALIGNANT DISEASE OF THE TESTICLE—OPERATION OF CASTRATION, BY MR. ROSE.

William Westbrook, ætat. 37, was admitted under the care of Mr. Rose, on the 27th of February, on account of an enlargement of the left testis.

Upon his admission he stated that he was attacked with severe pain in the part about Christmas last, and that it swelled a little; he applied to a surgeon, who bled him from the arm, and put leeches to the scrotum. In consequence of these means the pain was reduced, but the swelling, on the contrary, gradually increased.

When the man was admitted, the tumour was of the size of a large orange, having an irregular lobulated surface, hard in some parts, and soft in others; the spermatic cord was apparently thickened, and was much harder than natural.

The treatment directed was the daily application of leeches, with cold lotions; the exhibition of five grains of blue pill every night, and a dose of purging medicine every second day. These means were continued to the 14th of March, when the mouth was evidently affected, the man also complained of headach, and his countenance, it was remarked, had that peculiar appearance so characteristic of malignant disease. The tumour also, within the few preceding days, had become much larger and heavier. He was now ordered five grains of carbonate of ammonia, in camphor julep, three times a-day; but, in the course of a few days, this medicine was omitted, and sarsaparilla prescribed. The patient, however, experiencing no relief, the operation of castration was proposed, and Mr. Rose performed it on the 27th.

An incision was made from the external abdominal ring to the base of the tumour, which was then dissected out, a portion of integument being removed at the same time: it was found that a lobular portion of the tumour extended within the outer ring; and this it was which gave the appearance of the chord being diseased, whilst it was really healthy, with the exception of having contracted adhesions to the cellular tissue. Two vessels were tied in the chord, and several in the scrotum; in the latter, the ligatures were cut short.

Upon making a section of the tumour, there was no appearance of the original structure of the testis, but one portion had the appearance of medullary sarcoma, another like scirrhus, whilst, on the external part below the tunica albuginea there were some hydatids.

The edges of the wound were brought together by means of sutures, and strips of adhesive plaster; compresses, wetted with cold lotion, being applied over the whole. On the following day, there was considerable febrile excitement; but, at the date of this report, April 1, the man appears to be doing well.

GUY'S HOSPITAL.

DISEASES OF THE TESTICLE.

The two following cases serve to illustrate some important practical points in the treatment of inflammatory disease of the testicle. The first case, especially, exemplifies the beneficial effect of cupping on the loins, a mode of practice to which we have before had occasion to allude; in the second case also the most decided relief was afforded by the same plan of treatment, but a thickening remained at the epididymis which, as it will be seen by the report, was removed under the use of mercury.

Case 1.—J. F. ætat. 22, a sailor, stated on admission, that he had received a severe blow on the right testicle four days previously; he had had gonorrhœa for some time, but the discharge had in a great measure ceased. He complained of *violent pain in the loins*, with sickness, much febrile excitement, exquisite tenderness of the testicle, which was greatly swollen and very hard, and pain along the course of the chord.

The treatment pursued in the first instance was the abtraction of fourteen ounces of blood from the loins by means of cupping; the application of leeches to the scrotum, and the exhibition of saline purgatives.

A report made on the third day after admission, stands thus—great and instant relief was afforded by the cupping; the testicle itself is still much enlarged and painful, but the pain in the loins ceased with the cupping. Ordered, twenty leeches to the scrotum.

The patient was discharged at the end of three weeks quite well, without any thing further, worthy of remark, having occurred.

Case 2.—The patient in this case was 18 years of age, he had been affected with gonorrhœa upwards of two months; the testicle began to swell, the discharge consentaneously ceasing, about a fortnight before admission. When he came into the hospital, the testicle was found to be very much enlarged and acutely tender; the epididymis was remarkably hard, tender and much swollen, and according to the patient's account, the disease commenced at this part. He complained of severe pain in the loins, as well as in the testicle and along the chord, and he laboured under much febrile excitement, with constant nausea.

On the day of admission, he was cupped

on the loins to the amount of a pound, a purging powder given, composed of scammony and calomel, to be followed up by repeated doses of salts in infusion of roses.

The testicle on the third day was reduced under the foregoing means, to nearly its natural feel, the pain in the loins subsided as soon as the cupping was performed, and also the nausea. The epididymis still remaining very hard and much swollen, leeches were directed to be applied every second night, and friction with camphorated mercurial ointment used on the intermediate nights.

This treatment was continued a fortnight, when the induration of the epididymus was found to have entirely subsided, and the patient was discharged quite well.

Both of these cases were under the care of Mr. Morgan.

SINGULAR INJURY NEAR TO THE KNEE-JOINT, FRACTURE OF THE TUBERCLE OF THE TIBIA, WITH COMPLETE LACERATION OF THE LIGAMENTUM PATELLÆ.

The patient, in this case, a spare man, fifty-nine years of age, was admitted into Accident Ward, under the care of Mr. Key, about one month since; the injury was occasioned by a truss of hay falling upon him from a height, and knocking him down in the street. In respect to whether he fell directly upon his knee or not, the man could give no precise information; this part, however, was the seat of injury.

When the tumefaction had been lessened by the application of leeches, it became very evident on handling the part, that the patella was separated from its natural inferior attachment, in being loose, and its lower surface four fingers breadth in distance from the tubercle of the tibia, the limb, at the same time, being in a state of extension. The tubercle of the tibia was so very large, that it was, at first, supposed to be the inferior portion of the patella, it being surmised that a transverse fracture of this bone had taken place, and that the superior portion was, as usual, drawn up. It was especially remarked, however, that this supposed lower part of the patella projected very considerably, being tilted as it were, and pressing strongly against the integument; and it was therefore asked, how are we to account for this? seeing that no muscular power can be exerted on the lower part of the patella. But, to come at once to the true nature of the accident, Mr. Key, from attentive examination, was led to the conclusion of there being a complete laceration of the ligamentum patellæ, and a fracture of the tubercle of the tibia; this latter part was moveable, and afforded a distinct crepitus; the circumstance of its mobility had tended to strengthen the supposition of its being the inferior part of the patella.

The diagnostic marks on which Mr. Key relied, and which he pointed out to the attention of the pupils were, first, the fact of the projecting body being far below the natural situation of the inferior part of the patella, being, as compared with the opposite tubercle of the tibia, precisely in the proper situation of that process; and, secondly, the lower part of the patella not having the abrupt surface of a fracture.

The treatment of the case has been similar to that adopted in fracture of the kneepan; the swelling having been reduced by leeches and evaporating lotions, the limb was placed in the extended position on a splint, with foot piece, and elevated considerably above the level of the body. The patella was brought down as far as possible, and confined by means of a bandage and pad, and strips of soap-cerate-plaster were laid over the tubercle.

Under the use of these means, complete union of the tubercle appears to have taken place, and there is also, apparently, union of the ligament, but the patella is not brought down to its natural situation. We have stated the case now, that practitioners may see it, being an accident of a very singular kind.

TO CORRESPONDENTS.

Cpmmunications have been received from Mr. Upsall—Mr. Alport—Dr. Forster—Dr. Sully—Mr. Griffin—Mr. T. W. Thomas—Democritus, Junior—One of his Class—Non-Medicus—Discipulus—Mr. Beeston—A General Practitioner—A Young Practitioner—A Twenty Pounder—Mr. Simpkins—Narrator Verus—Dr. Blundell—J. B.—A Pupil—Mr. E. Key—Mr. Dawes—Philo-Lancet—Surriensis—Mr. J. Davies—Mr. E. Hall—L. G. L.—No Dub—Eques—A Young Surgeon—A Blast from the North—Dr. Dieffenbach, Berlin—A Subscriber—A Pupil—T. J. H.—Mr. John Medd—Mr. Cook—Medicus—Mr. Robinson—One of the Humbugged—A Non-Initiated—Moribund—Mr. Merry—Dr. Greening—An Apothecary's Apprentice.

"L. L. B." is informed, that the part was corrected in the third edition.

We are not acquainted with the address of Dr. Curling.

"The "Cock Sparrow" has not commenced an action against THE LANCET; at any rate, he has sense enough not to do *that*.

Longman's "Excrescence" is beneath notice; it is acknowledged to be a failure even by the Bats; the *stamped edition* is already DEAD.

THE LANCET.

Vol. II.] LONDON, SATURDAY, APRIL 12. [1827-8.

LECTURES

ON THE

THEORY AND PRACTICE OF MIDWIFERY,

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

Lecture XXIV.

Of the Use of the Forceps and Tractor, or Lever.

Very dreadful are the evils resulting from the employment of obstetric instruments, and very dreadful, too, are those evils which result from neglecting their administration, when really required. All obstetric instruments are an evil; every additional obstetric instrument is, I think, an additional evil. He is an able accoucheur who contrives a serviceable instrument; but he is an accoucheur still abler who teaches us how to dispense with it. Though instruments are of great value in individual cases, in the sum of their effects upon the sex, they have, perhaps, proved rather a curse than a blessing. Happy might it have been for women generally, and still happier for their offspring, if instruments had never been invented. All this may be true, and yet it may be equally true that among many cases there are a few, in unhealthy districts especially, in which, to use the obstetric instrument, is a smaller evil than to reject its use, and in such instances it becomes our duty to operate.

Good sense has invented and varied some obstetric instruments; whim, innovation, and sciolism—not to add the spirit of professional adventure—have contrived still more. It was remarked, by one of the ancient philosophers, that time was his estate. Considering it, as I do, as one of our most valuable possessions, you will, I trust, excuse me for not wasting any part of it by entering into barren contentions about the defects and excellencies of these various contrivances. To those who are fond of talking and disputing on obstetric subjects, these instruments may furnish an amusing and inexhaustible subject on which to exercise their garrulous eloquence; but those who wish to give themselves more to action than disputation, will do well, I conceive, to confine their attention to the consideration of those instruments which are best approved by practice. *Ars longa vita brevis.* The solid part of the profession contains more than enough to fill the very small compass of the longest life.

Of instruments contrived to assist the birth in laborious labours, the most valuable are—the tractor, the forceps, the perforator, the crochet, the blunt hook, and the craniotomy forceps—specimens of all which I here deposit on the table before you. Of these instruments, the latter are designed to facilitate the birth of the fœtus, by reducing its bulk, and may be called the embryotomic; while the former, or embryospastic instruments, as they may be denominated, are contrived to abstract the fœtus without injury either to the mother or her offspring. And, first, of the embryospastic instruments, the forceps long and short, and the tractor, or lever.

When called to a case of instrumental delivery, you will usually find the system in one of three conditions—collapsed, excited, or in a state of vigour and comparative calm. When the patient is excited, take away, on an average, 16 or 20 ounces of blood; nor is this practice improper, when the excitement is not conspicuous, but the lancet must not be used; if collapse have occurred in a high degree, contusion, or laceration, are probable here, and, before you operate, an unfavourable prognostic may be given. The heat, pulse, tongue, and countenance are the principal sources from which, in these cases, our judgment is derived.

When called to a case of instrumental delivery, before you employ the embryospastics, let the rectum be cleared, if loaded; and, if practicable and safe, let the bladder be evacuated by the natural efforts, or the catheter; the urine, however, should not be drawn, unless this may be accomplished without violence. Again, if the os uteri be no larger than a crown piece, instruments will probably tear it; if the vagina, or genital fissure, be rigid, laceration, contusion, and slough may be expected; if the parts are inflamed, swelled, and irritable, instruments are unsafe—the softer parts ought to be relaxed most completely, and the os uteri ought to be wide open, and the inflammation and irritation ought to be subdued by bleeding, before embryospastic instruments are employed. Before you use the embryospastic instruments, obtain a just notion of the position of the womb, the ovum, and the head of the fœtus. From these casts you may readily acquire a knowledge of the position of the uterus, forming a large tumour, which occupies about two-thirds of the abdominal cavity, the fundus lying forth above, beyond the ensiform cartilage, and the mouth and neck resting on the brim of the pelvis below, so as to be directed towards the inferior extremity of the sacrum. In or near the fundus of the womb it is, (above therefore, and beyond, the ensiform cartilage,) that the loins and lower limbs are deposited, and when the os uteri is open, in the pelvis it is that we find the cranium various in its positions; at the brim, cavity, or outlet, under presentations of the face, vertex, or forehead, with a situation of the face to the front, the side, or the back of the pelvis. The position of the head is ascertained by examination; and the rules of examination have been already given at large. Before you have recourse to embryospastic instruments, it is desirable, though perhaps not peremptorily necessary, that you should have a just notion respecting the nature of the obstruction, arising usually from one of three causes—rigidity, want of space, and unfavourable position of the head. Examination is the mean of detecting them. When on the different varieties of laborious labours, I shall enter with more detail into the consideration of these difficulties, and our means of ascertaining them.

By different operators, women, when the embryospastic instruments are employed, are placed variously, the sedentary and recumbent postures, or the position, on the right or left side, being the principal. According to the habits of the accoucheur, one or other of these positions may, in any given case, deserve the preference; for myself, I am accustomed to put the patient in the position of this fœtus; on the left side I mean, and close upon the edge of the bed, with the shoulders forward, the loins posteriorly, and the abdomen a little below; and if I think a bearing point desirable, I place the feet against the post of the bed; directing the nurse, usually large, round, soft, and heavy, to sit on the bed, with her back resting against the lumbar-hollow, as here demonstrated, if I wish to prevent the sudden starts of the patient. In using the tractor, it is more especially necessary that the pelvis should be securely fixed. When the posture of the patient is arranged, you may then place yourselves at the bed-side, in any way most commodious; kneeling on a pillow, or sitting on a low chair, and it may sometimes be convenient to change from one position to the other, as the operation advances. But to proceed.

Of the Long Forceps.

The long forceps, of which I here exhibit a specimen, from end to end, measures about 14 inches; and, when properly applied at the brim of the pelvis, it lies obliquely, with its point directed towards the navel, and its shank upon the perineum. By a distinguished surgeon of the last century, Levret, I mean, the long forceps were laterally incurvated, as in the specimen here exhibited; so that by this curvature, as you may see, on placing the forceps in the pelvis, the handles are thrown forward from the sacrum, and the perineum is rendered more secure. Forceps, both straight and incurvated, I have repeatedly used; and after some experience of both, I decidedly prefer the straight. Lateral curvature may protect the perineum somewhat, but its most certain security is derived from the prudence and gentleness of the accoucheur. The blades of these long forceps, in the method of using them hereafter recommended, may be applied to different parts of the head; as, however, they are more generally laid over the forehead and occiput; it is to these regions of the cranium, that they are, with the greatest nicety, adapted; and examining the models on the table, you will perceive that they conform to the cranium with great exactitude. Unless the blades be elastic, however, absolute adaptation can, I conceive, never be obtained; for while the form of the instrument remains unchanged, that of the head itself varies. Smellie's lock, here shown, is decidedly the best; the lock should be loose, so as to admit a conjunction of the blades, although they are not brought into exact apposition with each other; for, in applying them to the head, this apposition cannot always be obtained. The instrument should be strong, and free from points or edges. Cleanliness renders it desirable that the forceps be not coated with leather.

I do not like to see an elegant pair of forceps. Let the instrument look like what is, a formidable weapon. *Arte, non vi*, may be usefully engraved upon one blade, *Cave perineo* upon the other.

There are various cases, in which you use the long forceps; but, as it is my object always, in these lectures, to simplify our observations as much as may be, I shall confine myself, on this occasion, to that case in which the use of them is most frequently necessary, and which, properly understood, will enable you to comprehend their management in all other cases. This case, of all others the most frequent in its occurrence, consists of those laborious labours in which the child's head is detained at the brim of the pelvis, the face lying to the one, and the occiput to the other side; a large head, a narrow pelvis, and other causes, impeding the descent.

In cases of this kind, having warmed the forceps, not displaying them in the room, or holding them openly before the fire, but plunging them for this purpose into water of a proper temperature, or, grasping the blade in the hand, you prepare for introduction. Now, if the forceps are straight, you may first introduce either blade indifferently; but if, like the instrument here exhibited, it have a lateral curvature, select your blade, so that when introduced, the concavity of it may lie towards the symphysis pubis, and the convexity towards the sacrum, the shank of consequence receding from the sacrum. The blade being selected, take the handle of it in your right hand, and then slide up one or two fingers of the left into the cavity of the uterus, so as to interpose those fingers between the cervix uteri and the child's head; an operation this, which, if you are fit to use the long forceps, you may very readily perform. That, in this stage of the process, it can never be proper to carry the whole hand into the pelvis, I will not venture to assert, but in general this measure is needless, and being needless you will, I presume, agree with me, that it is highly improper, as there is a risk of lacerating the vagina. Having, then, interposed two fingers between the cervix uteri and the child's head, and this on the side of pelvis; for in the side it is that the pelvis is generally most roomy; you pass the blade of the instrument upon the fingers, and recollecting the aphorism *arte non vi*, with the utmost tenderness and gentleness, not forgetful that you are operating on the softer sex, and that a single rude thrust may pass the blade through the vagina, often asking the patient if you give pain, you very gently work the blade of the instrument along the side of the pelvis, where it ordinarily meets either the face or the occiput of the child, over which it glides and lies. And here let me remind you of what was before stated, I mean that the head being at the brim of the pelvis, the basis of the cranium lies above and anteriorly, while the summit is placed below and towards the coccyx, and the point of the sacrum, as now shown. In accordance, then, with this position of the head, the blade must be placed; that is, the point must be directed towards the umbilicus, and the shank must bear backward upon the perineum, as demonstrated by the apparatus, when, as you may here see, the instrument will be found, to lie very commodiously upon the head. The first blade being placed in this manner, you secure it in this position with the thumb and the two last fingers of the left hand, afterwards insinuating the two remaining fingers, say the first and second, so as to prepare the way for the introduction of the second blade. To pass up this part of the instrument, take, as before, the handle in the right hand, and having interposed the fingers between the child's head and the cervix uteri, and towards the back of the pelvis, so that the back of them lies near the sacro-iliac synchondrosis, pass the second blade along the fingers in the back of the pelvis, till you get it about half way to its destination. Having thus passed it half way towards its destination along the back of the pelvis; you work it with gentleness, as here shown, carrying it in a lateral direction, till you have transferred it completely from the back to the side of the pelvis; and then you carry it high up, so as to lay it over the child's head, the point being directed towards the umbilicus, and the shank being carried backward upon the perineum, in such a manner, that the two blades are brought as near as may be into apposition with each other.

Of the two blades, first introduce that which lies below in the left of the pelvis; for you will find on trial, that in this mode the junction at the lock will be most easily accomplished. And here, perhaps, you will ask me why, in introducing the second blade, I do not carry up the instrument, first along the side of the pelvis? The truth is, this may sometimes be done commodiously enough, but unless the pelvis of your patient lie close upon the edge, the bed furniture under this method of introduction frequently lies in the way; an inconvenience which you may avoid, by first sliding the blade, as directed, along the hollow of the sacrum, care being taken to keep clear of the aperture leading to the rectum. When then, in this manner, with the utmost gentleness, slowly, and without affected rapidity, the blades have been applied to the head, I lock them; careful, in forming the junction, that neither the linen of the patient, nor the perineum, are intercepted by the joint. If any portion of the perineum is included when you lock the blades, the woman exclaims "you are cutting me," when, of course, it becomes necessary to separate them immediately, to unite them afterwards with more caution. When the lock is completed, you may then, if you please, tie the handles by means of a riband, taking care, however, not to draw the ligature too closely, lest you should occasion the blades forcibly to grasp the cranium, so as to compress the brain and kill. Draw the ligature with that degree of tension only, which will give the blades their bearing on the head; this is all the pressure the case requires, and in every operation of midwifery, the less force you use the better. And thus much respecting the *application* of the instrument. Observe the apparatus before you; it exhibits well the adaptation of the forceps to the head.

And now, having applied your instrument before you proceed to abstract the fœtus, recollect the two aphorisms already mentioned—*arte, non vi,* and *cave perineo.* And having duly prepared the mind, by considering how requisite it is that you should be very gentle, and how great are the injuries which you may inflict by rudeness and violence, proceed. And here be it observed, as we enter on the next step of the operation, that if there are no pains, which sometimes in the worst of labours there are not, you must draw down in the absence of the uterine action; but if the woman have her efforts every five or ten minutes, instead of making the operation entirely artificial, you ought to wait and co-operate with the pains, often rather leading the head into the world, than pulling.

Even where pains are wanting, although you cannot co-operate with the natural efforts, yet I would advise you to imitate Nature, the fruitful mother of all the arts. Do not in these cases continue pulling without intermission, till you have got the head through the pelvis, but make an effort, and then pause for some four or five minutes; again making another effort, and again pausing, and proceed in this manner, till you gradually work forth the head; not forgetting, during the intervals of cessation, to examine the pulse, and to observe the countenance. That the smallest force which may bring the head through the pelvis is the best, you will no doubt all agree. Those who have been engaged a great deal in *difficult labours,* may now and then venture on the higher degrees of effort, to be conceded only to such as have had much experience: but in general, I would advise you not by any means to use the greater force; for if you do, the child is generally still born, and by contusion, fatal injury may be inflicted on the softer parts of the mother. If gentle efforts are insufficient to bring the head easily through the brim of the pelvis, I believe the better practice is to have recourse to the perforator.

If the pulse be 120 or 130, before you commence your operations, it is clear that you cannot, from counting the beats, take an intimation whether the softer parts have or not sustained injury; but if, before the forceps is applied, the pulse is under 100 in the minute, then, should contusion be produced by your efforts with the instrument, the rise of the pulse will indicate it. Without a rise of the pulse, contusion, I incline to think, rarely occurs, and if you find the pulse mounting from 110 to 120, 25, 30 in the minute, it is always proper to beware. After every effort with the forceps, therefore, count, waiting two or three minutes, so as to allow the beats to subside after the muscular exertion, and count completely round the circle. If you find it below 100, no serious injury has been inflicted; if the frequency is encreasing, although it do not necessarily follow that serious injury have been inflicted, yet the existence of contusion becomes probable, and further efforts must not be made without much further consideration. In using the forceps, I am myself careful never to neglect, between the efforts, this examination of the pulse. In drawing with the forceps, the instrument not infrequently slips from the head, this perhaps being rather an advantage than an evil, as it may preclude too much extractive force. It is easy to replace the instrument, and repeatedly, if necessary.

In abstracting the head with the forceps, you will find it an advantage to swing the instrument a little from side to side, giving it an oscillatory movement; sway the instrument extensively, and you will lacerate the perineum; it is only a confined motion that may be safely tried. Many efforts are not usually required; if, when the head is detained at the brim, it cannot be brought through the superior aperture by five or six pulls, it may be better to resign the attempt altogether, wholly or for a time. An imaginary line, stretching from the umbilicus to the coccyx, is the line in which the cranium passes the brim, and in this direction, on the whole, (the forceps, however, bearing a little forward from the perineum) the embryospastic force should be applied. At this time the perineum must be guarded with solicitous care.

On using the long forceps, according to the rules here prescribed, the cranium will frequently be found to descend with facility, more especially if the uterine efforts co-operate. When, however, the coarctation is more considerable, the abstraction of the head may not always be safely accomplishable. Now, in these cases, if immediate delivery be necessary, you must have recourse to the perforator, but should this not be requisite, you may withdraw blood—watch the patient, and wait a few hours, when the head, becoming moulded by the uterine efforts, and descending lower in the pelvis, under a second essay of the forceps, the fœtus may be safely brought. Thus, in the evening of the day, I have seen a living fœtus abstracted by the forceps where no prudent use of the instrument could have withdrawn it in the morning. The cranial bones of the fœtal head are connected by cartilage, and the cranium in consequence becomes capable of readily changing in form and diminishing a little in bulk, the principal adaptation being obtained by the marginal lapping of the one parietal bone over the other, and by some little advance of the os occipitis, which may get forced beneath the edges of the ossa parietalia.

By these measures, with gentle embryospastic effort, co-operating with the pains, or imitating the pains, swaying the instrument a little from side to side, abstracting on the whole in a line stretching from the navel to the perineum and coccyx, very careful not to lacerate the perineum, not repeating the efforts too often, nor using a force too great, you gradually bring the head forth through the brim; and when once you are passed the superior aperture, you generally find the further progress of the delivery easy; for, it is at the brim alone, most frequently, that the narrowing exists. Now, when the cranium is at the outlet, some, inconsiderately, proceed with the extractive efforts, promptly bringing forth the head, but, at the same time, lacerating the parts, and laying the rectum and genital fissure into one opening. This is one of the nicest parts of the delivery. The vessel may strike and founder, in the entrance of the port. At this time, therefore, different practices may be adopted, and we may withdraw the instrument, and commit the birth to nature; or we may continue the application of the forceps to the head, gently assisting the descent with the instrument; or, removing the long forceps from the face and occiput, we may lay the blades over the ears, or we may use the lever, or the short forceps, as hereafter demonstrated. For myself, when the head is at the outlet, if the emersion require assistance, I generally retain the long forceps in their original situation over the face and occiput, supporting the perineum with the hand as here demonstrated, and gently leading the head towards the mons veneris, very careful not to lacerate; but if, as generally, the natural efforts are fully adequate to complete the delivery, after the passage of the brim, I then remove this dangerous instrument, and merely sustaining the perineum by manual pressure, to these efforts I trust. Should the forceps be used in this stage of the delivery, I advise you to hold the handles by the thumb, and a single finger only, as now shown,—a useful hint that you are not to employ too much force. As the head emerges, the face becomes turned upon the hollow of the sacrum; this turn you ought to encourage, for by means of it the long diameter of the head is brought into correspondence with the long diameter of the outlet.

The grand *error* you are apt to commit, in using the long forceps, is *force*. In violent hands, the long forceps is a tremendous instrument. Force kills the child, force bruises the softer parts, force occasions mortifications, force bursts open the neck of the bladder, force crushes the nerves—beware of force, therefore; "*arte, non vi.*" Other errors, too, there are, against which I beseech you to guard. You may use the forceps without need; you may try to use it when the parts are rigid, and the os uteri is not fully expanded; you may attempt to apply it, without knowing the position of the the head; you may oscillate the instrument too extensively from side to side; you may draw without intermission, instead of imitating the pains; you may close the handles too forcibly by the hand or ligature; you may hurry the head through the outlet; you may neglect to throw the face towards the sacrum; you may forget the perineum; you may fail to conduct the head, when it emerges towards the abdomen, and the mons drawing it too much upon the perineum. The fool-traps are set close here; it is difficult to enumerate or to avoid them all.

Tractor or lever.—The next instrument, the use of which I propose to demonstrate, is the tractor or lever, an instrument excellent, and of great effect in dexterous hands. If skill and judgment are wanting, even the tractor may inflict dreadful injuries; but, in such hands, still greater mischief may be expected from the long forceps; to you, therefore, I recommend its use as the safer instrument of the two—possessing also, in an eminent manner, the advantages of portability and ready application. By different practitioners, in different times, a variety of levers have been contrived; but one of the best that I know of, and that which, I believe, is generally allowed to have its excellencies, is the lever which was used by the late Dr. Lowder, resembling somewhat a single blade of a pair of forceps, whence it is often called the *single blade*. Its length should be about 14 inches. For the convenience of the pocket, it may be composed of two parts, separating in the middle, and uniting by a screw-joint, which may be secured by this small catch or spring. The handle of the instrument should be large and roughened and larger at the end, to yield a more tenacious grasp. The shank should be strong, for I have heard of its breaking short when in operation. I think it is as well, provided you are going into the country, to have two blades; one with a bold curve, the other less incurvated. The lever, with the milder curve, introduced more easily, is liable to lose its hold; the bolder curve is introduced with greater difficulty; but when once applied to the head, it keeps its place with greater tenacity, and enables you, therefore, to use a more effective effort.

The cases in which the lever may be employed are various, and I might bewilder you by relating many; but as with the long forceps, so here, in a view to practical information, I think it convenient to confine my remarks to a single case only, for this case, comprehending in itself all the general principles of management, will enable you to understand the method of manœuvering the lever in all the other cases where instrumental help may be required. Now the case on which I propose to demonstrate the use of the lever, is that in which I have already been demonstrating the use of the long forceps, and which, among the laborious labours, is of all others the most common in its occurrence; that labour, I mean, in which the cranium is detained at the brim of the pelvis, in consequence of a want of room between the front and back.

By different teachers and different practitioners, you will find that different rules are laid down for the management of this instrument. Of these, however, the best, in my judgment, are those of Lowder, as improved by my friend Mr. Gaitskell, of Rotherhithe, and recorded by him in the Medical Repository of September 1823; and I would advise you by all means to make a copy of these rules, for, to me, they appear on the whole excellent. When you are about to use the instrument in Lowder's mode, the rectum should be cleared, if necessary, and the bladder should be evacuated; the woman too ought to be placed upon her left side, near the edge of the bed, with a bearing of the feet upon the posts, and the softer parts should be thoroughly relaxed, and the os externum et internum should be open; and, in a word, all those preliminary and precautionary measures should be observed, which were enumerated when we treated of the long forceps. Before you use the tractor, too, you should have a clear reason for doing so; so that if any body should enter the room, and ask why you are going to use the lever, you might be able to give him a good and sufficient answer; because there is a contraction of the brim of the pelvis; because there is a bearing on such and such a bone, so that without assistance the cranium cannot descend. Moreover, you cannot use the instrument with science or safety, unless you have ascertained clearly what is the position of the head; and if your skill is such, that you deserve trusting with an instrument of this sort, you will be able, with proper examination, to make out this position with ease.

Let us suppose, then, that these precautionary measures have been taken; let us suppose the parts to be lax, and the rectum and bladder to have been emptied, and the posture of the woman to be commodious, and the position of the head to have been ascertained, the face, for example, lying to the left, and the occiput to the right side of the pelvis, and let us suppose, too, that the deficiency of room, and the nature of the obstruction, have been clearly proved and detected,—under such conditions, how are we to use the instrument?

When you are going to introduce the lever, the head being at the brim, you had better first pass up all the four fingers of the left hand, and taking care that you do not lacerate the parts, of which there will be but little risk, if they are thoroughly relaxed, you may interpose those fingers between the side of the occiput and the sacro-iliac synchondrosis, and this with a view of preparing the way for the insinuation of the blade. This point accomplished, you may then take the instrument with your right hand and glide it up between the fingers and the side of the occiput, as usual—*arte, non vi*—with the utmost gentleness, taking five or ten minutes for the introduction if necessary, recollecting that the end proves every thing, and that if no injury be inflicted and the patient do well, it matters little whether you occupy ten minutes or ten seconds with the introduction, for although a needless tardiness is to be condemned in instrumental practice, hurry is more dangerous than delay. In this manner then, having placed the blade upon the side of the occiput, you withdraw your fingers and lay hold of the shank at the screw, that is, at the centre of the instrument; and still grasping the handle of large size with the right hand, you manœuvre the instrument a little, so as to bring it over the back occiput, into the side of the pelvis. At this time the tractor, as here shown, takes the position of the long forceps, lying over the back of the head, with the shank behind and the point advanced; in a word, on a line—which stretches through the middle of the superior aperture from the umbilicus to the perineum—and thus the blade, bearing firmly on the occiput, you have great power over the head.

The instrument, then, being applied in this manner, you grasp the handle with the right hand, and the middle of the shank with the left, and by the co-operation of the two, pressing down upon the cranium, you support a steady bearing on the occiput, without, however, resting on any part of the mother as a fulcrum; for the instrument ought to be used, not as a lever but a tractor. Well, securing the head in this manner, you wait for a pain; and when the uterus is in action, you draw; sometimes, even drawing a little when the pains are feeble; for, by drawing, the strength of the pains may occasionally be increased. The head advancing, and the pain ceasing, pause, not suffering the operation to be altogether artificial, but co-operating with nature, and the pains recurring, draw again; and thus, by repeated efforts, sometimes two or three only, sometimes twenty or thirty, you bring the head down through the brim into the cavity of the pelvis, at the same time depressing the occiput, when, very generally, the whole of the difficulty is overcome. The head being, in this manner, by the first step of the operation, brought down into the cavity of the pelvis, at the close of it, we usually find the chin lying on the chest, and the head, of consequence, occupying but little room, as the apparatus demonstrates; for it is an excellence in the tractor, that it not only draws down the head, but that, depressing the occiput, it at the same time brings the chin upon the chest, so as to put it into the position most favourable to transmission, as formerly explained.

In making these efforts with the tractor, remember that the smallest force adequate to your purpose, is the best; that a judicious and well-managed gentleness, is peremptorily requisite; and that death will ensue from violence; after every effort, therefore, as in using the long forceps, you ought to look at the countenance, and count the pulse, ascertaining, in this manner, whether you are or not inflicting injury on the softer parts.

When the head is in the pelvis, the natural efforts will frequently expel it, and therefore, as in using the long forceps, it may often be better to commit the birth to the natural efforts. I will suppose, however, that the natural efforts are inadequate for this purpose; well, in this exigency, it becomes proper to give further assistance with the tractor, changing altogether the position of the instrument. For this purpose, first carry up two or three fingers of the left hand over the face of the fœtus, interposing them between the head and the bones upon the back of the pelvis near the synchondrosis, where the face usually lies; then taking your instrument in the right hand, glide the blade over the face of the child, carrying it so high that the fenestra, by which I understand this opening in the middle of the blade, may admit the chin, the limbus resting upon it. Well, having accomplished this, withdraw your fingers, and lay hold of the shank at the screw joint as before, and giving a lateral movement by the co-operation of the two hands, so change the position that the shank lies over the ear, the screw which is in the middle being in a line with the vertex, and the point of the tractor still resting on the chin, the instrument lying over the side of the cranium like one of the blades of the short forceps. Well, now, in this way, having obtained a very secure hold of the one side of the cranium, planting two fingers, the first and second, on the other side, you lay hold of the shank with the thumb and two remaining fingers, and grasp the head as securely as if within a pair of forceps. The pains coming on, you then draw down without violence; after every effort, as before, counting the pulse; and moreover, in drawing the head down, you are careful to direct it as much in the axis of the outlet as may be, conducting it towards the mons and from the perineum; for by so doing, you greatly diminish the risk of lacerating this part.

In using the tractor, the following are the *errors* which you are liable to commit, and with the enumeration of which I shall conclude the lecture: you may introduce the lever before the softer parts are thoroughly relaxed, and before the os externum and internum open: of this error, contusion, laceration, and death may be the consequences. Again, when the head emerges from the outlet—in an unguarded moment, particularly if, as frequently, the head be large, you may tear the perineum so as to lay the genital fissure open into the anus. Further, you will observe, that the lever is to be used in two modes; being applied over the occiput, when the head is at the brim, and over the sides when it is at the outlet; hence another error which you may commit, I mean the applying the lever without considering the situation of the head, whether it be at the brim or the outlet of the pelvis; and unless this be ascertained, assistance cannot be administered with this instrument in a scientific manner. The using continual extractive force, without waiting for the pains, is another grand error which you may commit. Here, as on so many other occasions, the stoical maxim is excellent: sequere naturam—imitate nature, as far as may be; first, because occasional efforts are less likely to injure the woman, than continual extractive force, and secondly, because the instrument may prove, in good measure, powerless, without the assistance of the pains. When you are not drawing down, to continue bearing with the blade upon the cranium is another error. If you have a fold of the umbilical cord between the head and the instrument, by a continual bearing on them, you may interrupt the circulation and destroy the child; and even if you have not, continued and strong pressure may so far injure the brain, that it comes into the world still born. Remember, therefore, when you are drawing, that it is during pain only that the effort should be made, and that when the pain ceases, the tractor should be a little raised from the cranium.

When we meet again, we shall treat of the use of the short forceps, and then touch upon an important subject; namely, the principle which will enable you to decide in what cases instruments are required, and in what cases they are not.

LECTURES ON CHEMISTRY,

BY

PROFESSOR BRANDE.

Delivered at the Royal Institution of Great Britain.

Lecture XXXVII.

On Lead, Antimony, and Cobalt.

We now arrive at the action of *chlorine* upon *lead*.

If lead be precipitated from its solution by a solution of common salt, it forms a *chloride* of *lead*, which, when crystallised, like the other chlorides, puts on a horny appearance. You will remember, in regard to this precipitate of lead, that it is sparingly soluble in water, and that chlorine, therefore, is not a good test for the presence of lead; and it may be further mentioned, that it is soluble in nitric acid. Now when common salt and *litharge*, which is merely a vitrified or fused protoxide of lead, are mixed together, they gradually act upon and decompose each other; the sodium of the salt combines with the oxygen of the lead to form soda, and the chlorine of the salt combines with the lead to form a chloride of lead. Here is a mixture of litharge and common salt, and we will dip a piece of turmeric paper into it, and we shall find that it is alkaline, from the formation of soda. The white residue is a mixture of oxide of lead and chloride of lead, which, when fused, puts on a yellow appearance, and is called *patent yellow*, a pigment used very much for carriage painting, and so on.

Iodine and *lead* combine, and form an *iodide of lead*, and we show you this compound, because iodine is commonly employed as a test of the presence of lead. We will take a weak solution of the nitrate of lead, and add to it the hydriodate of potash; we shall find that an iodide of lead will be formed by a delicate decomposition of the two substances; a precipitate falls down in the form of a yellow powder, which is difficultly soluble in water, and is composed of 104 lead, and 125 iodine, so that its number is 229. It has been used as a pigment; but none of the iodides stand exposure to air well.

When lead is digested in nitric acid, the metal is oxidised at the expense of the acid, and a *protonitrate of lead* is formed, composed of two proportionals of oxide of lead 112, and one proportional of nitric acid 54, giving 166. It is soluble in eight parts of boiling water; it contains no water of crystallisation; its crystals are octaëdra and tetraëdra, of a pearly appearance, and sweet astringent taste. It may be formed by acting upon metallic lead, or any of its oxides, by nitric acid. It is often employed in the laboratory as a test for certain substances, to be pointed out hereafter.

Sulphur and lead combine artificially, and form a black compound, which is the sulphuret of lead, and which is generally known under the name of *galena*, the most abundant of all the ores of lead. It is composed of one proportional of lead, and one of sulphur, 104 and 16, giving 120 as its equivalent. It crystallises primitively in the cubic form; but there is a great variety of modifications, of which you see here some specimens, octaëdra, and so on. What is called *slickensides* by the Derbyshire miners, is a variety of the sulphuret, and when struck by the pick, it often flies asunder, with a kind of explosion.

Metallic lead is obtained from these ores by the simple operation of driving off the sulphur by heat, and then heating the oxide of lead left, in a reverberatory furnace with charcoal. Galena often contains a notable quantity of silver, and when it contains six or eight ounces in a ton, it is worth working for the silver. The process for separating the silver is this; the lead, instead of being reduced by exposure to charcoal, is exposed to heat and air, and is converted into an oxide, which assumes a vitreous appearance, and is called litharge; but the silver contained in the lead is incapable of being altered by this action of heat; so that after the lead has been oxidised, and the oxide blown off from the surface as fast as it forms, the silver remains at the bottom of the furnace, cupel, or crucible. The separation, then, of the silver, depends upon the more oxidisable property of the lead than of the silver, by this process of *cupellation*. Lead is an article of vast importance in commerce in this country, especially in Derbyshire and Scotland. Our exportation is from 45 to 50,000 tons annually, the metal being obtained in great quantity from the fine ores of lead which we possess.

The *sulphate of lead* may be obtained by boiling metallic lead in sulphuric acid; sulphurous acid is evolved, and a white sulphate of lead formed. It is insoluble; and when I say it is insoluble, you will understand that I am speaking of a substance very nearly insoluble; in twenty thousand parts of water it is soluble; but, in common language, it may be called insoluble. It may be easily prepared, by adding to a solution of lead some sulphuric acid. Now, here is a solution of sulphate of soda, and here a solution of acetate of lead; instantly that they are mixed, a white cloud of sulphate of lead, a dense insoluble white powder, is thrown down. It consists of one proportional of acid 40, and one of the oxide of lead 112, giving 152. In separating lead in analytical experiments, we usually content ourselves with precipitating it in the form of the sulphate, and then dry it in a heat approaching to redness; we consider it as a pure sulphate of lead, and we easily ascertain the quantity of metallic lead it contains, from the table of proportionals. For example: 104 is the equivalent or representative number of lead, and 112 is the equivalent of the protoxide; 40 represents sulphuric acid, and 152, consequently, the sulphate of lead; so that, in the sulphate of lead, the table indicates that there are 40 parts of sulphuric acid, and 112 of the protoxide, or 104 of metallic lead.

Sulphuretted hydrogen and lead combine to form a black or deep brown compound; and it may be easily made, by adding a solution of sulphuretted hydrogen to a solution containing lead: a dark brown precipitate is thrown down, which is a *hydrosulphuretted oxide of lead*, and this becomes black on exposure to air. We avail ourselves of the colour of this precipitate, to indicate the presence of lead in solutions. Here is a solution of the hydrosulphuret of ammonia, and I shall prepare, in another glass, a very dilute solution of the nitrate of lead. When I mix the two solutions together, you observe this discolouration immediately produced, and I have here a very weak solution of lead, only a drop or two of the solution of the nitrate in the glass. So that you see the value of this mode of ascertaining the presence of lead, in conjunction with other tests.

Phosphorus and lead combine to produce a *phosphuret of lead*, a brittle compound, having at first the appearance of metallic lead, but it is a compound of no use or importance. The *phosphate of lead* is of a yellowish white colour, and is soluble in the alkalies, and in nitric acid; it occurs native as an ore of lead: its composition is 112 protoxide of lead, and 28 phosphoric acid, giving 140. The *carbonate of lead* is easily precipitated from a solution by any carbonated alkali, and this is a very delicate test of the presence of lead, giving a white precipitate; its composition is 112 of the protoxide of lead, and 22 of carbonic acid, giving 134 as its equivalent. Well, now as to the white powder which the carbonate forms, known in the general way under the name of *white lead*, which forms the basis of white, and of a great many other paints; it has the property of combining into a soapy mixture with oil, and forms the basis of many colours. It is liable to many objections; as spotting and discolouring on exposure to light, especially in London, where so much sulphurous vapour is contained in the atmosphere. If sulphuretted hydrogen be added to it, it becomes grey, brown, and then black; and if sulphuretted hydrogen come in contact with substances coloured with the carbonate of lead, they become of a dingy colour; and, in water closets, the paint is almost invariably discoloured from this cause. It is found native sometimes in octoëdra, in acicular crystals of great beauty. As an ore, it is, generally speaking, not of any importance; but, in mining, it sometimes happens that they come upon bunches of the carbonate, and it is then used as a source of the metal.

The ferrocyanate of potash, when added to a solution of lead, produces a white precipitate, which is a *ferrocyanate of lead*; and although, from the colour of the precipitate, you might not expect that there is any iron in it, it is there in combination with the oxide of lead. I have shown you these different tests of lead, with a view of pointing out and enabling you to detect the metal, when in minute proportion in any solution; so that, by the nature of the precipitate produced by iodine, by phosphorus, by sulphuric acid, by carbonic acid, by carbonate of potash, sulphuretted hydrogen, or hydrosulphuret of ammonia, and, lastly, by the ferrocyanate of potash, you have the characters of this metal shown. It happens that water is sometimes impregnated with lead; but it happens also very luckily, that almost all the salts of lead are insoluble, and rarely, indeed, is it found in any solution; but when the carbonate of lead is taken up by mechanical suspension in water, although in very small quantities, it produces what is called *painters' colic*. With the nature and treatment of this complaint, I have nothing to do; but you should take the sediment of the water, and digest it in nitric acid, by which you would have a nitrate of lead produced, and you might then easily discover the presence of the metal, by any of the tests I have named.

Among the *alloys* of lead, we may name *pewter*, which is composed of 80 parts of tin, and 20 parts of lead, or thereabouts, for the better sort of pewter. Equal parts of lead and tin form *plumbers' solder*, which is more fusible than lead itself, but which answers very well for uniting leaden pipes, and so on. Equal parts of lead and copper constitute *pot metal*, and there are some other alloys into which some of the other metals enter, as in the alloy for making printers' types, britannia metal, and others, to be considered by-and-by.

Antimony, the next metal on our list, is chiefly important in its application to medicine; it exists native, and, in combination with sulphur, constitutes an ore in which it is found in tolerable abundance. The native *sulphuret of antimony* is cast into moulds of this kind, and is brought into the market under the name of crude antimony.

Now, in order to obtain pure antimony from the sulphuret, we must reduce it to powder, mix it with tartar, and apply a brisk red heat; the sulphur combines with the potash of the tartar, and is burnt off, and you obtain a button of metallic antimony in the crucible. If we wish to obtain the metal still more pure, we must dissolve it in muriatic acid, precipitate the solution, and reduce the precipitate. The number 45 represents antimony, and there are two oxides of the metal—the *protoxide*, consisting of one proportional and one; and the *peroxide*, consisting of one and two. In a medical point of view, it is necessary to draw a distinction between these two oxides, since the one is very powerful, in the dose of even half a grain, being violently emetic, and half an ounce of the other is very inactive and almost inert; and states of the oxidisement of the metal between these two points appear to possess a mean of activity. The *protoxide* is obtained by dissolving the metallic antimony in muriatic acid, and precipitating it by pouring the solution into water; and, if you then wash the precipitate with a weak solution of potash and dry, you get a white powder, which is the protoxide of antimony. It is also prepared by boiling the solution of the metal in sulphuric acid to dryness; by washing the dry mass, first in water and then in a weak solution of carbonate of potash. When antimony is exposed to heat, it fuses and oxidises very readily, the result of which operation is, that the protoxide of antimony is collected in beautiful acicular crystals in the chimney, which were formerly called *argentine flowers of antimony*; but if you expose it to a second operation of heat, or throw a current of oxygen upon the burning antimony, a *peroxide* will be formed, but the nature of the substance you will obtain will be a mixture of the two oxides, in variable proportions. Here is a small portion of antimony, which I shall burn in order to show you its easy combustibility. The *peroxide* is procured by heating antimony with nitric acid, or by projecting metallic antimony and nitre into a hot crucible, by which a compound, formerly called *diaphoretic antimony* and Bezoar mineral, is obtained, which is almost entirely the peroxide. The protoxide exists in all those salts of antimony which are active; it exists in small quantities in *James's powder*; it exists in the *golden sulphuret of antimony*, and in the *emetic tartar*; and in many of the preparations of antimony which have been properly rejected from pharmacy. We shall have little to say of the properties of antimony, because we shall reserve our principal remarks upon it to the consideration of emetic tartar, which is the most important compound, and seems to be the only one necessary for medical use.

Chlorine and antimony unite to form a *chloride of antimony*, in the relative quantities of one proportional and one; and Dr. Thomson has recently discovered a bi-chloride of antimony. If you put antimony in the powdered state into a jar containing chlorine, the metal, you observe, takes fire; white fumes are formed, which, after a time, condense into a grey mass, which is chloride of antimony, formerly called *butter of antimony*, from its greasy appearance. The solution of the chloride in muriatic acid was formerly called muriate of antimony, which is decomposable by water; and this is one of the characters of antimony, that its muriatic solution is decomposable by water only, a hydrated protoxide of antimony and muriatic acid resulting from the decomposition. The *sulphuret of antimony* is easily formed artificially, but we seldom have recourse to it, as it is an abundant natural product, and here are specimens of it in the natural state. Now, if you fuse this substance and expose it to air, a quantity of sulphur flies off, and the antimony becomes a protoxide, which, in addition to its being very active as a poison, and very volatile, is very fusible, so that, when you obtain it at a high temperature, it runs into a glassy mixture, and is known under the name of the *glass of antimony*; it is the protoxide of antimony, holding a little of the sulphuret in solution, and it is a very active preparation. Formerly a compound was used in medicine under the name of *crocus metallorum*, or liver of antimony, which is merely the glass of antimony, containing a large quantity of the sulphuret; and there were several other compounds of a like kind, which have been very properly rejected from the pharmacopœia, so that the number of preparations of antimony is now very much reduced.

When the sulphuret of antimony is boiled with a solution of potash, and the liquor filtered while hot, you obtain *hydro-sulphuretted oxide of antimony* in the solution, which, as you observe here, as the solution cools, is deposited in the form of a brown powder, and it is a true hydrosulphuretted oxide, which was formerly called *Kermes mineral*, and is a very violently acting antimonial. The liquor being poured off, still holds sulphuret of antimony in solution, and by adding diluted sulphuric acid to it, a precipitate falls down, formerly called the *golden sulphuret of antimony* ; it is the *antimonium sulphuretum precipitatum* of the present pharmacopœia, a very objectionable term, it being by no means a sulphuret of antimony, but a hydrosulphuretted oxide of that metal. I mention these compounds to you, because they were much employed formerly in medicine, not because they are of much use. There is an article long known in the shops under the name of *James's powder*, and it has retained a deserved celebrity as an antimonial. The form given for making it is too ridiculous to describe here ; but the result of the farrago of materials is, that a powder is produced and sold under the name of James's powder, acting as a powerful sudorific, and it is very uniform in its action. How it is manufactured, and what its composition is, I shall not stop to discuss. Dr. Pearson supposed, that it was a mixture of the oxide, with phosphate of lime ; my opinion is, that it is a mixture of the per and protoxide with the phosphate of lime ; but it is a compound which I do not know. The *Pharmacopœia* has ordered a *pulvis antimonialis*, which was intended as a substitute for the James's powder ; but if you look into the process as there directed, you see how ridiculous it is ; because if the operation be moderately lucky, the whole of the antimony flies up the chimney, and you have nothing left but bone earth ; and if you proceed differently, you obtain a mixture of the peroxide with bone earth, which I have before said is almost, if not altogether, inert; so that you can put little dependence upon antimonial powder as commonly prepared. If it be desirable to have a compound like James's powder, containing a certain quantity of bone earth, which, by the bye, is of no use, you might take a certain quantity of peroxide, as there are some who think it right to have a variety, and add a certain quantity of the protoxide to it, or to bone earth, and you would then get an uniform product, and a very useful product it would be, giving you the protoxide minutely divided. But according to the Pharmacopœia directions, I will venture to say, that you will never get a compound twice alike. In our pharmaceutical processes, it is our object to obtain a protoxide in a tolerably uniform quantity, and the method of obtaining this, consists essentially in roasting the sulphuret at a dull red heat, so as to drive off the sulphur and obtain the antimony ; it is continued to be exposed to this heat until the fumes cease to rise, and toward the last part of the operation, you must heat it to a white heat, in order to give it a white colour, as it was of a dirty colour before. But to do this, you jam it into a crucible, so that the antimony is not all dispelled, as it would be, if spread out upon a flat surface, as directed by the Pharmacopœia. Upon the whole, I think that the antimonial powder ought to be rejected ; I say nothing against James's powder, because I believe it is useful, but the *tartarised antimony* may be deemed the standard preparation of antimony.

An *alloy* of one part of antimony and sixteen of lead, constitutes the metal used for making *printer's type*, and the metal upon which *music* is generally engraved. An alloy of antimony with iron very frequently leaves a beautiful star upon the ingot, and the alchymists entertained a great veneration for this star, thinking that it would lead them to the discovery of the philosophers' stone, and they set to work for five years, but all their researches ended in nothing. If you heat metallic antimony with tartar or tartrate of soda, you obtain an alloy of potassium, or sodium, and antimony. I shall introduce some of this alloy into water, and you will observe that it effervesces ; and if I reduce it to powder, it becomes so hot as to take fire, constituting a kind of pyrophorus ; but besides that, the alloy is of no importance.

Cobalt. This metal will not detain us long. It is found in various states of combination, but, in general, in the form of very complex combinations or alloys with iron, arsenic, nickel, and copper, and contains a quantity of sulphur, and it is no easy matter to separate these substances from it ; and I must refer you, for the details by which pure cobalt is obtained, to chemical works.

The metal is of a yellowish grey colour, and resembles iron, in being capable of being acted upon by the magnet. The number of cobalt is not satisfactorily decided, and, therefore, I shall not allude to its compounds. I must refer you to Dr. Thomson's work on the atomic theory, for the statements given of it ; but I am not satisfied with the results. Cobalt, when fused with flint, is brought into the market under the name of *sapphire*, from its blue colour ; and, when mixed with glass, it is called *smalt* ; and here you begin to see the value of the oxide of cobalt, in giving a fine blue colour to bodies which will bear a red heat ; it is, therefore, used in porcelain apparatus, and for staining glass blue ; and, in short, all the blue ware you see in common use, is coloured by the oxide of cobalt.

The salts of cobalt in the diluted state, have a pink or reddish colour ; here, for example, is a solution of the oxide in muriatic acid ; here a solution in nitric acid ; here is a sulphate of cobalt, but if you apply heat to either in the crystallised state, you drive off the water of crystallisation, and they become of a green or blue colour, and, on being again dissolved, they acquire a red colour, and weak solutions of their salts are therefore employed for *sympathetic* inks.

In the next Lecture, we shall go through several of the metals of little importance, and enter on the history of *arsenic*.

FOREIGN DEPARTMENT.

HEMIPLEGIA TREATED BY THE ALCOHOLIC EXTRACT OF NUX VOMICA.*

Rosa Baffor, æt. 56, had experienced, fifteen years before, during her pregnancy, an attack of apoplexy, of which she had been nearly cured, a slight impediment only of the speech remaining. In the month of August, 1824, she had a fresh and more violent attack. Dr. Chiavelli employed, for some time, the antiphlogistic plan of treatment, under which the symptoms diminished; but, at last, an incomplete hemiplegia of the left side remained. The arm was completely paralysed, but the leg could be moved in a slight degree. M. Chiavelli proposed trying the strychnine, which is considered by M. Magendie to possess a peculiar influence on the spinal marrow. On account of the debilitated state of the patient, M. Chiavelli was unwilling to employ the pure strychnine, and only ventured on the alcoholic extract of nux vomica, which was at first administered in half grain doses, and afterwards given in one and two grain doses, morning and evening. The medicine, at first, caused considerable excitement and disturbance of the system; these symptoms, however, soon disappeared, and under the use of the remedy, the patient completely recovered.

HYDROPHOBIA.

In no part of South America, says M. Unaneu, in his topography of Lima, was hydrophobia formerly known. It appeared, for the first time, in the summer of 1804, to the north of Peru, during an excessive heat, on which occasion Fahrenheit's thermometer was sometimes at 99½°; nearly all the animals were seized with madness, especially dogs. It was only in 1807, that it appeared in the capital: in the town of Jea, forty-two persons died of the bites of rabid dogs. On the north coast, the disease developed itself spontaneously in several individuals. In 1808, the disease disappeared. In some dogs, the complaint made its appearance twice; but a bite from the animal with the second attack, was not followed by any serious consequences.—*Zeits. von Henke.*

HYDROPHOBIA.

Doctor Barbantini,* of Lucques, relates a case of hydrophobia, which deserves being noticed. A person was bitten by his dog, at which he was very much alarmed; and the alarm was increased, by the circumstance of the dog not being afterwards seen. The disease made its appearance, and for four days the patient could neither swallow fluids nor solids. On the ninth day, the dog returned in perfect health, when it was immediately let into the bed-chamber of its master, whom he caressed as usual. From that moment, the hydrophobic symptoms gradually disappeared.—*Ibid.*

TABLES OF MORTALITY.

M. Odier has been lately engaged in investigations on the average duration of life in Geneva, all of which show a gradual extension of the period. The inquiries of M. Odier go as far back as 1560, and may be fully relied on. From 1560 to 1600, the average duration of life was eighteen years and five months; from 1600 to 1700, it was twenty-three years and four months; from this time, the period became gradually longer; and, from 1815 to 1826, the average was thirty-eight years and ten months.—*Bibioth. Univer. de Genev.* t. xxxvi. 36. 1827.

DERANGEMENT OF THE CIRCULATION.

In addition to the physical and moral causes which are acknowledged to produce derangement of the circulation, M. Broussais mentions certain morbid phenomena which appear to exert a peculiar influence on the circulating apparatus; these are reddened and inflammatory appearances of the blood-vessels, which are observed in some persons after death, particularly those who have died of eruptive diseases; as small-pox, measles, &c.—*Annal. de la Med. Physiolog. Oct.* 1827.

INOCULATION OF THE PLAGUE.†

The consul-general of Sweden, at Tanger, M. J. Graberg, in a communication which he sent on the 10th of August, 1819, to the Royal College of Health, of Stockholm, states, that the Spanish physician, Sarafino Sola, who has resided there from the commencement of the plague, has inoculated, with the permission of the government, some Spanish deserters, with the pus from pestilential buboes, mixed with an equal quantity of olive oil. The pus was taken from those persons who had the most severe attacks of the plague: fourteen individuals were inoculated with twelve punctures each of the lancet. In eight out of nine, four incisions, two inches in length, were made with a knife, and olive oil, mixed with pus, was injected into them. In seven of these cases, not the least trace, not even local or general symptoms were observable; in the seven others, between the fourth and tenth hour after the inoculation, a few trifling symptoms were observed, viz. in three, a small pustule in the groin; in one, a carbuncle at the spot of inoculation; in three others, general symptoms, and great irritability around the incisions. They were confined in a room, and as the symptoms began to appear, olive oil was administered internally, and employed externally. All the patients enjoyed very good health, without the use of any other means, the greater number in twenty-four hours, and the remainder in a very short time.

---

* Giorni Orit. di Med. Anclitica. Milano. Sept. 1827.

* Giornale di Fisica, Chimia, &c. T. x.

† Zeitsch. für die Staatsarz: 6e Jarg. Heft. p. 224.

CHEMICAL ANALYSIS OF POLYGALA OF VIRGINIA (POLYGALA SENEGA, L.)*

M. Giacomo Folchi, professor of materia medica at Rome, has been lately engaged in examining the component parts of the remedy. He has found the root of polygala of Virginia, to be composed of a thick oil, in part volatile, of free gallic acid, acrid matter, yellow colouring matter, a small portion of wax, extractive gum, an azotic matter similar to gluten, and ligneous fibre; of the subcarbonate, sulphate, and muriate, of potass; of the carbonate, sulphate, and of a small portion of the phosphate, of lime; of the carbonates of magnesia, iron, and silex.

CANTERBURY TALES.

Conjectures on the Process, by which the Archbishop of Canterbury creates a Doctor of Medicine; addressed to Sir Henry Halford, *President of the Royal College of Physicians.*

Sir,—The high professional rank, and distinguished situation you so deservedly hold, induce me to address you on the present occasion. Since your elevation to the chair, you have exhibited a very pure specimen of classical composition; your urbanity has been proverbial, and your conduct towards your professional brethren has borne the character of dignified moderation.

To your learning, perspicuous examinations, and mild authority, we have hitherto trusted for the creation of our metropolitan physicians; and in these deliberations concerning the fitness of a candidate, you have in the body of censors the generous assistance of a council. But with surprise I find you have a competitor, an iatropoietic rival, a man of a different cloth; a spiritual nosologist, who, by some mysterious afflatus, can instantaneously blast a man-midwife into a doctor.

Are these metamorphoses, which the wand of Harlequin would have disdained, to be legitimately incorporated with the *conversions* of an ecclesiastical primate?

Having commenced with this utero-astrictus, may not the same prelate extend the like discrimination and favour to others; and proceed to dub his tooth-drawer, his chiropodist, or the "callidus aliptes," that shampoos his Grace? No class of men understand better the value of learning than the clergy; it is the great instrument by which they have been advanced to temporal distinctions, and to their contingent emoluments. The whole of the existing bench of bishops have been educated at Oxford or Cambridge, and they feel reluctant in ordaining such as present themselves from other universities. The College of Physicians insist on a residence at certain universities, and a previous diploma, before they will proceed to the examination of a candidate. Why then should the mitre, in defiance of these wholesome establishments, interpose an unrepealed abuse, an obsolete remnant of monkish fraud and imposture, to sanction a probable depredation on the health of his Majesty's loyal subjects? Under the act of toleration, any miserable fanatic or canting hypocrite, may purchase at the quarter-sessions, for his half-crown, the title of a licensed teacher, and infest the highways and hedges, or *the ruins of a fallen theatre*, with his rant and denunciations; but the archbishop does not countenance these extravagancies and profanations of his own craft.

Why then should his Grace degrade an honourable profession, by tearing down the fences that oppose an entrance to the unqualified? Why should the public health be endangered by the introduction of such as the law has disqualified? The Archbishop is fully aware that his formidable and deleterious power cannot constitute a surgeon—he is unable to appoint any of his retainers a member of the Company of Apothecaries—he is incapable even in the city of Canterbury, in the soil of his own domination, of setting up a barber, with the prurient emblems of the long pole, and the phlebotomising garnish of the red rag. Notwithstanding these incapacities, the Right Reverend feels himself competent, *ex nihilo*, to create a physician ; a signal proof that, in archiepiscopal logic, the major has no pretensions to include the minor. But, Sir, after a candid examination, having obtained your fiat, and that of your colleagues, for the exercise of the profession of medicine, I am particularly anxious to learn the ceremony that was employed, to render this professor of the tactus eruditus—this special bail for the security of the perineum—this eaves-dropper of the os tincæ, competent to prescribe in the wide range of human infirmities. Did his Grace's Chaplain plumb his depth in Latin? Did he sound him in Greek? or did he gauge his orthodoxy? What was the nature of the holy diploma he obtained? Did it commence after this fashion? Sciant omnes, *me*, Archiepiscopum Cantuariensem, medicinæ inscium, nunquam examinasse, sed admisisse Doctorem Sloppum ad facultatem medicinæ exercendam, quamdiu vixerit, per totam Angliam. Amen. Or, has he no parchment and extensive stamp to exhibit? In the regular order of human events, I ought next to inquire, what species of doctor he has been dubbed ; for, unhappily, in the natural history of physicians, there are two distinct orders, the Socii and Permissi. The former are said to constitute the College—they enjoy a " local habitation and a name"—they issue their mandates for the nomenclature and preparation of all medicines, as inclination may lead, or fancy dictate—they become the arbiters of human intellect, and levy a heavy taxation on the keepers of these metaphysical retreats. As the Pope dispenses his indulgencies, they sell their licenses; which they partly consume in costly viands, and in the choicest products of the vintage. O, fortunati nimium! Contrasted with these dignified and pampered Benedictines, is the famished order of the Permissi :—a houseless and vagrant community ; supposed, as Ben Jonson said of Shakspeare, " to be of small Latin and less Greek," and which, had he lived in our time, he would have said of his namesake, Jemmy de Fasciculis, of pedestrian habits, and in the pitiless pelting of the storm, only protected by the shelter of an umbrella. From imperious necessity this tribe is compelled to industrious exertions, and obliged to follow the antiphlogistic regimen they prescribe for their patients :—and numbers may be daily observed in rusty black, and old spectacles, foraging in lanes, or gleaning the aliquot parts of a guinea, in obscure courts and in blind allies. I was about to inquire to which of these orders the ecclesiastical prelate has appointed his minion ; but I have learned with regret, that the extemporaneous formula of his Grace, constitutes him a Socius, in plain English, a Fellow of the College. This is, at least, a proof of the Archbishop's taste.

---

* Bibliotheca Ital. Milano, Octobre, 1827.

" Non nisi delecta pascitur ille fera."

Thus, Sir, although the Right Reverend cannot compound a Permissus, he may manufacture a Fellow, and amalgamate him with the College, ut in unum coëant, according to the chemistry of Athanasius : and although his foot has never sullied the classic ground of Oxford or of Cambridge, future candidates may be rejected by the censorial imbecility of this peeler of the placenta.

I wish you much joy of your new acquaintance,

And am, Sir,
With every sentiment of respect,
PETER PERMISSUS.

SUPPLY OF SUBJECTS FOR DISSECTION.

To the Editor of THE LANCET.

SIR,—I am too fully persuaded of the value of your pages to desire to occupy them unnecessarily, or at length. The difficulty in procuring subjects for the purposes of anatomical science is notorious, and the prejudice against even the practice of dissection is as extraordinary as it is ridiculous : it belongs to an age of barbarism rather than of refinement ; and that part of the sentence of the murderer, which directs his body to be anatomised, has been frequently contemplated with greater horror than that which consigns him to the executioner. I am a bachelor, equivocating, as the ladies say, between youth and age. For these last five years I have been in a state of health that excites the apprehension of my friends, and I have had certain intimations that it is time to make a will. It is completed : my soul belongs to its Creator—my body I bequeath to a public hospital. Half a dozen examples of this kind, more particularly if a medical man of eminence would take the lead, would soon supply the dissecting room with subjects, and the generous independence of the bequest would still secure for the mortal part of the deceased a direct burial, instead of corrupting, as it now does, the atmosphere of the house, where the pride and ostentation, and not unfrequently the mistaken piety, of the survivors, detain it.

I am, Sir,
Your obedient servant,
MORIBUND.

Lincoln's-Inn-Fields,
In sight of Surgeon's Hall.

BY-LAWS OF THE COLLEGE OF PHYSICIANS.

To the Editor of THE LANCET.

SIR,—As the College of Physicians has at length condescended to inform its Licentiates, what is the nature of those laws by which they are bound, and by the infringement of which they expose themselves to penalty; I trust you will allow me to address to you a few lines on these extraordinary enactments. I am convinced that you will the more readily give insertion to these observations, as I see the hireling scribblers of the College, are already at work in their vindication, and, as the disabilities and penalties which these by-laws for the first time disclose, affect a large and very respectable body of the medical profession. First, Sir, let me address a few words to you on the fact of the publication, which I attribute, as I am sure every other disinterested person does, to the vile motive of fear. The wrongs of a great profession are now loudly proclaimed, and listened to with enthusiastic sympathy by the public. This mighty empire is rising with indignation, and ready to confound in one universal sentence of ruin, all corporate privileges and monopolies. But, Sir, I fear that another and a worse motive has suggested this step to the college. That body is now engaged in a great cause, in which its privileges must be tried against the rights of a very respectable physician, and against the good and advantage of the whole community. Has it not been hinted to their president, by counsel, that this act would enable them to enter a court of law with greater advantage, and that the withholding it would furnish their antagonist with powerful arguments against them?

But the publication is deficient, in the only statement which could give it value in the eyes of the licentiates. I find no assurance that these by-laws, are all the by-laws relating to the licentiates, and that they will not be altered or added to, without publicity. Such an assurance was necessary, and without it this act of the college is one of mere mockery. It is a notorious fact that the college has, in repeated instances, availed itself of the secresy of its by-laws, for the purpose of oppressing its opponents; nay, has even used this secrecy in a court of law (see the case of Dr. Stanger) and yet we are even desired to believe that this garbled (for I do not hesitate to assert my belief that it is not complete) statement, is a manifestation of its "disposition to comply with the reasonable wishes of the profession."

I am at a loss to conceive, by what process of insanity it is possible to defend the infliction of penalties by a corporation on persons who do not receive any protection from that corporation, and who do not participate in any of its advantages or privileges. That the profession and the public are not protected by the College of Physicians is evident, from the great number of those persons who pursue, with the most unblushing effrontery, a trade of deceit and fraud in every corner of this great city. Yet it is a singular circumstance, that the reason assigned in its charter for the institution of this college, is the destruction of Quacks and Pretenders. I hear that the Fellows of the College generally state, that such creatures are unworthy of their notice. How does it happen, then, that they are so very sensitive to the inroads of these persons, who are to be found only in the same station, in the pursuit of the same guineas, with themselves? Is it not quite plain, that if a foreign or a Scotch graduate, will be satisfied with the inferior walks of practice, he may journey on through life unmolested by the college? But let him not venture to take a guinea of a lord, or let him arm himself with the resolution of Dr. Harrison, to meet the College of Physicians in a court of law, assisted by the special pleading of an eminent barrister, the astuteness of English law, the leaning of our courts to existing institutions, and the unblushing faithlessness of a corporation.

But, Sir, is it not a strange proceeding, and worthy of all admiration, that, in the nineteenth century, the Royal College of Physicians of London, the refuge of aristocratic pride, and assumed sanctuary of purity of morals and good breeding, should gravely publish to the world two regulations for its members, in which it forbids them to quarrel in their consultations, and to participate in the gains of the drugs they order from the apothecary. This, Sir, is not all, for, O monstrous! a fine of a few shillings is attached to the latter offence, which would be visited by the Corporation of Shoemakers with expulsion!

Many other observations might be made on these most scandalous by-laws, which it would be well for the College of Physicians, had they yet slept in their charter chest; such observations will doubtless occur to all readers. I will only add to this a remark or two on the gentlemen who have been elected into the body of Fellows. I think they are three in number. Dr. Babington owes his elevation to that high character he has so long held in his profession. The election of the two other gentlemen proves, that the College of Physicians is not unmindful of its old policy of securing to itself power and patronage above all things;

and the omission of many other names of greater celebrity, shows that it has "no disposition to comply with the reasonable wishes of the Profession."

One of those despised persons,
AN APOTHECARY'S APPRENTICE.

RUPTURE OF THE VENA CAVA INFERIOR.

To the Editor of THE LANCET.

SIR,—If you deem the undermentioned case of rupture of the vena cava inferior, worthy of insertion in your valuable Journal, you will much oblige

Your constant reader,
W. H. MERRY.

Kentishtown, March 31, 1828.

I was sent for to J. B., who I understood had fallen down in a fit; on my arrival I found him extended on the floor in a state of insensibility. I immediately employed the usual means, bleeding, the administration of brandy, and other stimulants, but without the least effect.

The body was examined 24 hours after death, in presence of two eminent surgeons of Kensington: the appearances which presented themselves were the following. On opening the thorax the right lung was found adhering firmly to the pleura, the heart perfectly healthy in structure, and of the natural size.

On the abdominal viscera being exposed, the liver was found much enlarged and indurated, a large quantity of coagulated blood in the cavity of the abdomen; upon minute examination the vena cava inferior was found extensively ruptured, in the situation of the fourth lumbar vertebra just before the vein terminates by dividing into two iliac veins, the coats were rather thinner than usual at the part that was ruptured, but there was no appearance of ulceration; the only symptom he complained of previous to the accident, was a pain in the right side. The subject of this accident was a robust young man, 24 years of age.

SIR ASTLEY COOPER AND THE CERTIFICATE TRADE.

To the Editor of THE LANCET.

SIR,—After serving an apprenticeship in the north of England, I repaired to London, last September, to finish my education. My master had been a pupil at the united Hospitals of St. Thomas and Guy; but he doubted whether either of the disunited schools would possess the advantages of the former single one, and recommended me not to put down the money, till I had made some inquiries. I addressed myself to one of the official persons who are appointed to receive the cash; and when I hesitated in *coming down*, on account of the retirement of Sir Astley, he said, "O, my dear Sir, you are quite mistaken, we have not lost Sir Astley, he is consulting surgeon; he comes to see difficult cases; you will hear his opinions, and see his practice; he is often at the hospital." With the characteristic caution of the north, I still hesitated on the important point of payment. But I found, on further inquiry, that Sir Astley signed the certificates of attendance, and this finished my scruples; for I concluded, that unless he attended the hospital himself, he could not tell whether the pupils attended or not. Now, Sir, I have attended closely, and have not yet had an opportunity of seeing Sir Astley; but I have been comforted by the assurance, that he will sign my certificate all the same. I thought the person who told me this, first showed his assurance, but I now find that it is correct. As this great surgeon is President of the College of Surgeons, and as the Council of the College depend more on certificates, for very weighty reasons, than on other proofs of knowledge, it will be interesting to the profession, and to the community, to know how its members, who are the wholesale dealers in the certificate market, proceed in getting up this valuable article, for which there is always a great demand. I will, therefore, recommend you, when your trial comes on with Mr. B. Cooper, to endeavour, by the examination of Mr. Harrison, or the worthy Baronet, to set this business in a clear light. I need not presume to suggest to you, what questions would be proper; but I should ask Sir Astley, whether any, and what, duty was intrusted to him, when he accepted the post of consulting surgeon to Guy's? whether he has been at the hospital as consulting surgeon, and given his opinion on cases twelve times in the last twelve months? whether he has been six times? whether he has been consulted in twenty-four cases in the year? or in twelve? How many certificates he has signed in the last year? whether he has known that any one of the pupils, whose certificate he has signed, has really attended? what difference he considers there is, between testifying in writing his personal knowledge of a fact, about which he is utterly ignorant; and asserting, in conversation, that a thing has happened, when he does not know whether it has happened or not? whether there is any other difference between these two things, than between writing and speaking a lie?

I suppose, Mr. Editor, that the prejudices of education may make me view these matters too strictly. I cannot understand how the College of Surgeons can recognise the certificates of Sir A. Cooper, who writes them without knowing whether people have attended or not; and yet refuse to recognise those of a country hospital surgeon, who attends regularly, and knows all his pupils personally; or those of M. Dupuytren, who goes round his great hospital every day. Surely, Sir, the President of the College would not do such things without a good reason. Surely Mr. Harrison, who is known to be a very moral and strictly religious character, and the honourable Governors of Guy's, would not allow this certificate traffic without a good purpose—they would not think of using Sir Astley's name as a decoy.

The example of great men soon influences those below them, and that of Sir Astley has not been lost on my brother pupils. For many of them have signed a certificate about Mr. B. Cooper's operation, yet were not present at it, and *admit the truth* of your report, although they have publicly attested its falsehood. And you saw lately, how five wise men followed Sir Astley through the mud in a court of justice, speaking about facts which they knew nothing of, as boldly as if they had seen them; that this new method of certifying and testifying is not yet generally admitted, appears from the verdict in that cause.

Yours, with much respect and gratitude,
ALUMNUS GUYENSIS,
A spectator of Mr. B. Cooper's operation, but not a signer of the exculpatory letter.

Maze Pond, April 5, 1828.

ST. THOMAS'S AND GUY'S HOSPITALS.

GUY'S HOSPITAL.

CASE OF DISLOCATION OF THE HUMERUS, REDUCED AT THE EXPIRATION OF FIVE WEEKS AFTER THE INJURY.

A STOUT man, 60 years of age, was admitted into the Hospital on Tuesday noon, April 8th, having received severe injury to the shoulder joint, five weeks previously.

According to the patient's statement, he slipped down whilst walking, and fell upon his shoulder: he applied to a surgeon(?) who informed him that the injury was only a sprain, and prescribed liniments; but finding that he was incapacitated from using his arm at the expiration of five weeks, he applied to the Hospital.

When admitted, it was readily discovered upon examination that the humerus had suffered dislocation downwards and forwards —the head of the bone being thrown beneath the pectoral muscle. The characteristic signs of the injury were very palpable —the elbow, separated from the side, and slightly inclined backward—the prominence beneath the pectoral muscle, &c.

Tartar emetic was exhibited ad nauseam, and the pulleys were then employed, until the head of the bone was drawn below the level of the coracoid process, when the surgeon, Mr. Cooper, put his foot in the axilla, at the same time carrying the humerus forwards; by these means the reduction was effected in the space of fifteen minutes.

There has been no operation performed at this Hospital during the last fortnight; notice was given of an operation last Tuesday week, but the patient it was understood had become so alarmed at recent occurrences, that he had decamped, and by way of mending matters, had gone over to St. Thomas's Hospital, under the care of Mr. Travers.

ST. THOMAS'S HOSPITAL.

CASE OF DISLOCATION OF THE FEMUR UPWARDS, REDUCED AT THE EXPIRATION OF SIXTEEN DAYS.

A stout muscular Irishman applied to the Hospital for relief on Sunday, March 23, having received an injury to the hip joint sixteen days previously. The accident occurred in the country, from a wagon having fallen upon him; he was unable to stand or walk after the injury, and great tumefaction speedily ensued. It was discovered, two days before the man's admission, that the femur was dislocated upwards, and attempts were made to effect the reduction, but without success.

When the patient was admitted, and stripped for the purpose of examination, the nature of the injury was so very apparent, that it was at once decided that the femur was dislocated upwards on the dorsum of the ilium.

Tartar emetic was administered in repeated doses, until nausea was produced, and blood-letting was employed to the amount of thirty ounces; under the state of depression induced by these means, the pulleys were used, and it was not until after extension had been employed for more than an hour, that the reduction of the bone was accomplished.

The case was exclusively managed by the dresser of the week, Mr. Bean.

THE LANCET.

London, Saturday, April 12, 1828.

Petitions, praying for the removal of the obstacles which impede the acquisition of anatomical knowledge, have been forwarded for presentation to the Legislature, from members of the profession, assembled at public meetings* at Manchester, Liverpool, Leeds, and other towns. A petition to the same effect is also now lying for signature at the rooms of the Westminster Medical Society. We regret that the provincial practitioners have not availed themselves of this opportunity of praying for a reform of the abuses in the College of Surgeons, which abuses present, in fact, the greatest obstacle to the acquisition of the science of anatomy, since, by the regulations of that corrupt and benighted body, the provincial schools of anatomy are not recognised.

Another impotent attempt has been made by the three ninnyhammers of St. Thomas's Hospital, to suppress the publication of Hospital reports, by the exclusion of a gentleman whom they suppose to be the writer of the report of Mr. Bransby Cooper's case of lithotomy. We have but one word to say at present, by way of notice of this attempt, and that shall be an interjectional one, used under circumstances not very dissimilar, by a facetious contemporary, *Poh! Poh! Poh!* We refer our readers, however, to an able and spirited communication on this subject by a correspondent, who has this week addressed us under the signature of Morager. Another letter, also well deserving of perusal, on the subject of the certificate trade carried on at the Borough Hospitals, will be found in this week's number.

Mr. Bransby Cooper has addressed a letter to Roderick Macleod, which certainly is not calculated to diminish the impression that he is indebted for the situation which he holds at Guy's Hospital, rather to the relation in which he stands to Sir Astley Cooper, than to his intellectual pre-eminence. The letter consists only of a single sentence, but that sentence is *nonsense.* Here it is.

Sir,—In consequence of the foul misrepresentation of my late case of lithomony, at Guy's Hospital, it had been my intention, originally, to transmit to you the details of that operation for your columns; but as I have since been strongly recommended by my friends to seek redress for this injury *elsewhere,* I forbear to anticipate any part of my own case until the full particulars shall be made public in a court of justice.

I am, Sir,

Your obedient Servant,

Bransby B. Cooper.

April 1, 1828.

The well-wishers of Mr. Bransby Cooper will probably regret that he did not submit his sentence to a little friendly revision, before rashly committing it to the press; for it cannot be denied that this gentleman's diction savours strongly of the mental confusion, which he seems to have betrayed during the late melancholy exhibition at Guy's Hospital. The first moiety of Mr. Bransby Cooper's sentence is somewhat perplexing, since the plusquam-perfect propriety of its grammatical construction seems to intimate that he was moved by the alleged misrepresentation of his recent case of lithotomy, to transmit the details of it to Roderick Macleod, at a period *antecedent* to the performance of the operation. But the concluding moiety of Mr. Bransby Cooper's sentence, casts the merit of the first portion of it completely into the shade. Mr. Bransby Cooper, it seems, forbears to *anticipate* any part of his own case, *until—until* what period, gentle reader? Why, until the full particulars shall be made public in a court of justice. Argal, Mr. Bransby Cooper will be ready to *anticipate* his case, when the public are in possession of the *full particulars*. Of a truth, looking to the brevity of this epistle, and seeing that brevity is the soul of wit, it is, perhaps, as witty a specimen of composition, as ever emanated from the intellect of a *pure* Hospital surgeon. It is redolent of the spirit which characterises the productions of the *Bat* tribe; it is inspired by the soul and genius of *Dogberry;*

---

* A meeting of Mr. Grainger's pupils is advertised for Thursday next, at one o'clock.

Dogberry. Bring my pen and inkhorn.
Verges. We must do it wisely.
Dogberry. We will spare for no wit, I warrant you; here's *that* shall drive them to a *non-com.*

Mr. Bransby Cooper will not *anticipate* his case, until the full particulars of it shall be made public in a court of justice! Truly, a most cautious resolution! and when the full particulars of it shall be made public in a court of justice, he is determined to commence his anticipations. And the writer of this epistle, seeing that he is a *pure* hospital surgeon, we must, per force, believe to be one of the heads and ornaments of his profession! Doubt this, ye GENERAL PRACTITIONERS, and you will be held up to public scorn, as "the chaff and bran" of your profession! Doubt this, ye general practitioners, and your incredulity will be stigmatised as presumptuous contumacy towards the Traverses, the Stanleys, and the Simons, of the age! Doubt this, ye despised and degraded members of a "subordinate department of the profession," and you will incur the awful resentment of that galaxy of surgical genius, whose paths are paths of purity, and whose perfections it is treason to your liege masters to call in question!

We are far, however, from wishing to draw any inferences unfavourable to Mr. Bransby Cooper's surgical skill, from the mere fact of his apparent inability to write a single sentence, in which he can accurately convey his meaning to the public. This letter or sentence may, undoubtedly, operate more disadvantageously to Mr. Bransby Cooper, than it ought in fairness to do; and we regret, for his own sake, as well as upon public grounds, that the only explanation he intends for the present to give, of the extraordinary circumstances attending his late operation, and the only means which he affords the public of forming a judgment of his ability, are those which he has furnished in this singularly infelicitous specimen of his literary accomplishments. Why, we should be glad to know *distinctly*, does Mr. Bransby Cooper postpone publishing his own account of the details of the late operation? Why does he delay satisfying the public mind, that the extraordinary circumstances attending the late operation were occasioned by the extraordinary difficulties of the case! Why does he defer, to a distant period, the discharge of a duty, which he owes to himself, to the profession, and to the public,—that of showing, that he is competent to hold a situation, in which the health and lives of the objects of a charitable institution depend upon his competency? Does he imagine that the public will be satisfied with the reason which he assigns for his silence in this letter—a letter which, brief as it is, furnishes no slight evidence of mental confusion, and which is itself calculated to increase the public doubts and misgivings, as to the talents of the writer? Does he imagine that the public will be satisfied with being told, that he forbears *anticipating* his case, *because* he has been recommended by his friends to seek redress for the injury elsewhere? *Redress for the injury!* What proof is there before the public, that Mr. Bransby Cooper has a right to complain of injury? who, we should be glad to know, according to the *primâ facie* evidence before the public, is the party injured? Is it Mr. Bransby

COOPER, who, according to that *primâ facie* evidence, has received injury, or the public, who expect, and, if necessary, have a right to insist, that the disposal of Hospital Surgeoncies shall in no case be made a matter of family jobbing, corrupt influence, and intrigue? We do not say that the extraordinary circumstances attending the late operation are not capable of explanation, if extraordinary difficulties can be shown to have existed; but we do not hesitate to affirm, that, in the absence of all proof of such difficulties, those circumstances present a strong *primâ facie* case against Mr. BRANSBY COOPER. Not a single material fact in our report, be it remembered, has been contradicted. The profession and the public have no reason to doubt, therefore, that at the end of fifty-five minutes, after employing a multiplicity of different instruments, Mr. BRANSBY COOPER performed an operation, which is usually accomplished by skilful surgeons in five or six minutes. The profession and the public have no reason to doubt, that after this performance of the operation, the patient died. Lastly, the profession and the public have no reason to doubt the accuracy of our report of the *post-mortem* examination, for the accuracy of this report has not been denied; and let it be observed, that if any extraordinary difficulties had existed in this case, such difficulties would have been demonstrated by the *post-mortem* examination. Let us see, then, what is the question at issue, and what is the evidence, as it stands at present, on each side of that question. The question is, as we stated last week, whether the operation lasted nearly one hour, in consequence of extraordinary difficulties, which baffled the skill of an unexceptionable operator, during a period tenfold as long as that commonly employed; or, whether the operation lasted nearly one hour, because it was the turn of a surgeon to operate, who has obtained his situation, not in consequence of any pre-eminent ability he has displayed, but in consequence of his connexion with Sir ASTLEY COOPER. The *primâ facie* evidence on the one side of this question, consists of the facts to which we have above adverted, not one of which has been, or CAN BE, truly contradicted; the *primâ facie* evidence, on the other side, consists partly of a general denial of the accuracy of our report, by Mr. BRANSBY COOPER's pupils, more than one-third of whom did not witness the operation, and partly of the letter or sentence of Mr. BRANSBY COOPER himself, which we have just laid before our readers.

But it may be said, and it is in fact unblushingly avowed by the Bats and Corruptionists, that if Mr. BRANSBY COOPER were now to publish his own account of the details of the late operation, such a publication, however imperiously called for by justice, humanity, and general expediency, would materially diminish, and in all probability entirely defeat, his chance of obtaining a verdict in the action which he has commenced against THE LANCET. Does Mr. BRANSBY COOPER imagine, that this will be deemed by the public a satisfactory reason for withholding all explanation at a time when explanation is most called for? The mistake which this gentleman commits, in common with other surgeons, to whose failures publicity has been given through the medium of an independent medical press, consists in an extravagant estimate of his own consequence, as compared with the safety of hospital patients, and the right which the public has to know, that the duties of hospital functionaries are adequately discharged. Comment on the failures of these hospital functionaries is instantly denounced by the unsuccessful operators as libellous, and to criticise their blunders is, in their view of the matter, little short of an invasion of a supposed vested right to commit blunders with impunity. Not a syllable ever escapes the "Hole and Corner" surgeons, which indicates compassion for the patients, who may be destroyed by their unskilfulness, or respect for the public, who have a right to be assured of their competency. Full of wrath and bitterness against the publishers of their failures, they reserve all their tenderness and compassion for themselves. The morality which they, in their benevolence, inculcate, is, that the ignorant operator is the true object of sympathy; the law which they, in their righteousness, would fain persuade a jury of their countrymen to sanction is, that he who ventures to expose official ignorance, is a fit object for punishment. It is right that Mr. Bransby Cooper should understand, that the question to which his recent exhibition has given rise, is no more a question between him and The Lancet, than it is a question between him and the young gentlemen who gratuitously bore testimony to his surgical ability, and volunteered their approbation of an operation which they did not witness. The public care not two straws whether, by withholding an immediate explanation, Mr. Bransby Cooper may be in a better, or in a worse condition to obtain a verdict at a future period against this Journal. The only question in which the public are interested, is, whether Mr. Bransby Cooper is, or is not competent to discharge the duties of a hospital surgeon; and as the withholding of all explanation, under the extraordinary circumstances attending the late operation, renders that question doubtful, the public have a right to expect, that if this gentleman "forbears to anticipate his case," he will also forbear to operate on the hospital patients.

As to the insinuation of a feeble contemporary, that we have been influenced by "private malice" against Mr. Bransby Cooper, in giving publicity to his failure, we shall merely observe, that it is as ridiculous as it is false. For Mr. Bransby Cooper, in all the relations of private life, we entertain the greatest respect and esteem; but for his talents as a surgeon, we do not entertain much veneration.

Private malice? Bah! As journalists, we know nothing of Mr. Bransby Cooper but in his public capacity, and it is by his conduct in that capacity that Mr. Bransby Cooper must stand or fall in the judgment of the profession and of the public. It is the fearless uncompromising independence of this Journal, which is the real source of our strength, and the true cause of the hatred which is felt towards us by the ignorant and the corrupt. We disclaim all animosities or predilections with respect to individuals; our praise has been spontaneously bestowed upon talent and integrity, and our hostility honestly directed against ignorance, corruption, and false pretension. A patient on whom Mr. Lawrence operated for stone, died last week at St. Bartholomew's Hospital, and Roderick Macleod "*ventures* to say, that if we speak of this case at all, we shall speak of it in a very different tone from that which is adopted with regard to Mr. Bransby Cooper!" "Nothing *venture*, nothing have," says the proverb, and we presume it was not without some previous calculation, founded upon the doctrine of chances, that the Scotch *Dub* resolved to try how far he might mislead the public, and at the same time cast an imputation on the character of The Lancet. Let us see what Roderick accomplishes by the experiment; let us see what the Yellow Goth, armed with the triple armour of brass, brimstone, and a Scotch diploma, takes by his *venture*. The object of Roderick, in the passage to which we have adverted, is to produce an impression that we should either take no notice at all of Mr. Lawrence's unsuccessful case of lithotomy, out of partiality to that gentleman, or that, if we noticed it, we should speak of it in a different tone from that which has been adopted with regard to Mr. Bransby Cooper; not because there was any real difference in the two cases, but because we are desirous of softening and explaining away the *errors* of Mr. Lawrence, and of exaggerating and inflaming those of Mr. BRANSBY COOPER. Now the only answer we will give to Roderick's insinuation, shall be by contrasting the facts presented by Mr. Lawrence's case, according to Roderick's own report of it, with the facts presented by the case of Mr. BRANSBY COOPER. In Mr. BRANSBY COOPER's case, the stone was extracted at the end of fifty-five minutes, after a great variety of different instruments had been employed, the patient's sufferings being apparently unintermitted during the whole of this protracted period, being tenfold that usually employed.

The following is Roderick's own account of Mr. Lawrence's unsuccessful case :—

> " *Lithotomy.*
>
> On Monday, March 24, Mr. Lawrence performed this operation upon a young man about twenty years old, who has been affected with this complaint for some years. The prostate gland was rather thickened and hard; and the existence of a fistula rendered the neighbouring parts more difficult to divide than usual, and occasioned a good deal of hæmorrhage. The operation was performed with a common curved staff; and a double-edged scalpel was plunged in towards the groove of that instrument, and brought out about three inches below the point of its insertion: a beaked knife was then employed, to make a passage to the bladder; and the stone, which was about as large as a pigeon's egg, readily extracted: it appeared to be a compound of triple phosphate and the mulberry calculus. The patient is, at present, going on well."

In Mr. BRANSBY COOPER's case, the patient was removed from the operating theatre, without any hope of a favourable issue, and his sufferings were speedily terminated by death.

The following is Roderick's own account of the termination of Mr. LAWRENCE's case :—

> " The patient whom we mentioned last week to have been operated on by Mr. Lawrence, died on Sunday, *eight days after the operation.* He was going on apparently well: he had begun to pass urine through the urethra, and the wound had a favourable aspect, when, on Saturday night, it was discovered that he was bleeding. The house-surgeon being sent for, removed a quantity of coagula from the wound and from the bladder, and succeeded, by pressure, in stopping the hæmorrhage; but, in spite of all attempts to support him, he gradually sunk, and died the next morning. His body was removed by his friends, before any examination could take place.
>
> The quantity of blood lost was not very considerable; scarcely enough, we should have thought, to have destroyed the patient; but it appears that he had an impression that the operation would be fatal to him," &c.

And then follows some twaddle about " the forebodings of a weak, perhaps, diseased intellect," not material to the case.

We leave RODERICK MACLEOD to the enjoyment of all the benefit he can derive from the success of his *venture.* But there is one part of RODERICK's conduct, with respect to Mr. BRANSBY COOPER's case, which, with a view to the future dispensation of even-handed justice, is, at the present moment, well worthy of notice. RODERICK declares that he has " *particular reasons, altogether unconnected with the case itself,* for declining, at present, to publish any report of his own ;" and, in another part of his " Excrescence," he states that he abstains from motives of *prudence,* from giving any details of Mr. BRANSBY COOPER's case." All this is sufficiently indicative of another attempt to *get up* a case, *per fas et nefas* against THE LANCET. In fact, we know that the machinery of the Bats and Corruptionists is already at work for this purpose, and it may, perhaps, be a fortunate circumstance for the sake of truth and justice and humanity, that the Number of this Journal, containing the report of Mr. BRANSBY COOPER's case, is also the Number which contains demonstrative evidence of a foul but unsuccessful attempt to obtain an unjust verdict against THE LANCET, by suppressing the testimony of a competent and honourable witness.

Our readers will collect from the foregoing observations, that, notwithstanding the *death* of that portion of Macleod's " Excrescence" intended for provincial circulation, the thing still exists; it has, however, all the symptoms of decay,

> For when the date of Nock is out,
> Off drops the sympathetic snout.

We shall select from the last Number of the Excrescence, one wilful falsehood, and one specimen of erudition:—

> "In the case of Mr. Bransby Cooper (says Roderick,) there is another circumstance of peculiar aggravation; we allude to the manner in which it has been noticed in the public papers. This was not accidental, for it appeared the very morning of publication: it was a wilful aggravation of injury, and a refinement of malice."

If the writer of this passage believed what he here insinuates, namely, that the leading paragraph in *The Times*, noticing Mr. Bransby Cooper's case, was written, or caused to be inserted by us, he would merely be a contemptible blockhead, as incapable of appreciating the character of *The Times* Journal, as he is of estimating our own. But the writer knew that to be false, which he here asserts, namely, that the paragraph in *The Times* appeared on the morning of the publication of the report; for he knew that the paragraph appeared in *The Times* on Saturday, and that *The Lancet* is invariably published, in point of fact, though not nominally, on Friday.

So much for the wilful falsehood: the specimen of erudition is found in the following quotation, which Roderick thinks applicable to us, after declaring that he once entertained a hope that "his own little bow-wows" would effect a change in the tone of The Lancet, and confessing that he now finds it to be a hopeless case.

"Quem Deus vult perdere prius dementit."

This is a stroke of slip-slop scholarship, after the fashion of Jamie Johnstone's "*Tempora mutantur,*" "*nemo contentus,*" "*vox et præterea nihil,*" "*ultra aneurismam,*" "*ambo recantare parati,*" *&c.* It is, however, Roderick's first attempt at a quotation, and if the application of The Lancet produce the same effect upon his classical, as upon his poetical *ventures*, it will be his last. By the by, we regret having deprived ourselves of a source of amusement, by snuffing out Roderick's poetical existence with a single article, as one Josiah Huggins was pronounced in a late Number of our favourite periodical, *The Evangelical*, to have been cured of scrofulous legs and atheistical principles, *under* one sermon. Be of good cheer, Roderick, and try thy hand at poetry again! What though thou mistookest a Greek poem on astronomy for an anatomical treatise, thy verse was nevertheless as good as thy prose, and not worse than some of thy prescriptions! Be not discountenanced, Yellow Goth! and peradventure thou mayest improve. Resume, O medical Melibœus, thy oaten pipe; solace thyself with pastoral and sulphur; but meddle not with a language of which thou knowest as little as thy patients know of the composition of the *pilulæ è micâ panis*, which thou art wont, with so much wit and honesty, to prescribe for them!

Notes on the Epidemic Cholera. By R. H. Kennedy, M.D., &c. Surgeon, Bombay Presidency. Calcutta, 1827. Thacker and Co. pp. 277.

No disease of late years has excited more attention, than that dreadful scourge of mankind—the Cholera of the East. So rapidly destructive, indeed, has been its progress; so widely devastating its career, that it has literally passed on like a flood, sweeping all before it; depopulating cities and annihilating armies, and realizing to us, in modern times, those horrible pestilencies which prevailed in days of yore. The subject has become highly important in a national as well as in a professional point of view, for so fatal in its results has been the disease in question, that our very political existence in India has been threatened by this fell malady:—we turn, therefore, to the book under review, written by a resident medical officer, in full expectation of eliciting valuable practical information, on a question involving the fate of thousands.

The author, in his introductory remarks, draws a melancholy picture of the consequences resulting from the native theory of *fatalism*, by which all precautionary measures are regarded as a presumptuous struggle against the Deity, and the inhabitants thus abandon themselves to propitiating by sacrifice, or soothing by prayer, the demon of pestilence. But there is also practised, according to the author, the most debasing and disgusting superstitious rites, " rather as magical incantation than as the spirit of devotion." It is here remarked :

> " To refer to the particulars of these demoniacal proceedings would be to weary my readers with offensive details; but I cannot pass over, as a singular coincidence with the Mosaic institution of the scape-goat,* directed to be let loose into the wilderness, loaded with the curse of the sins of the congregation, the similar ceremony practised in some places here, of dedicating a buffalo to the spirit of the plague, and turning it loose into the woods. Wherever the poor brute directed its course, the population rose in a body to drive it back into the forests. It was not only supposed to be accursed, and bearing the curse and punishment for the people, but the pestilence was expected whenever it was seen; nor was the district relieved from alarm until the devoted beast had been destroyed by tigers, or sank exhausted under the pitiless persecution which goaded it from village to village."

The book is arranged into nine chapters, which division being convenient, we shall preserve it in the subsequent analysis.

Chap. I. *History of the disease, as it appeared under the author's observation.*—From the year 1818 to 1826, Dr. Kennedy had various opportunities of witnessing the disease in question, in all the forms it assumes ; the first occasion was in the city of Surat, a densely populous city, situated in a remakably level country. The epidemic, it seems, had commenced about a hundred miles N. E. of Calcutta, in August 1817 ; and having traversed the peninsula from east to west, directly in the face of the periodical winds, which are westerly, it reached the Bombay coast in one year. Thence it pursued a westward course, at length reaching a fortress situated 150 miles from Surat ; from this garrison some prisoners of war were brought to Surat, and to the arrival of them was imputed the introduction of the disease. The author, however, subsequently states that he witnessed the disease, as far as could be ascertained, arising sporadically, and singularly enough affecting one battalion *only*, although the most unrestrained intercourse existed between the infected and two other battalions.

Chap. II. *Theories respecting epidemic cholera.*—The author first notices the report of the Medical Board of Calcutta, in 1818, in which an opinion is stated that the epidemic cholera is a visceral disorder, and that the symptoms of cerebral affection are but occasional and secondary. In the history of the post-mortem examination it was observed in the report.

> " The brain was generally of a natural appearance. In one or two instances, lymph was effused between its membranes, near the coronal suture, so as to cause extensive adhesions. In other cases, the sinuses and the veins leading to them, were stuffed with very dark blood."

Our author combats this officially delivered opinion, contending, on the authority of Pott and Bell, that disease of the brain may be very clearly evidenced by the symptoms existing during life, and yet a post-mortem examination fail in showing any organic lesion. However, in the two first inspections which Dr. Kennedy himself made, he found a turgid state of all the blood-vessels of the brain, and "specks of blood started up under the scalpel," in cutting through the substance of the brain: such were the appearances found in all his subsequent researches. The observations of Mr. Crew and of Mr. Gordon, in respect to the morbid appearances of the brain, are quoted in confirmation of the author's statement; both of these gentlemen, it seems, were strenuous advocates for blood-letting.

---

* See Mead on Plague, for a singular account of a human sacrifice under similar circumstances, and a most curious and learned note respecting it.—Dr. Mead's Works, 4to. 1762. p. 245.

The author thus states his own opinion:—

> "I consider concussion of the brain to be the disease, how induced I know not, following the above inexplicable shock sustained by the constitution; and the collapse and spasms to be symptomatic of the disorder of the brain; and finally, I consider the purging and vomiting to be no part of the disease, but the struggle and effort of nature to relieve the constitution, and cast off the noxious principle which is destroying it. For the treatment of such a disease, the indication is distinctly apparent to relieve the brain by bleeding, and to induce the sanitary process of vomiting and purging where they do not exist, or to moderate them when violent. Into these brief injunctions may be resolved all that has been written on respectable authority; and the only difference in my theory is, that I would propose a regular systematic procedure, in preference to the uncertainty, hesitation, and undecidedness which, in spite of every thing that has yet been written, continues to prevail, in a case where of all others the patient's safety most mainly hinges on the promptitude of treatment."

Chap. III. *On the contagiousness and epidemic character of cholera.*—After professing his incredulity respecting the disease in question being "a new destruction let loose upon the land;" and, indeed, doubting whether there be any one *new* disease since the time of man's creation, the author puts this important question—"Why this disease should establish itself a permanently constantly operating scourge upon the country, instead of exhausting itself as on former occasions?"

The answer given to this (which it is admitted hazards the assertion of the contagious nature of the epidemic) is, that within the last few years, the whole of the Peninsula has become but one empire, and hence a system of unrestrained intercourse is carried on where formerly little or no communication existed.

It is not our intention here to enter fully into the consideration of the remote cause of cholera; that it prevails as an epidemic, and that too of the most destructive kind, is admitted on all hands, but the medical world is divided in respect to whether the disease arise from a peculiar noxious condition of the atmosphere, or from specific contagion. In opposition to the first opinion, we have the singular fact noticed by the author, that the disease pursued its progress from east to west, in direct opposition to the periodical winds which were blowing *from* the latter point; and that in every instance it occurs in the immediate track of human intercourse. Sir Gilbert Blane, in a letter published, in 1825, and addressed to the Directors of the East India Company, is very explicit in his opinion of the contagious nature of cholera. It must be admitted, however, that there is much doubt still attached to the subject.*

The chapter concludes with the following remark:—

> "I am under the necessity of ending this part of the discussion with observing, that to the best of my judgment, I know no character belonging to any contagious disease which cholera does not appear to me to possess; and that if it be not contagious, I know no other disease which I should be inclined to consider so."

Chap. IV. *On the virulence and malignity of cholera, as compared with other epidemics.*—We have room for only one extract from this chapter.

> "To ascertain, therefore, the true proportional mortality of the prevailing epidemic cholera, recourse may be had to those

---

* Vide vol. vi. p. 275 of this Journal, where an interesting account is given of the progress of cholera to the shores of the Mediterranean.

formidable visitations in particular corps, which form part of the subject of the preceding narrative; and the result of this inquiry gives 767 cases, and 211 deaths, amongst the European troops; and 4065 cases, with 1541 deaths, amongst the natives. We have thus the proportion of 27½ per cent. in the former, and nearly 38 in the latter, which, considering that this disease runs its fatal course very generally within twelve hours, sufficiently marks it as one of the most formidable that has ever afflicted the human race."

Chap. V. *On the concussion of the brain.*—We here arrive at the author's "hobby;" having previously stated that "concussion of the brain" is the "lethi fabricator" in cholera, (this phrase, we presume, is a *fabrication* of the writer,) and that the purging and vomiting are sanitary processes: he attempts to substantiate this doctrine by exhibiting what he terms "a series of analogous circumstances."

First, he speaks of concussion of the brain resulting from mechanical violence, and quotes the opinions of Pott, Bell and Abernethy, that great prostration of strength, vomiting, and partial stupefaction, are the characteristics of this affection, being totally distinct from those of inflammation or organic lesion, to be detected by dissection.

It is then remarked:—

"Concussion of the brain following diseases or poisons which operate upon the nervous system, cannot be expected to show itself with such clearly defined symptoms, as when it results from positive mechanical injuries; but, when those well-known characteristics are discoverable, however faintly, yet when all are present and combined, it seems natural to suppose, from their appearance, that though the causes may be different, the diseases are the same."

Two cases are next related, which are regarded by the author as "instances of commotion or concussion of the brain, produced by high nervous excitement of an epileptic character." They appear to have been cases of sudden congestion of blood in the brain, and in both instances there was the similar state of extreme collapse, which succeeds to violent injury of the body, from mechanical causes. Other cases are referred to by the author, where the "epileptic or cerebral excitement" was reduced and carried off by vomiting and purging.

It is avowedly the author's object to prove, as we before stated, that the brain is primarily affected in cholera, and he wishes to establish an analogy between that disturbance of cerebral function produced by commotion of the mass from mechanical causes, and the cerebral derangement observed in cholera. Now we are clearly of opinion that no analogy exists; the precise pathological condition of the brain, in many cases of concussion, we are unacquainted with—dissection revealing nothing; but it is not so in cholera, according to the author's own showing, for there he tells us—the vessels on the surface are highly turgid, and the substance of the brain itself is inordinately vascular. If the author had simply contended that the *first stage* of concussion, when a violent shock has been given to the body, and what is usually designated reaction, has not yet taken place, when all the vital powers are prostrate, the skin cold, and heart scarcely acting, resembles the condition of collapse in extreme cases of cholera, we should have admitted the analogy. But, we must observe, that this state of congestion is common to all extreme injuries, the patient recovering from it, without manifesting any subsequent cerebral derangement; it is not, therefore, the pale and almost lifeless condition of the patient which we regard as evidence of concussion of the brain, but a certain train of symptoms which supervene.

Chap. VI. *On the nature and character of critical discharges.*—The object of the author, in this chapter, is to show the analogous operation of nature in various critical discharges, as compared with the evacuations which constitute the secondary symptoms of cholera. The vomiting which follows long-continued syncope; the nausea which supervenes on the cold stage of an intermittent, and the critical melanoid discharges in fevers, are all adduced as sanative processes. At the commencement of the chapter, Dr. Kennedy takes occasion to express his belief to a certain extent in the doctrine of planetary influence on disease; he says:—

> "The constitution here, both of native and denizen, is as assuredly under lunar influence, or, what is the same thing, under the influence of the changes of weather which invariably accompany the changes of the planet, as the ocean by its tides proves the subjection of its mass of waters to the conjoined sub-lunar attractions; and I wish whoever will persist in an opposite argument, could feel a very trifling proportion of what I have felt in corporal suffering from fever, and I am convinced he would consider it a pang sufficiently great to be remembered, to the uttermost limit of his threescore years and ten."

It is, perhaps, scarcely necessary to observe, that the ancients were much disposed to rely on planetary influence, that the doctrine of medical astrology, however, became abandoned until the time of Mead, who supported it with great learning, and hence again gave an impulse to the belief. The great Darwin subsequently advocated the opinion, and drew attention to it, when it was drooping; and Dr. Balfour has still more recently adduced it as a doctrine capable of direct proof; affirming, that the influence of the sun and moon, when in a state of conjunction, produces paroxyms or exacerbations in continued fever, and that as these luminaries separate, crises take place.

Chap. VII. *On the nosological application of cholera.*—The whole that can be gleaned in this chapter, is the opinion of the author, that the cholera of Celsus is the same disease as the epidemic cholera of the present day. In respect to the objection which has been taken to this opinion, from its being supposed that the Greek and Latin physicians indicated by the term cholera, an overflow of the hepatic secretion, which is by no means a characteristic of the Indian epidemic, Dr. Kennedy argues, that the word is not derived from χολη, bile, and ρεω, to flow, but rather from χολας, intestinum, meaning, thereby, that the matter discharged is excerned by the intestines rather than the liver.

Chap. VIII. *On the varieties and anomalies which appear in cholera, and on the Cholera Spontanea of Cullen.*—In this chapter are considered the varieties and anomalies which present themselves in the appearances and forms of the disease. The author considers the supposed varieties are referrible to distinct *stages* of the same complaint.

Chap. IX. *On Epidemic Cholera.*—We here arrive at a statement of the author's personal experience in the disease under consideration. He states that the milder forms of cholera are nearly always ushered in by marked cerebral disturbance, the patient being in a state of partial stupefaction. The following is given as a description of the first stage of the disease in its worst form.

> "The patient has an appearance altogether different from apoplexy, but very much resembling epilepsy in its worst forms. The collapse is as perfectly formed as in those cases where it seems to be accounted for by the prodigious quantity that has been discharged; the pulse is scarcely, if at all, perceptible at the wrist, and the unnatural cold perspiration attends the accession of the fit: finally, if the paroxysm be established in its most aggravated character, it is accompanied with rigors and trismus, and it is scarcely possible to administer medicine; what is forced into the mouth is instantly impelled forth from the nostrils; and if the nostrils be held, there results an imminent risk of suffocation, from the liquids entering the lungs through the larynx. The patient seems death-struck, and unless relieved by phlebotomy, soon expires, without there appearing the least reaction, or any sanitary process of the constitution whatever."

If the patient survive this state of extreme collapse, then the *second* stage supervenes, characterised by vomiting and purging; and, to this succeeds a third stage, "the febricula of Celsus." The indication in the first stage, says the author, is "to bring on the sanitary processes of the constitution;" and with this view he recommends blood-letting, emetics, and cathartics; at the same time, he observes, that the surgeon is seldom called to the patient until vomiting and purging (the second stage) have commenced.

Dr. Kennedy objects to the use of the warm bath in the stage of collapse*; he recommends friction with oil, in which a little wax has been dissolved, with a small quantity of camphor and opium, and he considers this unguent to have an effect in checking the colliquative cold sweat.

In the second stage, we are informed, that "the indication is, to moderate the inordinate action, and to endeavour to check the unnatural secretions of the bowels, by inducing their healthy and usual evacuations," at the same time keeping in view the necessity of supporting the constitution. The remedial measures to be adopted in order to fulfil these intentions, are, the abstraction of blood in reference to the strength of the patient, and the administration of castor oil with laudanum; a blister applied to the scrobiculus cordis, camphor and opium to allay spasms, and, finally, *exciting*, but not *intoxicating* or *acrid* stimulants.

In respect to blood-letting in the second stage, the author has the following observations:—

"In my hospital practice, I have never made the pulse at the wrist the criterion for bleeding; but the question of its necessity has depended on whether the vomiting and purging have been of long continuance, and accompanied with copious evacuation; for where such is the case, a real and positive exhaustion of vital powers is induced, totally independent of the apparent debility of the collapse; respecting which there is no necessity of stopping to argue that it is not actual weakness, but a symptomatic syncope of the animal powers."

As regards the treatment of the third stage, it is observed, that in ordinary cases there is nothing more than a simple state of febrile excitement, which readily yields; but in other cases great danger is to be apprehended from inflammation of the lining membrane of the bowels, requiring energetic treatment.

It is remarked, that the "calomel practice is nearly discontinued," having been superseded by the use of the lancet and opium.

But here we must conclude, having already, we fear, exceeded our limits. We have endeavoured to present a fair and impartial analysis of the author's opinions and facts; our readers may, therefore, in a great measure, themselves judge of the book. In our estimation it contains valuable matter, and is written with much freedom, spirit, and elegance.

DR. FORBES AND MR. GUTHRIE.

To the Editor of THE LANCET.

SIR,—I send you, in reply to the statement you thought fit to publish in your journal of the 8th March last, the Resolutions of a Special Committee of the Royal Westminster Infirmary for Diseases of the Eye, summoned for the purpose of investigating certain parts of it.

I am, Sir,
Your obedient servant,
G. J. GUTHRIE.
2, Berkeley Street, April 5th, 1828.

ROYAL WESTMINSTER INFIRMARY FOR DISEASES OF THE EYE.

Wednesday, 2d April, 1828.

At an adjourned special meeting held this day, present—

Lord Grantham in the Chair.

Vice Presidents.

George Byng, Esq. M.P.
Sir John Swinburne, bart.
Sir James M'Grigor.
Sir William Franklin.
Archibald Campbell, Esq.

---

* The sudatorium, or vapour bath, is not mentioned. We have seen it highly useful in the stage of collapse, which ushers in many diseases, and it possesses many advantages as compared with the water-bath.

Samuel Reed, Esq. *Treasurer.*

Mr. Skelton
Mr. Stodart
Mr. Stewart
Mr. James
Mr. Clarke
Mr. Prosser
Mr. Courtenay
Dr. Forbes
Mr. Guthrie
Mr. Hughes, *Assist. Sec*

The following paragraph* from THE LANCET of the 8th March, page 834, was submitted to the Committee:

"Thus the hour of visit on Saturday the 26th of May, the day on which the paragraph appeared in THE LANCET, was *ten o'clock*; but Saturday, June 2d, the day on which Mr. Guthrie's letter of reply was published, the hours had been *changed* to half past eleven for Dr. Forbes, and to half past twelve for Mr. Guthrie."

The Committee having called in several witnesses, and examined such papers as could throw light upon the subject, resolved, That the statement, "that a change in the hours of attendance from ten o'clock to half past eleven, took place between the 26th of May and 2d of June, 1827," is false. A change of hours had taken place in January, 1827, which was duly made known by written notices placed in the public waiting room, and by verbal announcement to the pupils and patients, as far as it was practicable.

The following paragraph, page 835 of the same publication, was also submitted to the Committee:—

"This person, who was the *house pupil* on the 26th May, on the morning when the paragraph in THE LANCET appeared, is for the first time denominated *house surgeon* by Mr. Guthrie, in his letter of the same date.—*Note by Dr. F.*"

It appears to the Committee, that this statement is also false. A written certificate granted to Mr. Dunn as far back as 20th March, 1824, signed by Dr. Forbes and Mr. Guthrie, the medical officers of the institution, entitles him *house surgeon*, and the gentleman, who was resident in the house in May 1827, had always been considered and called *house surgeon* by the pupils and others attending the institution.

Copy of the Certificate to Mr. Dunn, referred to in the foregoing resolution:—

Royal Westminster Infirmary for Diseases of the Eye.

We certify, that Mr. Henry Dunn has diligently attended the practice, operations, and lectures of this Institution for six months as the house surgeon.

(Signed) { CHAS. F. FORBES, *Physician.*
GEO. J. GUTHRIE, *Surgeon.*

20th March, 1824.

(Signed) GRANTHAM, *Chairman.*

A true extract.

W. T. HUGHES, *Assist. Sec.*

5th April, 1828.

LITHOTOMY IN THE HORSE.

To the Editor of THE LANCET.

Liverpool, 26 March, 1828.

SIR,—On Thursday last I operated upon a very valuable draught-horse, for stone in the bladder, with complete success.

Not having heard of any operation of the kind succeeding before, I shall feel obliged by your inserting the above in as early a Number of THE LANCET as convenient.

I am, Sir,
Your most obedient Servant,
ROBERT LUCAS, V. S.

Veterinary Surgery,
Great Charlston Street.

[P. S. We should feel obliged if our Correspondent would favour us with the particulars of this operation.—ED. L.]

RIGHTS OF MEDICAL STUDENTS.

TO THE STUDENTS OF THE BOROUGH SCHOOLS.

FELLOW STUDENTS.—When a poor but independent mechanic ventured, in opposition to the will and declared purpose of royalty, to maintain the right of the public to the use of a foot-path about to be closed, he did so, as he said, "because he was unwilling that it should be said, he left the world worse than he found it." I wish to excite in you a similar feeling. Be you unwilling to leave these schools at the end of the session, worse than you found them at its commencement.

You began the session, with the understanding, that having paid the fee for (nominally 12 months) attendance on the surgical practice of the hospitals, you were in fact perpetual pupils, and therefore entitled to continue your visits so long as you found them advantageous. Do not then, suffer the session to close with an unmanly acquiescence in the abolition of that privilege: leave it not for the gentlemen who shall succeed you, to complain, that owing to your folly or indifference, they begin the session of 1828 in a worse condition than you began that of 1827.

---

* The passage here called a paragraph from THE LANCET, is a passage in Dr. Forbes's statement. This is the only remark we deem it necessary to make on Mr. Guthrie's communication.—ED. L.

It has happened, in all abuses of power, that the most outrageous violation of privilege, the most unjust denials of right, have been founded on the alleged abuse of those rights.—Not by the body enjoying them, but by individuals; witness, as a special illustration of this, the history of all violations of the liberty of the press: the offence, or the supposed offence of *one*, has constantly been the pretext, for such privations as involved the punishment of *the whole body*. Such a punishment, such an undeserved, and therefore unjust punishment, is now about to be inflicted on you, through Mr. Lambert, by his exclusion from the wards of St. Thomas's Hospital.

I am not now going into a justification of Mr. Lambert; he needs not my defence; with him we have nothing to do, excepting as a former student, claiming as one of us our common right. With his conduct—with the character of The Lancet—with the skill of Mr. Cooper—or the merits of his notorious operation, this subject ought not to be connected; for this is a question of principle, and when principles are at stake, individuals must be forgotten. All that we have to do is to protest loudly against an invasion of our long-enjoyed privileges.

When I speak of *privilege* or *right*, let not any bond-loving Shylock turn to the letter of the document and say, twelve months only is the term paid for, therefore you have no legal right. I would ask, are there not rights, well established rights—demanded by their utility, nay necessity—founded on long usage—and guaranteed by public opinion? Are there not such rights? and are not *they* equally valuable, and equally defensible with any held under parchment and seal? Certainly they are, and just of such a nature is the right in question; so well founded in common sense, in utility, in long usage, and in public opinion, that no reference to the words "during twelve months," can destroy it. And why, after all, do those words stand on the card? they stand there, it is plain, merely as a technicality, in compliance with the forms of the College, which require that term, as the *minimum* of surgical attendance, qualifying for examination.

If our hospitals were private establishments, mere trading speculations, did they owe their existence to the icy calculation of a modern joint-stock company, then indeed might we expect their money-seeking managers thus penuriously to dole out their advantages, and to deny to the purchaser a fragment more of the *commodity* than he had paid for; but the warm benevolence of our ancestors did not conceive their charities in such a spirit, and let it not be in our day, that their noble institutions are perverted, either into "seats of money changers" or, which is more injurious still, into mere cloaks of defence for such tender reputations as are perchance too delicate to bear the wholesome breeze of public opinion.

Do not imagine, my fellow pupils, that Mr. Lambert's exclusion, will only affect himself. It is by decisions on particular cases, that principles are established. Look for a moment at what may result from this decision of the surgeons, if carried into effect. Every pupil's right to attend, it will declare, closes with the first year of his studies; so that during the second year he spends in London, when surgical practice is of most value—the wards are closed against him; if he enter it is as an intruder, or at best he does so only by favour of the surgeon; his admission is a *boon*, an *indulgence*, demanding, of course, his gratitude and *subserviency*. To the feelings of some, indeed, it may perhaps be very pleasant, thus from day to day to be placed in the condition of suppliants; they may very contentedly begin life as the mendicants of the profession, humbly receiving as alms one week, what may be denied them the next; but most young men would, I imagine, scorn such pauperism in science.

Remember, too, that when the right of exclusion is once fairly established, a future surgical triumvirate may be strongly tempted to connect an additional fee with prolonged attendance; the present surgeons are perhaps too honourable to harbour such a thought for a moment,—but, certainly, they are laying a foundation, on which their successors may very easily erect the golden temple of increased fees. Another most serious objection to this law of exclusion, is the unwarrantable power it gives to the surgeons. It places the students, individually and collectively, entirely at their mercy. Each student, for any offence, fancied or real, will be liable, at the will of the surgeon, not merely to be deprived of the advantages of the hospital, but to be disgraced in the eyes of his fellow students and the profession generally, and to be driven to appear as a candidate for public favour under the stigma thus unworthily cast upon him.

But what, it will be asked, are we to do in order to repel this aggression? *At present*, with the hope that the exclusion will not be persisted in, I do not urge any active measure; I am rather anxious to call upon the body of students to THINK and FEEL on the subject as they ought, and not to be led, as I lament to know some are, to justify the exclusion. I entreat them, whatever may be their opinion of Mr. Cooper, not to be ensnared into an abandonment of their own rights; even the honourable gentlemen of Guys, who so deeply sympathise with him are not thereby bound to be traitors to themselves; the step they have taken, whether in itself right or wrong, is not inconsistent with the most firm resistance to the injustice now sought to be done them.

It will be, I believe, only by the voice of the hundreds of their surrounding pupils, that the surgeons can carry their resolution into effect; and on the other hand, if the pupils are alive to their own interest without such support, if they offer the moral opposition of a strong opinion expressed with moderation, then I believe the resolution will be cancelled, or at least will remain a dead letter.

In conclusion, I beg to disown all party feeling—I have not the least acquaintance either with the Editor of The Lancet, or with Mr. Lambert, but am solely anxious for the interests of the body of students, to which I am proud to belong.

Morager.

April 7, 1828.

ST. THOMAS'S AND GUY'S HOSPITALS.

GUY'S.

CASE OF PARALYSIS OF THE MUSCLES OF THE SHOULDER OCCURRING SUDDENLY, AND WITHOUT ANY EVIDENCE OF CEREBRAL DERANGEMENT.

The subjoined is a well-marked instance of local palsy, the motory power of the part alone being disturbed, whilst the sentient power continues perfect. Although local palsy is frequently produced by the same causes which lead to general palsy, operating in a less degree, and is rendered manifest by the circumstance of the local symptoms often being the forerunners of a more extended affection, yet there are many cases similar to the one we are about to relate, in which we find a particular part become paralysed, without the slightest evidence of general derangement, the affection being, in the most extended sense of the word, *local*.

Job's Ward, No. 23.—T. B., a stout healthy looking countryman, about twenty-six years of age, was admitted under the care of Mr. Bransby Cooper, on the 12th of March, on account of loss of power in the muscles of the right shoulder.

The man stated, that he was lying in bed at night six weeks ago, when he suddenly awoke, and found his arm cramped, which he attributed to the circumstance of having laid upon it; he threw his arm quickly over his head, in order to relieve himself; but, in the performance of this act, experienced so much pain, that he was led to the belief of having dislocated his shoulder. From this period, he experienced a want of power in the part; there was no numbness either at the shoulder, or down the arm; no pain in the head, or, in fact, any complaint existing, but the loss of power at the shoulder. Under the impression of the bone being dislocated, the man applied to a notorious quack "bone-setter," in the neighbourhood of Wisbeach, who, of course, told him the bone was "*out*," and pretended to reduce it. Subsequently to this, blisters were applied, and various means adopted, but without benefit.

Upon attentively examining him two days after admission, we made the following notes: the shoulder has a flattened appearance; the deltoid muscle, as compared with the opposite, evidently being much wasted; the head of the bone is in its natural situation; pain is experienced on making firm pressure at the fore part of the joint, and also at the back part; passive motion made in any direction, occasions no pain. There appears to be a total loss of power in the deltoid muscle, and in the supraspinatus; if desired to raise his arm, he instantly carries the scapula upwards; the motion of the latter bone appears to have proportionally increased with the loss of power in the deltoid; the facility with which the scapula is moved on the side of the chest, being remarkably great. The man's general health is very good, and there is perfect sensation in all the parts about the shoulder.

Treatment.—March 13. *Two grains of blue pill, one grain of ipecacuanha*, and *three grains of extract of colocynth,* to be taken every night.

Sulphate of magnesia, one drachm;
Tincture of hop, half a drachm;
Infusion of gentian, one ounce and a half, to be taken twice a day. To be electrified; sparks to be drawn from the shoulder.

25. Ordered a blister, to be dressed with savine cerate.

April 7. The shoulder to be rubbed with the turpentine liniment.*

Upon visiting the patient on the 8th, we found that he had been "presented," as it is termed—that is to say, discharged; the surgeon having informed him, that he "could do nothing more for him." He is precisely in the same condition as when admitted; the two grain doses of blue pill did not occasion ptyalism, nor did the tincture of hop produce any marked effect!

---

* This is a stimulating liniment, containing mustard, &c., and is in common use at this Hospital.

ST. THOMAS'S HOSPITAL.

CASE IN WHICH A SUDDEN LOSS OF POWER OCCURRED IN THE EXTENSOR AND FLEXOR MUSCLES OF THE FINGERS OF THE LEFT HAND.

As this case, which is at present in Jacob's Ward under treatment, bears a close analogy to the former, we here insert the particulars.

S. Glue, ætat. 37, a gardener, and a healthy looking man, was admitted on the 6th of March, under the care of Mr. Tyrrell, on account of loss of power in the left hand.

He stated on admission, that seven weeks previously he was nursing a child upon his knee, when it slipped, and he hastily endeavoured to save the child with his left arm; he immediately felt pain in the arm, and became conscious of a loss of power. He applied leeches, and made use of various means, but obtained no benefit.

The case is stated in the book as loss of muscular power of the extensors and flexors of the left *hand*; but, upon examination, it appears to be rather a paralysis of the muscles of the fingers, and existing in the most marked degree with the extensors. The motions of the carpus are tolerably distinct; the hand is bent backwards and forwards, according to the will; but apparently flexion is performed with greater facility than extension. The fingers are constantly in a state of semiflexion, and the power of bending them backwards is entirely gone; the power of flexion remains, but to a very limited extent; the fingers can be brought down to the palm of the hand, but he cannot use any force so as to clench. The muscular powers of the thumb, with the exception of extension, are perfect. There is no sense of numbness in the hand or arm, and there is no pain experienced. The man's general health is very good.

The treatment hitherto employed, has consisted in keeping the hand in an extended position upon a splint, applying a large blister to the arm, and subsequently tartar emetic ointment. A report made on the 9th of April states, that no improvement had taken place in the condition of the patient, the arm at this time being covered with a crop of pustules produced by the tartar emetic ointment.

A few months since, there was a female patient, under the care of Mr. Travers, affected with loss of power in the extensor muscles of the legs only. The disease in this instance appeared to be sympathetic, dependent on general derangement of the system: the uterine functions were especially disordered. A cure was effected by general treatment, and as the health gradually improved, the paralytic affection ceased.

TO CORRESPONDENTS.

Communications have been received from Mr. Sheriff—Mr. Thomas—The Editor of La Gazette de Santé—C. M. C.—Mr. Robertson—Mr. R. Lanyon—Hibernicus—Philalethes—An Englishman and University Graduate—S. W. M.—Veritas—A Retired General Practitioner—Mr. Sheldrake—Mr. Edritch—Caballus.

The request of "I myself I" is superfluous, since the thing is already printed.

The proposition of the Editor of "*La Gazette de Santé*" is acceded to.

Dr. Dieffenbach, of Berlin, shall hear from us privately.

In reply, to the query of an anonymous Correspondent, respecting the regulations of the English College of Physicians, we have to inform him, that no such alteration as the one he mentions has taken place.

Thanks for the information respecting Ferguson, the Dub we shall probably phlebotomise him.

Does "J. L. F." wish us to attach his name and address to his communication? if so, it shall be published.

We should be glad to be informed of the addresses of "Philalethes," and "Discipulus Æsculapii."

The paper transmitted by "A Medical Assistant," for the signatures of those whom it concerns, is left at our office; and the letter which accompanied it shall be published next week.

Several communications above specified, with others noticed on former occasions, shall be inserted in our next Number.

Want of space has compelled us to postpone our reports of the proceedings of the Medico-Chirurgical, London, and Westminster Medical Societies; and also of cases at St. Bartholomew's Hospital, the letter of a "Veterinary Pupil," &c. &c.

THE LANCET.

Vol. II.] LONDON, SATURDAY, APRIL 19. [1827-8.

LECTURES ON CHEMISTRY,

BY

PROFESSOR BRANDE.

Delivered at the Royal Institution of Great Britain.

Lecture XXXVIII.

On Bismuth, Uranium, Titanium, Cerium, Tellurium, Selenium, and Arsenic, and their compounds.

In addition to the uses of the oxide of cobalt as a colouring matter for porcelain and glass, it is used largely in the paper manufactories to cover the yellow tinge which it would otherwise exhibit; and the quantity of cobalt is so considerable in some paper, that, when it is burnt, the ashes are of a blue colour. In the manufacture of starch, it is also customary to use a little cobalt, to give it a pale blue tint, which covers the yellow, and renders the whole of a whiter hue.

Bismuth is a metal not of any considerable importance; it occurs native, combined with arsenic and cobalt. Like antimony, it is of a brittle white colour, easily crystallisable, and is one of the best with which to perform the experiment of crystallising metals: it is very fusible, and very combustible. If heated upon charcoal with oxygen, it melts, burns with a bluish flame, and gives out a quantity of a dense vapour, which is oxide of bismuth. We show you this experiment, because you might not otherwise be aware of the extreme combustibility of the metals. The yellow fumes thrown off are the oxide of bismuth, and I should state, that the temperature at which it fuses is about 500° of Fahrenheit.

The composition of its *oxide* is 71 bismuth, and 8 oxygen, or one proportional and one; and it may be formed in various other modes than that just shown you, namely, by dissolving bismuth in nitric acid, precipitating the solution by pouring it into water, and by washing the precipitate with an alkali, which gives me an opportunity of showing you another very important character of the salts of bismuth, namely, that they are decomposed and precipitated by pure water. You cannot, therefore, dilute a nitrate or muriate of bismuth to any extent, without precipitating the oxide. Here, you observe, I act upon the crystallised nitrate of bismuth; the salt is decomposed in, not dissolved by, the water, and a subnitrate of bismuth is thrown down. Now if you add an alkaline solution to the subnitrate, and wash it thoroughly, you obtain the *oxide of bismuth*, a white impalpable powder, known formerly under the name of *blanc de fard* and *blanc de perle*, or pearl white, and magistery of bismuth, and was much used as a cosmetic by the French ladies; but it was soon found that the preparation was apt to become black on exposure to certain agencies, and that a lady sitting by a large fire, had one cheek brown or tawny, whilst the other was white and pink, the cheek next the fire changing colour by the escape of a little sulphurous vapour. Sulphuretted hydrogen does the same thing with the oxide of bismuth as with white lead; it soon discolours it, therefore it is not fitted to become a pigment.

The action of *chlorine* upon bismuth produces nothing particularly interesting; it is usually made by heating the metal in chlorine, or by dissolving it in corrosive sublimate; it runs down in an oily kind of fluid, called *butter of bismuth.* A very curious property of bismuth is, that it renders other metals very fusible when alloyed with it. If you mix together equal parts of bismuth, lead, and tin, you obtain a very fusible metal; lead and tin alone are very fusible, but not so much so as when mixed with the bismuth. The proportions generally used to form the alloy called Sir Isaac Newton's fusible metal, is a mixture of eight parts bismuth, five of lead, and three of tin. You may alter the proportions of lead and tin, without altering its fusible property, but it is necessary that the bismuth should constitute about half of the alloy. It is so fusible, you observe, that on bringing it into the vapour of boiling water, or dipping into water nearly boiling, it readily melts down. Tea spoons are sometimes made of this alloy, which are neatly polished, and sold for amusement, being fusible at a heat a little below 212. The addition of a little mercury to the alloy renders it still more fusible, but at the same time so brittle as to be in danger of breaking. I do not know that this alloy has been extensively used, but it has been proposed as a soft plug for the steam boiler, in such proportions as to melt a little above the boiling point; but there are so many other better modes of effecting this purpose, that it is not probable it will be resorted to.

We now come to a set of metals which we shall pass very hastily over, since they are applied to no use in the arts, in medicine, or in analytical or experimental chemistry. One or two of them exhibit some curious properties, and it would not be right to pass them over entirely in silence.

Uranium is met with in several states native, but chiefly in the state of oxide, of which you see a specimen here; it was formerly called *pech blende*, and was first analised by Klaproth, who showed it to be a hydrated oxide of uranium, containing also a little copper. The salts which this oxide forms when in solution, are of a yellow colour, of which you see some specimens on the table. Here is the hydrated oxide, the chloride, the nitrate, all of a yellow colour; the sulphate is more of a green tint. From all these solutions of uranium, you may obtain the precipitation of the oxide by an alkali. The metal is distinguished from all others by this characteristic, and by the beautiful red colour, or reddish brown colour of the precipitate furnished by the ferrocyanate of potash. There are some other preparations of uranium, which you may examine, if you choose, after the lecture. The number representing uranium is about 26 or 27 upon Dr. Thomson's list. I have not given you a tabular view of the compounds of uranium, because they have really been too little examined to speak with any certainty respecting them. The specific gravity of the metal is 9.

Titanium is a metal found nearly pure in the state of oxide in a mineral called *titanite*; it is also met with combined with oxide of iron, and in the peculiar substance which you see here, found by Mr. Gregor originally in the vale of Menachan, in Cornwall, and hence called *menachanite*. The metal is so intractable and so difficult of fusion, that had it not been found in the metallic state, it would appear doubtful whether it ever existed in that state. It was discovered by Dr. Wollaston, that in the slag of some iron mines there was a very hard insoluble infusible incrustation, which, by examining further, was proved to be titanium in a state of purity, or nearly so. If you digest it in nitro-muriatic acid, you will separate almost every thing from the titanium, and by digesting it in this way, you obtain a brittle greyish metal; and the only way of oxidising it, is to treat it alternately with nitre and borax; the nitre oxidises it, and the borax dissolves some of the oxide. By fusing it with a carbonated alkali, it is acted upon slowly, and if you fuse menachanite with a carbonate of potash, and wash off the alkali with an acid, you obtain a *carbonate of titanium*. It is the hardest metal known: it scratches rock crystal, and may be said to be infusible.

Cerium is a metal obtained from *allanite*, a Greenland mica. It was obtained by Berzelius from a mineral found in Sweden, and which he called *cerite*. It is of a yellow colour, and so are all its salts; but I shall not detain you with them, as they are of no importance. Here are specimens of the muriate, sulphate, carbonate, and so on.

Tellurium is found native, alloyed with iron and gold; and is represented by the number 38. It is characterised by its ready fusibility, great combustibility, and by being soluble in hydrogen, forming a *telluretted hydrogen gas*.

Selenium.—Under the head sulphur, I mentioned to you, that in examining pyrites, Berzelius discovered a singular substance, capable of entering into a variety of compounds, and he was disposed to regard it as a primitive body; but I then informed you, it seemed rather to belong to the simple combustible bodies, than to the metals. It seems to rank more with sulphur and phosphorus, and substances of that description, than with the metals.

Arsenic.—This then brings us to the subject of arsenic; as a metal, it is not applied to any very important purposes, and is one which we could very well do without. It has been employed in medicine, and derives its principal interest to the chemist from its poisonous qualities, and consequently the chemist is called upon to ascertain its existence in combination with other substances.

I shall endeavour to give you a brief account of some of the *principal combinations* of arsenic, and afterwards show you the simplest modes of *detecting it*.

Now, with regard to the *ores* of arsenic; they are very numerous, and you have already seen it as existing in copper ore, which often contains it in large quantities, and from which, and other ores, it is easily liberated by the application of heat. Here is an ore of arsenic, called *arsenical pyrites*, it being a sulphuret of iron and arsenic.—Here is another ore, in which the arsenic is nearly in a state of purity. From any of these sources, whether from its own proper ore, or from its compounds with the other metals, it is collected by sublimation, and having undergone a second sublimation to purify it, it is brought into the market under the name of white arsenic. Although sometimes nearly transparent, and like glass, it becomes opaque and pulverulent on exposure to air. If you mix white arsenic with a small quantity of potash and charcoal, and apply heat, as has been done in this tube, a steel-grey substance will rise, which is the metallic arsenic in a state of purity. The use of the potash is to keep down the arsenic at a red heat, the charcoal combining with the oxygen of the white arsenic, and the metallic arsenic is sublimed and carried to the top of the tube; and this is often the only way in which we can satisfactorily detect the presence of the metal. A very small quantity of the white arsenic would suffice for this process; half a grain put into a small glass tube, touched with a drop of the carbonate of potash, and the least drop of oil, or any other carbonaceous matter, would, on the application of heat, afford a decided metallic sublimation of a steel-grey colour. The metal is so volatile that it volatilises before it fuses, and its oxide is more soluble in hot than in cold water, and accordingly we find, that the native ores of arsenic are soluble; some of these are sold under the name of *fly-stones*, being boiled in water, to which sugar is afterwards added for these insects. At a temperature of 360 it rises in vapour, but its point of fusion is not readily determined, because it so easily passes into vapour that it is difficult to fuse even under pressure.

When heated upon a platinum spoon, it goes readily into vapour, burning with a blue flame, and it renders the platinum, which is of itself difficult of fusion, so fusible that a hole is generally made in it, through which the arsenic runs. The heated vapour is characterised by a peculiar smell, which, when once perceived, cannot be mistaken; it is like the smell of garlic, and is most poisonous, and the miners who work where the ores of arsenic abound, generally suffer from paralysis, and other nervous affections. By this simple process of combustion, the metal passes into the state of a *white oxide* of arsenic, or *arsenious acid*, as it has been sometimes called, inasmuch as it enters into combination with certain of the metals, after the manner of an acid and constitutes a class of salts called *arsenites.* The number representing arsenic is 38; and the *white arsenic*, or arsenious acid, is a compound of one proportional of metal 38, and two of oxygen 16, giving the equivalent 54. Such, then, is the composition of the white arsenic; that it is virulently poisonous I need scarcely remind you, or that the symptoms which it produces are inflammation of the stomach and fauces; not that inflammation is of itself sufficient to account for the rapid death it produces, as it is equally poisonous when applied to a wound, and, what is curious, the same symptoms will be produced in the stomach as we suspect to be the consequence of the contact of arsenic with that viscus. If you heat arsenic very slowly, so that it may rise in vapour, it crystallises in transparent octaëdra, as you see here. With regard to its solubility in water, it has been variously stated, but we shall be pretty correct in saying, that 1000 parts of water at 60° dissolve $2\frac{1}{2}$ parts of the white oxide; at 212° the same quantity of water will take up 77 parts of the oxide, and will retain as much as 30 parts in solution when cold. It is volatile at 380°, and its smell is exceedingly peculiar and alliaceous; but it has been shown by Dr. Paris, and others, that, when heated carefully, out of the contact of any substance that can decompose it, it rises in an *inodorous vapour*. In heating the arsenic, if you hold it upon glass, taking care that the flame of the lamp comes no where in contact with the arsenic, it would rise in a white inodorous vapour; but the carbonaceous matter of the lamp acts upon the white arsenic, decomposes a portion of it, evolving a little metallic arsenic, and it is the metallic arsenic only which, it is said, has the alliaceous odour. It is of importance to settle this point in your minds, because, if you should heat it in a way which prevents the decomposition of the white arsenic, you might be led to suspect that no arsenic was present, in consequence of the absence of the garlic smell; but you must be careful to try it with other tests. The taste of arsenic is singularly nauseous; it creates a peculiar astringent sensation about the mouth and fauces, a great flow of saliva, and a painful feeling in the mouth, which can never be forgotten by those who have made the experiment; it is certainly not a very pleasant thing to take into the mouth, but it is worth while to try it for once, to take a taste. It reddens vegetable blues, and has been called arsenious acid, properly enough, as it forms a distinct set of salts. With ammonia, potash, and soda it forms, as you see here, soluble compounds, which are arsenites of these substances. One of these, the *arsenite of potash*, is used in pharmacy, under the name of Fowler's mineral solution, and the *liquor arsenicalis* of the present pharmacopœia, is a solution of it. At one time it gained great celebrity in the cure of agues, and there can be no doubt that it will cure obstinate ague; but, at the same time, it is such a dangerous substance, and there are so many other medicines which answer equally well, that it ought to be prohibited altogether, and no longer used in pharmacy. With regard to its boasted cure of agues, my opinion is, that they would yield equally to the sulphates of zinc, copper, or quinine, and it should be altogether prohibited from commerce, and that would be the only way of preventing the fatal results so frequently attending its use.

I shall not go through a description of all the *arsenites*, but such only as may be employed in the detection of the metal. The *arsenite of silver* may be easily made by double decomposition, by adding to a solution of nitrate of silver a solution of arsenite of potash. You observe, that on mixing the two solutions, the arsenite of silver falls down in a *yellow cloudy precipitate*, which is very characteristic of the presence of arsenic; and although phosphate of silver occasionally assumes a similar appearance, still that is not to interfere with your using nitrate of silver as a test of the presence of arsenic. There is a mode of applying this test which is useful sometimes in determining the presence of arsenic, which consists in forming a very dilute solution of arsenite of ammonia. Suppose you have a suspected substance, heat it with a little solution of ammonia, and then dilute the solution very considerably, dip a stick of the nitrate of silver into it, and you immediately observe the arsenite of silver falling from it, as a decided yellow precipitate. This test was suggested by Mr. Hume, of Longacre. You saw what a very minute quantity of the nitrate of silver came in contact with the fluid, and how evident the presence of arsenic is rendered. You must remember that this test is soluble in ammonia, and of consequence that it is very easy to dissolve the precipitate; and if you now apply nitrate of silver to this solution containing arsenic, you will have no longer a precipitate produced. Whenever, therefore, you use nitrate of silver, take care that no excess of ammonia, or any foreign matter, be present, and then the yellow appearance of the arsenite of silver is very characteristic of the appearance of arsenic.

The *arsenite of copper* may be made by double decomposition, by adding a little sulphate of copper to a solution of the arsenite of potash; the precipitate is of an *apple green colour*. This was formerly called Scheele's green, which is, in fact, an arsenite of copper, and its green colour is often resorted to as a test of the presence of arsenic.

When white arsenic is heated with nitric acid, it decomposes the acid, absorbs part of its oxygen, and is converted into a deliquescent white substance, or arsenic oxidised to its maximum, composed of three proportionals of oxygen 24, and one of metal 38, giving 62 as its equivalent; it is sour to the taste, and is much more soluble than white arsenic, and this compound is the *arsenic acid*. It enters into combination with various bases, and forms a class of salts sometimes used in medicine. With potash it forms an uncrystallisable salt, but with two proportionals of acid it forms a *binarseniate of potash*, which is very soluble. It used to be called *Macquer's tasteless ague salt*. The *arseniate of soda* is a crystallisable salt. The arseniate of *lime* is very difficultly soluble; and you see specimens of arseniates of baryta, strontia, magnesia, and so on, on the table. Now, these arseniates are principally interesting as entering into many native combinations with copper, lead, and other metals, some of which are very beautiful.

Chlorine and arsenic combine and produce a compound, long known under the name of butter of arsenic; it is not an important compound, but it is obtained by distilling arsenic with corrosive sublimate; it is composed of one proportional 38, and two proportionals of chlorine 72, so that its equivalent is 110. *Iodine* and arsenic combine, and produce an iodide of arsenic; and arsenic and *sulphur* combine to produce a *sulphuret of arsenic*, which has been found native in the ore called *orpiment* or *realgar*. Orpiment is sometimes beautifully lamellated, and it produces a fine yellow colour, which has been used as a paint, but it is objectionable on account of its highly poisonous quality.

Now, if you add a hydro-sulphuret of ammonia to a solution of arsenic, you get, under particular circumstances, a *yellow* precipitate; and *sulphuretted hydrogen* has been particularly recommended as a delicate test of arsenic. I shall show you how far this is to be depended on. Here is a solution of white arsenic in water, which I shall dilute very considerably, and then add to it a little sulphuretted hydrogen dissolved in water. (This experiment was made.) You observe that you are far from getting a decided change of colour, or precipitation, sufficient to discover the presence of arsenic. If you add a solution of the gas in larger quantities you will get a yellow colour, and ultimately a yellow precipitate, but it is not a test altogether to be depended upon. By adding hydrosulphurets of ammonia, or potash, to solutions containing arsenic, you get similar results.

Now there remain one or two points for our consideration in connexion with arsenic, and we shall reserve them for the next lecture; but, before we separate, I wish to call your attention to the properties of *arsenuretted hydrogen gas*. The mode of obtaining this gas is very simple: put into a flask some zinc filings, water, sulphuric acid, and white arsenic. Hydrogen gas is rapidly evolved, and during the evolution of the gas it acts upon and decomposes the white arsenic, and carries off a certain quantity of metallic arsenic in solution. Now here you have this gas, and it is one of the most poisonous compounds that you can imagine to exist, because it contains a large quantity of arsenic, and that in the most diffusable of all possible forms, namely, the gaseous. You see that a quantity of the white fumes of the oxide of arsenic is liberated, that a portion of hydruret of arsenic is liberated, and that the gas burns with a blue flame; it contains a considerable quantity of arsenic dissolved in the hydrogen. It is easily decomposable by chlorine, and consequently where it exists chlorine will act as a disinfector.

The other modes to be resorted to for detecting the presence of arsenic, where it is suspected, I shall show you in the next lecture, but I shall not enter into very minute details, and I shall give you my reasons for not doing so. I conceive, that unless the evidence is very clear and decided, we ought not to be satisfied with the very minute and refined chemical investigations which have often been served up in courts of justice in cases of this kind.

FOREIGN DEPARTMENT.

EXPERIMENTS ON THE SECRETION OF BILE,

BY M. SIMON DE METZ.

The secretion of bile is an interesting point of physiology, on which considerable uncertainty prevails, on account of the difficulties which present themselves to those who have undertaken to develop its mechanism. Is the bile derived from arterial blood, in the same way as the other secretions are produced, or from the blood of the vena porta? or, do both arterial and venous blood contribute to its formation? Such are the questions which have for a long time agitated the profession, and for the solution of which I have made a great number of experiments, which appear to throw considerable light on this subject.

It has been stated, that it is very difficult, if not almost impracticable, to put ligatures on the vessels of the liver; but I have observed that the difficulty depends on the kind and age of the animal on which the experiment is made. Thus, for instance, what has been deemed not feasible on dogs, has been tried with satisfactory results on rabbits and pigeons. In these two different animals I have succeeded in tying the celiac, or the hepatic artery, or the vena porta, or the excretory duct; and the interruption of the passage of the fluids in these different vessels has given rise to different results. Pigeons, as it is well known, have no gall bladder, but they have two hepatic ducts, the one from which the bile flows almost continuously, and opens near the gesier; the other, which is often found empty, is longer and thinner, and opens further into the small intestines. The trunk of the hepatic artery has a very small diameter, and is deeply situated, so that it is difficult to pass a ligature on it; nevertheless it is possible to reach it by employing small curved needles conducted by means of the forceps.

1. If the two hepatic ducts of these animals be tied whilst the bile continues to flow, the liver becomes engorged, and filled with globules of a fine green colour, which are diffused principally on the surface of the organ. The neighbouring part, the pericardium, the omentum, and intestines are coloured by them. The animals generally survive from twenty-four to thirty-six hours after the experiment.

Between ten and twenty hours after the application of the ligature, an important phenomenon presents itself. The animal discharges at these periods, fœces which are quite green, and of the same colour as the bile with which the liver is engorged. This discoloration of the fæces increases up to the time of death. I first thought (the natural excretory passage being intercepted by the ligature) that the bile was absorbed into the liver, then excreted into the intestines, and mixed with the secretions of the alimentary canal. But I soon succeeded in positively ascertaining that this green matter was only to be found in the cloaca, where it was carried by the ureters, and that the intestines contained no trace of it, excepting in the inferior part of the rectum, where it had accumulated. MM. Dumas and Prevost have remarked, that the secretion of the bile is augmented by the interruption of that of the urine. Hence we see the secretion of urine effects an outlet for the elimination of the bile, which in the natural course had been prevented; thus proving, that the liver and kidney are more or less dependent on each other.

2. *Ligature of the Excretory Ducts, and Hepatic Artery.*—Twelve hours after these ligatures had been applied, the surface of the liver, as well as the neighbouring parts, attained a yellowish tint; the ducts were gorged, and announced the presence of bile. Twenty hours after the ligature, the liver contained a great quantity of green granulations, which were more numerous in the left than in the right lobe. The cloaca contained green matter, as in the preceding case. If the animal lives forty hours afterwards, the green colour of the liver and its excrements becomes more marked. These last experiments appeared to prove, that the

secretion of the bile continues so long as the liver does not receive arterial blood.

3rd. *Ligature on the Artery only.*—In this case, the liver was not gorged since the secretory ducts were free, but after death secretion had taken place, for bile was found in these canals, and the substances contained in the intestine presented the natural appearance.

4th. *Ligature on the Roots of the Vena Porta and Hepatic Duct.*—The liver is discoloured, and has only a taint of a pale red colour, similar to that of the lung of these birds; no trace of bile was discovered; the intestine only contained a grey or white pulp; the muscular layers of the gizzard is of a pale red; and its internal membrane, which is always green or yellow in the natural state, was discoloured.

From these experiments, the results of which perfectly agree, it may be concluded—

1st. That the ligature of the hepatic artery does not impede the formation of bile.

2d. That bile is to be seen when excretory ducts are tied at the same time.

3rd. That there is no doubt but that the vena-porta secretes the bile, since the ligature of this vessel altogether stops the secretion.

PUTREFACTION OF A LIVING FŒTUS.*

In a case which came under the notice of Professor Heischmann, at Erlangen, a child which cried at the time of birth, and lived for half an hour afterwards, presented, nevertheless, several phenomena commonly regarded as signs and effects of putrefaction after death. The following case, observed by Prossesor Nagele, in the Lying-In Hospital, at Heidelberg, is of a similar kind, and not unworthy of attention. (Med. Chir. Zeit. 1819. Vol. iv.)

A woman who enjoyed good health during her pregnancy, and who, several years before, had been delivered of a strong and healthy child, again felt labour pains; three hours after, the head presented; the membranes contained but little water. After several pains the head was disengaged, the membranes ruptured, and there escaped only a very small quantity of a blackish green fluid, thick and fetid. The delivery terminated soon after birth, in rather a copious discharge of a fluid. The child was a girl, very weak, breathed at the time of birth, groaned and sighed; but it came to itself in a very short time, although the colour of the skin was cadaverous, and the integument rather soft; the umbilical chord was also soft, of a greenish-yellow colour, as well as the membranes and the internal surface of the placenta, which came away soon after the child; all these parts had the same fetid odour as the waters. As soon as the child was placed in a warm bath, the epidermis was detached by the slightest touch, so that it could be raised from the whole body, particularly from the feet and hands. In these spots the skin was soft, folded, and very red; the epidermis, by degrees, fell entirely off, and fourteen days after the delivery the mother and the child quitted the Institution, both enjoying good health. Several other similar facts have fallen under the observation of Professor Nagele.

ON THE FACULTY OF SEEING OBJECTS DISTINCTLY AT DIFFERENT DISTANCES.

BY THOMAS WILLIAMS, ESQ.

That the same object may be seen distinctly at different distances, is an axiom which none will ever dare to oppugn; yet it is universally believed, that the visual focus always varies with the varying angles subtended at the eye by the visible object; and hence is inferred the absolute necessity of variation in the relative situations of the retina and crystalline lens; but it may be readily proved by simple experiments, that both the principle and inference are utterly erroneous.

When a good eye is directed through a convex lens, the imperfection called myopism is instantly induced; when a concave lens is used, the opposite defect will as surely result: both are cases of exigency, yet in neither case can vision be perfect. Whatever may be the refracting power of the lens, the usual default will be directly proportionate. Is this fact compatible with the modern theory of vision? If the eye can conform to a focus which is supposed to be varied by distance, why not counteract the effect of the slightest refractor?

By what muscular power the organ of vision is adjusted to diversities of distance, has long been a question of interest. The anatomist has dissected, and the physiologist reasoned, in vain. Modification of the axis of the eye is deemed indispensable; but no organ is found adequate to produce the effect. No such organ was ever demonstrated, and the above experiments satisfactorily show, that no such *effect* is ever produced. But further argument may be necessary to persuade, that this fact is strictly accordant with the properties of lenses, the laws of light, and the perfection of vision at diversities of distance.

---

* Zeitsch. für Staatsarz. von Henke, 7e. Jahr. p. 312.

The author of this essay lately observed, that when the focus of a small telescope was adapted to any object situated beyond the distance of ten yards, however that object might recede, it remained distinctly visible to the utmost power of the instrument. Precisely the same focus was required for all objects situated beyond the specified distance. But although all objects situated beyound the distance of ten yards seem to require the same focal adjustment, all that were nearer seemed obscure or invisible; and hence the writer inferred, that at the distance of ten yards was the focus of his instrument, corresponding to that of *distinct vision of the natural eye*, and that the distance of this point was always inversely as the refracting power of the lens. To test the validity of his conjectures, he took out the object glass, and procured another of much greater refracting power, i. e. one which subtended with its principal focus a much greater angle. They were then placed in convenient positions for reflecting the images of objects against perpendicular surfaces. A lighted taper was then placed opposite each lens, and the principal focus of the object glass could not be found nearer than the distance of ten yards, while that of the great refractor obtained at the distance of six inches, and the focal distance was shorter, viz. one inch and a half, and the magnitude of the image less in proportion. Hence the following important deductions: 1st. That the magnitude of the image at the principal focus of the lens, will be always inversely, as the refracting power of the lens. 2d. That the distance from the centre of a convex lens to the point corresponding to that of distinct vision, will be always inversely, as the refracting power of the lens. 3d. That the distance from the centre of a convex lens to its principal focus, will also be inversely, as the refracting power of the lens. 4th. That the image of every visible object forms at the principal focus of the crystalline lens, i. e. at the same focus.

The first deduction illustrates the superior power of the telescope in commanding distant objects. By the second, we are enabled to esteem the advantage of a more limited power of vision, being fully conscious of the supreme utility of seeing *near* objects distinctly. All birds require the power of seeing objects nearer than the extremities of their respective beaks; and it may not be presumptuous to infer, that the refracting power of their lenses is proportionally great. This idea is supported by the third deduction; as both the principal focus and point of distinct vision approximate in direct ratio as the refracting power; the eye universally can preserve its convenient globular form in conjunction with its symmetrical relation to the size of the animal.

The power of distant vision is modified by the diameter of the pupil. When looking through an aperture less than that of the iris, we find, if the light is sufficient, that we can read at a greater distance than through the natural iris alone. But this is not the consequence of focal variation, for it will be found, that through such a medium objects may be seen, not only more remote, but also nearer.

The modern camera obscura is a typical representation of the eye, but it must ever be considered a very imperfect one. It ought to be constructed with two bases rather than one, and with a factitious iris interposed, as in the telescope. This would narrow the field of vision, but it would certainly lengthen it, render the images of objects more distinct, and make the point which finds the principal focus more definite. But this point, in a large instrument, must unavoidably be very remote; and hence objects will intervene between it and the lenses, and necessarily occasion a confusion of images. This might be avoided by a proportionate elevation of the instrument above the surface of the earth. In like manner, nature averts a similar defect in the disposition of the eyes of the higher classes of animals. Insects being, in all probability, myopic, this elevation of their eyes will not be required.

Marvellous examples are given of such birds as see objects at remote distances, and hence the physiologist, being eager to account for this superior power, exhibits the peculiar appendages of their optics, and harangues on their obvious potency to make the necessary adjustment. But it is a fact which the reader may now readily prove, that when an object becomes invisible by extensive recession, no focal variation can restore it to sight. The power of distant vision will also certainly be modified by the degree of delicacy of nervous perception, as well as the contractive power of the pupil. Eyes differ in acuteness, as the other organs are invariably adapted to peculiar modes of animal existence.

The stability of the foci of natural vision is also strictly accordant with the phenomena attendant on myopism. No myope can see objects distinctly beyond the natural point of distinct vision; but nearer than this point, as the object advances, the focus will advance, and the image be perfectly applied on the retina.

When the humours of the eye have an inadequate refracting power, the defect constitutes presbyopia. The principal or visual focus will be found by more distant objects, but without the interposition of a factitious lens, no distinct image can be brought in apposition with the retina. The evidence of the aged corroborates the fact.

Here the writer may pause: he is not ambitious to found a transient reputation on a novel hypothesis, but is rather anxious that his essay may be subject to a rigorous inquisition, when its fallacy may be doomed without prejudice, or its veracity approved without favour. He humbly hopes that the learned will inquire with caution, and decide with candour; and if his ideas of vision, at diversities of distance, prove vain and chimerical, he will still have consolation in the reflection, that he has not hidden the truth in mystic phraseology, nor substantiated error on sophistical argument.

TETANUS OCCURRING FROM THE APPLICATION OF A BLISTER,

Successfully treated by Opium and Electricity.

BY J. TAYLOR, ESQ.

A widow lady, 30 years of age, the mother of one child, had been subject for three years to repeated attacks of uterine pains, requested my advice in March 1827, for a pain in the left side, about the region of the heart. A blister was applied, aperients prescribed, and in the course of four or five days no traces of pain remained; the sore produced by the blister had completely healed, but the integuments remained more than usually tender. On the following Sunday, six days after the application of the blister, she ventured, contrary to my wishes, to walk about a mile to church at a quick and hurried pace, which greatly fatigued her, and on attempting to sing, she felt, to use her own words, "her mouth suddenly close with a violent spasm." Alarmed at such an unexpected attack, she immediately returned home; and when seen by me about an hour afterwards, the symptoms were as follow:—Mouth firmly closed; great rigidity in the muscles of the jaws; slight tension of the abdomen; countenance not distorted; slight headach, nausea, thirst; and she complained of debility and stiffness in the neck. The irritation caused by the blister had apparently subsided; pulse 88, soft. In this state, perhaps, it was difficult satisfactorily to determine, whether the symptoms were those of hysteria, or proceeded from the application of the blister; but, reasoning from analogy, I adopted the first opinion, in consequence of having previously attended her sister in several attacks of hysteria, with all the above mentioned symptoms, although the locked jaw never continued longer than a quarter of an hour. Acting on this opinion, an aperient was prescribed, and after its operation, antispasmodics: (these she was enabled to swallow, from having had two teeth extracted a few months before;) which were continued for 24 hours without the slightest mitigation, or even any perceptible effect being produced. The teeth were still firmly in contact, the muscles of the jaw rigid and painful, with great increase of abdominal tension;. headach and dimness of sight, watchfulness, and constipation; pulse 89 to 100, and small.

It was now evident, that these symptoms were no longer to be considered hysterical, and as there had been no contusion or wound of the extremities, I could not but regard the irritation of the blister, or some other exciting cause, as the source of those symptoms which, although but trifling at the commencement, were now clearly those of tetanus; consequently 16 ounces of blood were taken from the arm, 10 leeches applied to the temples, æther to the shaven head; an injection of ℥j. ol. terebinth; ℥ss. sap. moll., and a pint of warm water; and a draught of ʒj. tr. opii every four hours, which was gradually increased to ʒij., and ultimately to ʒiij, together with terebinth. injection, and the ext. belladon. to the sides of the face; still the symptoms increased with alarming rapidity; and as the tr. opii had failed to produce any relief, it was discontinued, and the crude opium introduced per anum, commencing with ℈j. and gradually increasing it to ʒj. every four hours, with the terebinth. injection, and cold ablution to the head and neck. Notwithstanding this active treatment, the symptoms continued to increase, with violent and frequent convulsions, the body being bent like a bow, and resting only on the heels and occiput; alternately, delirium and rational tranquillity. At this critical period I determined to try the effect of electricity; accordingly an apparatus was procured and placed in the room, from which a small Leyden jar was filled with the fluid, and the patient holding it in her hands, applied the knob to her chin, lips, cheeks, and forehead, thus receiving the electric fluid in the form of sparks: the application of the second and succeeding jars, was productive of a sensation of heat along the gums, which was soon followed by complete relaxation of the muscles of the face, and also of the abdomen, accompanied with cold perspiration, faintness, and other symptoms of exhaustion. A glass of wine was given, a suppository of ʒj. crude opium was introduced, and sleep was procured for the first time since the attack, (eight days). In the morning, however, these beneficial effects were obscured by a recurrence of spasm more violent than before, which not only resisted the effect of electricity, but even threatened to preclude its further application by a speedy and violent dissolution; however, the paroxysms becoming less violent, and the intervals longer, its application was continued, but without effect, the jaws still remaining firmly closed. But as its effects had been so decidedly beneficial in the first instance, particularly while the system was under the influence of opium, I was still determined to persevere; accordingly ʒj. of crude opium was again introduced per anum, and after an interval of two hours, electricity was reapplied, and with the same happy result as at first. The next and succeeding days served only to convince me, that although the conjoined effects of these two remedies were sufficiently adapted to overcome this formidable disease; the separate application of either was totally useless. This plan was therefore pursued daily for a week afterwards, and the patient ultimately recovered.

It is, perhaps, worthy of remark, that during the use of electricity, the catamenia, which had ceased for three years previously, again returned, but soon afterwards disappeared.

Old Kent Road, April 10th, 1828.

WESTMINSTER MEDICAL SOCIETY.

April 5, 1828.

Dr. Somerville in the Chair.

DISCUSSION ON INSANITY.

This evening Dr. Epps brought forward a paper on Insanity. He introduced the subject by remarking on its individual and general importance; general as regards the whole human race, and individual in relation to the medical man who has intrusted to him the power of committing, simply on affidavit, any of his fellow creatures to a house for the insane. He then pointed out the injury resulting from considering the disease as incurable, and the cause of its being so considered, namely, the erroneous metaphysical notion that mind is separate from matter, in respect to its manifestations. Dr. Epps defined insanity, as a disease of one or more faculties, of which the individual is not conscious, or if conscious is not able to control;—he considered insanity as a general term, and the disease as capable of being divided into three species; first, when the *affective* faculties only are disturbed; secondly, when the *intellectual* faculties alone are disordered, and, thirdly, when both the intellectual and affective faculties are implicated. As varieties of these species, Dr. Epps enumerated *monomania*; that is, when one faculty is affected:—*polymania* where more than one faculty is deranged. Instances were given of each species of insanity, and Dr. Epps stated, that he considered insanity as an organic disease; in proof of this, he mentioned that insanity is often hereditary, that most insane persons become so between the ages of 30 and 40, when the mental powers are in the highest activity; again, causes affecting the body frequently induce insania; that season and weather have an effect upon insane people; that it is often periodical, affecting women at the time of menstruation, also after parturition, when strong actions are going on in the system.

These circumstances being stated, Dr. Epps adduced some positive proofs upon the subject, confining himself to one species of monomania called *erotic monomania*, speaking of several cases where, on dissection, the cerebellum was found to be diseased, and in addition to quoting several cases from authors, Dr. Epps alluded to a case of nymphomania, and also to a case of satyriasis seen by himself, in both of which there was extensive disease of the cerebellum. In his concluding remarks, Dr. Epps endeavoured to show that the success at the York Retreat, is attributable to the circumstance of other faculties than those diseased being called into action, which he considered as strongly corroborative of the opinion that insanity is an organic disease.

Mr. Bennett said that he could not assent to the proposition of the author of the paper, that mind comes from matter—the brain had been dissected many thousand years, and nothing was really known of its functions; he rejected in toto the doctrine of phrenology, observing that there is no perceptible difference between the brain of man and of animals. The volume of brain, Mr. Bennett affirmed, is not greater, comparatively speaking, in man than all other living beings; for instance, the canary bird has a larger share of brain in proportion to its size than man. He considered the experiments of Flourens and Magendie in slicing portions of the brain, as conclusive evidence against the doctrine of phrenology.

Dr. Ley spoke at considerable length; he said, that he considered the object of the author was to introduce the subject of phrenology in an indirect manner; he, Dr. Ley, gave no credence to that doctrine.

Mr. Lambert concurred in the views of Dr. Epps; he considered, that to think of treating insanity without reference to the organs, would be equally absurd with an oculist pretending to treat diseased vision, without reference to the eye. He did not pretend to say what was the abstract nature or *essence* of mind, nor did he know any thing of the abstract nature of the animal senses, or of various natural phenomena. In respect to the argument of Mr. Bennett, that there is no perceptible difference in the brain of man and in the lower animals; Mr. Lambert contended that a difference of physical structure is not traceable in many parts which confessedly have distinct uses. He did not believe that Mr. Bennett could point out any distinction in the structure of a motive nerve and a nerve of sensation.

Dr. Shiel said, that all the eminent medical men on the continent ridiculed the doctrine of phrenology.

Dr. Epps very ably replied to the arguments adduced by Mr. Bennett and Dr. Ley; and, it was agreed, that the subject should be renewed at the ensuing meeting.

LONDON MEDICAL SOCIETY.

April 7, 1828.

Dr. Haslam, President, in the Chair.

SOFTENED CONDITION OF THE PLACENTA.—HYSTERIA.

The business of the evening commenced with Mr. Proctor relating the particulars of a case of midwifery, in which the placenta was found to be in a soft or "rotten" condition, so that the hand readily passed through it. The labour had been easy and natural to a certain period, when hæmorrhage suddenly came on, and then, upon examination, the placenta was ascertained to be morbidly soft: there was, in addition, hour-glass contraction of the womb, but this was overcome, and the woman eventually did well.

Mr. Shearley said, that he had seen a similar condition of the placenta to that described by Mr. Proctor; and Mr. Waller remarked, that it was by no means an unfrequent occurrence, but he thought hour-glass contraction was more rarely met with than is generally supposed.

After some further remarks from various members, the subject of hysteria was brought on the *tapis*. A member observed, that in his opinion hysteria is referrible to spinal or cerebral irritation. In several fatal cases, he had found effusion in or upon the brain, and medulla spinalis.

Dr. Shearman did not accord with the foregoing notion of the pathology of hysteria; the benefits resulting from the use of stimulants, he considered as sufficient evidence of the disease not being dependent on cerebral disturbance.

The President said, that during thirty years experience, he had never met with an instance in which a maniacal person was affected with hysteria, but he had witnessed cases where, as soon as mania had subsided, hysteria supervened.

MEDICO-CHIRURGICAL SOCIETY:

April 8, 1828.

Mr. Travers, President, in the chair.

After the minutes of the last meeting were read, Dr. Johnson asked whether this Society ought not to follow the example set by other societies, and by most of the large hospitals throughout the country, of petitioning the legislature to make some alteration in the mode by which subjects were supplied for the purpose of anatomical improvement.

Dr. Seymour said, that it would be quite irregular for the Society to {take any steps in this affair, without a meeting of the Council being first summoned; in fact, it would be against the fundamental laws of the Society. In a case of great emergency, he would be the first to forego this preliminary mode of proceeding; but, in the present instance, there was sufficient time, as the President could call a meeting of the council as soon as he liked.

At a later period of the evening, the President observed, that he should call a meeting of the Council without delay.

A case of Fracture of the Thigh-bone near the trochanter major, by Mr. Cheshire, was read to the Society. A diagram of a splint, which was used on this occasion, was shown; the peculiar feature of which was, that it admitted the pelvis. Mr. Cheshire thought that it might be used with advantage, in some diseases of the hip-joint.

A case by Mr. Wigan was then read to the Society, in which half of the lower jaw was removed by Professor Mayer, of Bern, (we believe,) and where the patient afterwords recovered. A ligature was first applied on the common carotid; and, in the paper containing the details of the case, Mr. Wigan, who assisted at the operation, suggested the use of a temporary instead of a permanent ligature, in such operations.

Mr. Copland Hutchison thought that the patient had been put to a great deal of unnecessary suffering, and condemned the use of the temporary ligature.

Mr. Coulson said, that in the paper which had just been read, Mr. Wigan had dwelt a good deal on the importance of the ligature in this operation, and the superiority of the temporary over the permanent ligature. But the observations on either the one or the other of these points were quite superfluous, as it was now well known, that in the removal of a portion of the lower jaw, no ligature, either on the common or external carotid, was required. In the cases related in the last volume of the *Dublin Hospital Reports*, no ligature on the carotid was employed, and every anatomist knew, that if the operation were skilfully performed, no vessel of importance would be endangered.

Mr. **Lawrence** said, that in the case which had been read to the Society, there were two or three points mentioned, which made him regret that Mr. Wigan was not present on this occasion. One of these had just been alluded to by Mr. Coulson, and he perfectly agreed with that gentleman, that a ligature, either on the common or external carotid, was quite unnecessary. The removal of half or more of the lower jaw, was of itself a serious operation, and he certainly saw no reason for adding to this operation another, which, whilst it was unnecessary, was not altogether free from danger. On examining the relations of the different vessels, it would be seen that those only which need be wounded, were the transversalis faciei, the facial, and one or two branches of the lingual. The next point to which he would advert, was the want of sufficient restraint being put on the patient; for, in ten days after the operation, she was allowed to sit up and exert herself in such a manner, as would inevitably prevent the adhesion of the wound, which, in fact, it did in this case. The third point was one which, unless he had received the direct confirmation of Mr. Wigan himself in support of it, he could scarcely believe, and that was the extirpation of the parotid gland. The removal of the parotid gland appeared to him an exceedingly difficult, and almost impracticable, operation. In the body of the gland, we have the temporal vessels and some veins; we also see a process of it pass inside the ramus of the jaw, with the internal maxillary artery and vein between the bone and the internal lateral ligament; besides which, it is in contact with the great vessels and nerves at the base of the cranium. Even if the parotid could be removed with ease, and without danger, there appeared no reason for the operation in this case, as there was no mention whatever made of any disease in this gland. He could not, therefore, but regret the absence of Mr. Wigan, who, had he been present, might have perhaps thrown some light on these points.

A paper, by Dr. Tweedie, was then read to the Society by Dr. Seymour, in which a case of swelling of the lower extremity, somewhat resembling the diffuse cellular inflammation so accurately described by Dr. Duncan, was related. An interesting discussion followed, in which all allowed, with the exception of Dr. Thomson, that the disease described by Dr. Tweedie, resembled the diffuse cellular inflammation and phlegmasia dolens, and that the latter complaint did not consist in inflammation of the veins only.

Mr. **Coulson** said, that he would ask Dr. Tweedie whether the affection which he had described, as attacking the lower extremity after fever, did not sometimes attack the superior extremity. He had opened a great number of the patients who had died at the fever hospital, and he recollected distinctly observing in one, if not in two cases, an œdematous appearance of the fore-arm, which led him to make an incision into the part. On making the incision, he found a quantity of sero-purulent fluid situated above the fascia, similar to that which Dr. Tweedie had observed on the lower extremity.

Dr. **Tweedie** replied, that he had met in two cases the appearances to which Mr. Coulson had alluded, in the upper extremity. It had, however, come on only a few hours before death, and the swelling extended from the wrist up the fore-arm towards the elbow.

The Society then adjourned.

THE RICHMOND SCHOOL OF ANATOMY.

To Filius Æsculapii.

My dear Fil,—You will, perhaps, be surprised at being addressed, and in such familiar terms, by one who has never had the honour of a personal introduction to you; but as your father is one of my most respected friends, and as I have a few monitory words to offer to you, I adopt your own plan, of conveying my sentiments through the medium of the press; and, in doing so, I presume to meet you on the footing of an old acquaintance. In the last number of The Lancet there is a letter to the Editor from you, my dear Fitz Physic, (your English name is more familiar, and sounds more croney-like to my ear,) *verbosa et grandis epistola*, detailing, what you are pleased to call, the faults and advantages of the Richmond School of Anatomy; and, really, considering its want of wit, elegance, and truth, it is, on the whole, a very fair sort of production, As, however, it is evidently your first essay in writing, you will allow me, as a friend, to examine it freely, and candidly point out its "faults and advantages."

In the first place, then, I object to the weak and somewhat girlish style of your letter, afraid to strike boldly and unblushingly in a bad cause. This is a fault natural to young writers, but of which I hope you will mend; and I am the more encouraged to hope so, as I perceive you are gifted with a reasonable share of ill nature and ingratitude, very useful acquirements in the line you have adopted. It is, no doubt, an excellent ruse to affect liberality, generosity, and so forth, and to throw in a very few words of praise when concocting a lampoon; but to do this, so that it be not overdone, requires the hand of a master. But do not be cast down; your letter has one excellent feature, its total disregard of truth: for instance, you say you speak the sentiments of the majority of the class, which you and I know is not the case. You say, that "we (the pupils of the Richmond Hospital) know not in what manner the post-mortem examinations are conducted, as we never hear of them until they are finished, or until, occasionally, the mangled subject reaches the dissecting room;" a very pretty untruth, and well delivered; the examinations, as I can myself affirm, being constantly made in the presence of the class, and with the utmost endeavour to promote their general utility. Again, you say, that "the demonstrators neglect attending in the dissecting room, and appear there only in the absence of the pupils, for the purpose of purloining a part of the subjects allotted to them."—Excellent! I could hug you for that falsehood. Those gentlemen have publicly given a flat denial to the charge of *purloining*; and you know, as I do, that they have never shown any backwardness in imparting information to the pupils when called on to do so. Dr. M'Donnel spends some hours daily in the Museum, where he is always accessible; and Dr. Flood has remained in the dissecting room during a portion of every day, with the exception of two, since the present course began. Verily, my dear Fitz Physic, I have hopes that you will yet rival the fame of the great Ferdinand Mendez Pinto, and his greater antetype.

Now, lest you should grow too proud, I must mention one of your faults: your sophistry is of too flimsy and transparent a texture; thus, when you detail, as a grievance, the great number of lectures in the school, and say that a pupil must either lose the opportunity of dissecting, or be debarred from some of these, which you call a gross injustice, do you not see how easily you may be answered? Thus, if a hundred persons sit down to a dinner, consisting of several dishes adapted to the various tastes of the company, and if the bowels of Fitz Physic, whom we shall suppose one of the party, yearn strongly after boiled beef and cabbage, is it a gross injustice that he cannot eat a hearty meal of his own favourite dish, and take besides a plateful of every other on the table; or would the provider of the feast be justifiable in stinting the other guests, who might not have much appetite for beef, and providing nothing but this food, excellent indeed, but not alike suited to the taste of every gourmand?

But what the deuce do you mean by talking of the length and minuteness of Dr. M'Dowel's lectures? Do you really mean to panegyrise the man? If so, you might speak of the great clearness and correctness of his anatomical demonstrations, and you might, with warmth, extol the rare singleness of purpose with which he pursues what seems the object of his ruling passion, the improvement of the pupils of the school, under the disadvantage of delicate health, rendered still more precarious by his professional exertions. But there is truth in this, therefore eschew it.

But, softly, I really begin to suspect that you are not, as you pretend, a pupil of the Richmond Hospital and School; for, as I am so, I can discover in your letter, evidence of as much acquaintance with the details of those institutions, and as much ignorance of them, as might be expected from one who had his information at second hand. You misstate the hours of the surgical and chemical lectures; you call the Hardwicke Fever Hospital, the Haselwich, and you confound Dr. M'Dowel with Dr. M'Donnel, although I assure you they are two separate individuals. But one circumstance confirms me in the opinion I have just stated, your omitting all mention of one of the conductors of the school, and one, too, not the least prominent. It appears to me next to an impossibility, that any pupil of our school, in writing a detail of "its faults and advantages," though he were armed in threefold malice and sevenfold stolidity, should avoid bearing testimony to the striking merits of Mr. Adams as a teacher. An accurate and ready observer, a close reasoner, an ingenious speculatist, yet a cautious innovator, he possesses powers of judgment and imagination that rarely meet in such happy combination. Himself endowed with talent, he is pleased in eliciting it from others, and bringing to his task, as a lecturer, high natural and acquired qualifications, and animated with an ardent love for his profession, he imparts interest to the tritest and driest subjects, till even dulness itself, catching spirit from the lecturer, becomes enlivened by sympathy. Farewell, my dear Fitz Physic: after speaking of such a man, excuse me if I do not return to you and your drivelling calumnies.

Believe me yours, most faithfully,
Filius Patlandici.

Postcript, which the public are requested not to read.

Let me implore you, my sweet fellow, for the honour of your parentage, somewhat to amend your cacology. Recollect, that Æsculapius was the son of Apollo, and what would your grandfather think if, at one of the Muses' converzationi, you were to utter such stuff as this,—" To all these he is admitted to the post-mortem examinations which are always instituted!" Filius Æsculapii, I fear you must add " Nothus" to your title!—Adieu.

Dublin, March 31st, 1828.

THE VETERINARY COLLEGE.

To the Editor of The Lancet.

Sir,—On reading your publication of the 15th ult. the students of the Veterinary College were much surprised to find, that you have again given publicity to several gross falsehoods, with which your informant has been pleased to favour you; but before we proceed to state the facts, we would beg leave to say, that your correspondent appears to be one of those whose chief employment is (while within the walls of the College) to invent calumnies for your Journal, instead of accompanying the Professor, or his assistant, in their daily attendance on the horses in the stables of the College. Were your reporter even to approach to truth, your observations would have been unnoticed by us; but we cannot permit your various misrepresentations to pass unanswered.

In the first place you state, that—" We inserted, a few weeks ago, certain resolutions, purporting to have been passed by the pupils of the Veterinary College, the avowed object of which was to contradict certain statements which had appeared, from time to time, in The Lancet; and that we have already stated, the number of pupils who attended the meeting, at which these resolutions were passed, did not exceed twenty-five, the whole number of pupils in the College amounting to nearly one hundred." The meeting to which you refer, was solely and unexpectedly got up by us, after lecture, on the 6th of February, when the number of pupils within the College did not exceed forty. After the meeting broke up, thirty-nine of these gentlemen (out of forty present) came forward and voluntarily subscribed their names to those resolutions, (which you state to be signed by " only fifteen pupils,") thereby proving that your informaut, be he who he may, to prejudice the public against this Institution, has widely differed from the truth. You assert, that " nearly one hundred students attend the Veterinary College;" this statement is equally unfounded, for it has been ascertained, that there never has been more than eighty pupils, at any one period, present; and, at the time of the meeting, the whole number was then, and is now, considerably under seventy. Your informant admits that twenty-five pupils were present at that meeting, and that they of course were " satisfied," although you had previously stated, that, " *without exception*," they were not only " dissatisfied," but " discontented and indignant."

But, Sir, to show you the real feelings of the pupils of the Veterinary College, they addressed a letter to Professor Coleman, on the 29th January, approving of his conduct, lamenting his long protracted illness, and requesting he would not leave his room, until he should be sufficiently recovered to attend his official duties in the College; this letter was signed by upwards of sixty pupils. Now, Mr. Editor, are not these sufficient evidences to prove the malignant calumnies of your reporter.

In the second place you assert,—" That the resolutions were said to be carried unanimously, nor was this surprising, for the negative question was never put by the Chairman." We are astonished that you, Sir, should continue to place confidence in your informant, and allow such an article as this to appear in your Journal. The Chairman did put the question—amendments were made—and then the resolutions was carried unanimously. In our opinion, the best and most charitable apology that can be offered for your informant is, that, were he present on this occasion, he must certainly have been in the *arms of Morpheus*, during the entire period of the meeting; and here I would repeat, that thirty-nine out of the forty, unsolicited, signed the paper.

In the third place you state, " that several of these pupils were to undergo their examination on the following day, and did, in point of fact, obtain respectively a thing called a diploma, at Mr. Coleman's residence." Here again your informant is totally wrong, for the meeting of the students was called by us alone *who were not examined*, and out of the thirty-nine who signed the resolutions, only five went up for their diplomas, and these were not all successful; and it is here necessary to add, that even if they were all going up for their diplomas, Mr. Coleman and his assistant were (and are, we believe, to this day) totally ignorant of the names of the gentlemen who formed the meeting; but the paper containing their signatures is still in possession of the secretary to that meeting, who will feel great pleasure in showing it to any gentleman who may have any doubts on the subject.

In the fourth place, you "call upon the friends of Mr. Coleman, if they are really desirous of answering these statements, to say whether a single clinical or stable lecture has been delivered this season." Now, Sir, we again refer you to what we have already stated, that your correspondent must be one of those who neglects his duty as a dresser when it comes to his turn, and prefers remaining about the offices of the College, instead of accompanying the Professor or his assistant to visit the horses in the Infirmary. He must be well aware that the Professor, when his health permits, never visits the stables with his pupils, without delivering one or more clinical lectures, or making some practical observations on such cases as he may think worthy of notice. In conclusion, we feel that, from the variety of false statements made by your correspondent, it is evident he must have been induced to do so, from no other cause than dishonourable motives.

Your inserting the above, as early as possible, will oblige, Sir,

Your humble servants,

G. Griffiths.
G. Johnston.
R. O. Hughes.

[We must once more advise these young gentlemen to be a little more discreet in their statements. The "resolutions" sent to us by Mr. Griffiths and Mr. Johnston, and published in No. 234 of this Journal, are *not* the resolutions adopted at the first meeting of the pupils. The negative question was *not* put by the Chairman on that occasion; and the boasted protest of the "*body*," it now comes out, was only from *thirty-nine*, although the number of students is "under SEVENTY."—Ed. L.]

LAMBETH DOCTORS.

To the Editor of The Lancet.

Sir,—Being one of those staunch patriots who in despite of the witlings of the age, duly appreciate the wisdom of our ancestors, I was deeply affected by that hitherto unheard-of reform in the Scottish universities of St. Andrew's and Aberdeen, when, through a species of self-denying ordinance, they divested themselves of the power of conferring medical degrees on such worthies as the far-famed Doctors Solomon and Brodum, as well as on all other aspirants of that class who might choose to present to those learned bodies the sum of 19*l.* 4*s.* 8*d.*, as Doctor Pangloss tells us, in recompense and acknowledgment for the honour conferred.

While thus deploring the spread of innovation, so portentous, I have just been cheered by the information that the trade in medical degrees is still to flourish; and that to, under the patronage and monopoly of no less a personage than his Grace the Archbishop of Canterbury, who, inheriting from the Pope the power to regulate the concerns, not only of our souls but our bodies, has of late been so active in appointing conservators for these last, that now almost every quarter of England may soon be expected to teem with these newly-dubbed doctors. And we are now, in the 19th century, witnessing the revival of an abuse of the worst and most barbarous ages of popery; so barbarous that monks were then the only physicians and surgeons, and therefore the chief of the monks was of course constituted, not improperly, the judge and dispenser of medical qualifications; but, good God! who could have ever supposed, that the exercise of such a privilege, and remnant in itself of ignorance and barbarism, would be claimed in the present age under the reformed religion, by the enlightened primate of our national church. As well, in my opinion, might the right of sanctuary at Lambeth be revived, and the granted excommunication by bell, book and candle, and as well, and far better, might our King still insist on extending the healing power to those afflicted with scrofula, by the royal touch. This, in itself, would be but a harmless piece of foolery, almost justifiable, notwithstanding its extreme folly, as affording to the miserable, with weak despairing minds, some temporary consolation; but for a churchman of any kind or description, be his rank or dignity what it may, to take upon himself the office of distributing the highest honours of a profession to which he does not belong, and can never be supposed to have studied or understood, is not a whit less mischievous and insulting to common sense, than it would be for the presidents of the College of Physicians and Surgeons to appoint bishops and other dignitaries of the church. No such power as that of conferring doctors' degrees has ever been extended to the first of these bodies, and our King, as head of the church, might surely with far greater propriety take upon himself to exercise it than the Archbishop of Canterbury; but this is a stretch of prerogative which even the most despotic monarchs of ancient or modern times do not seem to have thought of. If such an unseemly privilege amidst the chaos of our ancient laws really has descended from the rubbish of popish times to our primate, of which I have well-founded legal doubts;* then I must say, that like the trial by battle, and other venerable legacies of that sort, it would be far better honoured in the neglect than in the observance.

The universities of St. Andrew and Aberdeen have, to their immortal honour, divested themselves (and that too before the present royal visitation of the Scottish universities was so much as thought of) of the infamous privilege of conferring medical degrees without personal examination, or regular evidence of complete professional education.

Individuals have been known to reform themselves; but the proverbially shameless corporated bodies, it is said, never.

The case before us presents an illustrious exception; the example of which ought to be earnestly recommended to our Archbishop; and if the recommendation fail, then an appeal from the whole body of physicians in the united kingdom for redress, and rescue from so monstrous an abuse, should forthwith be presented to Parliament. I know it will be said that the Archbishop never would confer degrees without due recommendation. Nor did the universities I have just quoted. They were never prohibited by mere statutes so to do; but the most flagitious quacks, whenever they thought it worth their while, could, and did, procure them notwithstanding, and this will still more certainly be the case when the president, at the fountain head of honour, can know nothing of the value of the recommendations presented, or admits any proofs but those of complete university education, in which case the interposition of any churchman would be altogether unnecessary. So worthless must all other recommendations be, and so gross the trade of their fabrication, that the witty Doctor Pitcairn is recorded to have procured from the university of St. Andrews the degree of doctor in medicine for his horse. In vain can it be argued that the character of our present eminent and most virtuous primate affords an ample guarantee against any such abuses. It cannot save him from error in giving judgment in cases where his ignorance must necessarily be palpable; but we are bound to go farther, and not only to save him from himself, when he might be goaded, through importunity, to commit a gross wrong, but to save ourselves by every exertion in our power against the future recurrence of so manifest an injustice.

I shall trespass no farther on your pages, Mr. Editor, believing I have said enough to call the attention of the profession to this most important subject. I have selected your excellent Journal, because I know that, as the fearless intrepid guardian of the public interest, it is ever open to the exposition and redress of abuse under whatever form it may appear.

An Englishman,
And an University Graduate.

ABUSES IN THE WESTMINSTER HOSPITAL.

To the Editor of The Lancet.

Sir,—I much regret to be under the necessity of again requesting that you will do me the favour to afford me a place in the pages of your impartial and widely circulated Journal, to reply to the last letter of "Westmonachus," and in doing so, I will endeavour to condense the few observations I have to offer, in as small a compass as the subject will admit of. In reply to my last letter, he says, "I will rest my arguments on matters of fact only, and will not attempt to imitate either his logic or politeness." Now, Mr. Editor, you will be much surprised, after this pompous statement, to learn that he has not brought forward a single fact to substantiate his assertions, which, I have no hesitation in stating, *in limine*, to consist of a *tissue of falsehoods*. From the tenour of Westmonachus's letter, it is quite evident that he is one of those panegyrists who, from some personal motive, and without the slightest regard to truth, has volunteered his services in defence of the medical officers of the establishment, in hopes of ingratiating himself in their good will. In my former letter, I pointed out the period of the day the pupils are allowed to visit the patients, and that statement is in perfect accordance with the regulations of the hospital. That post-mortem examinations, as stated by Westmonachus, are always performed when the friends of the patients do not interfere to prevent them, (and within the last six months, only three instances have occurred, in which inspectio cadaveris was omitted, and these were owing to the cause above stated,) I have no hesitation in pronouncing to be positively false; that public notice has very frequently been given antecedent to these inspections, but without any increase of attendance on the part of the pupils,* and the two or three students who are constantly present on these occasions, not requiring the stimulus of a placard in their pursuit of knowledge, the practice has been discontinued for the last two months, is also notoriously false. That Westmonachus is one of those idle pupils, who is satisfied with literally " walking the hospitals," and considers that he has done his duty to his parents, to himself, and society, in joining in the march of intellect on Wednesdays and Saturdays, I would willingly acknowledge to be true. It is unquestionably a fact, that the visits of the surgical pupils of this hospital to the dead room are *"few and far between,"* for the medical officers take good care to deprive them of this valuable source of information; information which cannot be acquired by oral instruction. For my own part, I am perfectly disinterested, having now discontinued my attendance at this institution; but it is incumbent on some person to vindicate the rights of the pupils, when such a blunderer as Westmonachus, who, from ignorance and presumptuous abuse, attempts not only to represent, but misrepresent the advantages of the institution. It is to hoped that the surgeons have, ere this, as well for their own sake as that of the pupils, redressed the grievances so loudly complained of. In bidding farewell to my adversary, if he thinks that I have animadverted too freely, or too severely, either on himself or his letter, I would recommend to him the following precept—" *Ab alio expectes, alteri quod feceris.*"

---

* Vide Paris and Fonblanque's Medical Jurisprudence, vol. i. p. 13.

I remain, Sir,
Your obedient servant,
PHILALETHES.

April 7th, 1828.

MEDICAL ASSISTANTS.

To the Editor of THE LANCET.

SIR,—As you so readily and willingly inserted the letter of a " Medical Assistant," which contained the account of abuses to which that body was exposed, I have, according to the suggestions therein proposed, forwarded to your office a paper for signature among that class of the profession, with any others who may feel interested on the subject.

Not being the original promoter of the question in your Journal, I should take upon myself undue merit, were I thus to regard it; but I have no doubt the insertion of this will call forth the strenuous efforts of your first correspondent, and that by adopting discreet and decided measures we may relieve ourselves from our present burdens.

Should this also meet the approbation of any established practitioners, who would kindly assist the objects of the same, by taking an active part in the cause of reform, their services would, no doubt, be sufficiently appreciated by all, and they could signify that intention by putting an asterisk to their names in the paper.

Medical Assistants, generally, are therefore informed, that this paper will remain at THE LANCET office, for signature, for a few days, and their co-operation is particularly requested (at present only by name) to enable the present advocates to form an opinion by the number subscribed.

I remain, Sir,
Your obedient servant,
A MEDICAL ASSISTANT.

HUMBUG.

To the Editor of THE LANCET.

SIR,—In the number of Professors mentioned for the London University, one has been omitted, and in that omission the most necessary ingredient for the medical part of education has been forgotten. That anatomy is most requisite for the surgeon, every one must admit; that a knowledge of medicine and its uses, joined with the necessary appendages of medical, chemical, and pharmaceutical knowledge is equally allowable, must also be admitted; and yet, with all these, I cannot find the necessary professor indispensable for the success of the youth entering upon the medical arena. Without this instruction, all his other attainments are useless. His anatomy serves him not; his medical, surgical, and chemical knowledge avail him not; neither does the honourable feeling consequent upon being a member of a professsion (necessary for the comfort of the human race and one honourable to human nature) forward his success. One professor is wanting, and one undeniable qualification untaught! Is it considered inherent in the composition of man, for it is more looked upon than the most consummate skill, and infinitely more successful? What is this qualification?—HUMBUG! A professor well grounded in that essential cannot be dispensed with, and there are myriads amply competent to instruct the initiated.

A NON INITIATE.
Twickenham, March 25, 1828.

---

* What will the students say to this imputation?

THE LANCET.

London, Saturday, April 19, 1828.

The members of our profession must have seen with regret, in the Parliamentary reports of this week, that the Marquis of Lansdown failed in his attempt to diminish existing prejudices by omitting in his Bill for the Consolidation of the Criminal Law the clause which consigns the bodies of murderers to the purposes of dissection. Earl Grey opposed the omission in a singularly confused and illogical speech; but his arguments, such as they were, appear to have confirmed the prejudices of his noble hearers, and the object of the numerous professional petitioners, who have approached the legislature, will, we fear, for the present session be frustrated. We are persuaded, that no provisions which can be adopted with a view to facilitate the acquisition of anatomical knowledge will ever be effectual, so long as the legislature sanctions the annexing of dissection as an addition to the punishment for the crime of murder, and thereby fosters and encourages the prejudices entertained by the public.

If the legislature regard dissection as a degradation, and a fit punishment for the criminal, how can it be expected that the public will not regard it as a degradation, and a punishment unjustly inflicted upon the innocent? We subjoin the remarks of the editor of the *Morning Chronicle* on this subject; they are characterised by the vigour, acuteness, and philosophical spirit, which distinguish the leading articles of that able writer:—

Earl Grey last night moved, as an amendment to the Bill for consolidating the law relative to offences against the person, that the clause ordering the bodies of murderers to be given up for dissection, should be restored. His reasoning in favour of his amendment was not very consistent. "He believed, that if an individual had made up his mind to complete so horrible a crime as murder, that no additional fear or disgrace would deter him from carrying his design into execution; but, in his opinion, the giving the body to be dissected, operated effectually by spreading a salutary terror through the community, and kept up that horror at committing the crime of murder, for which the people of England had always been distinguished in the opinion of those who had paid most attention to the subject." At the same time he doubted if the theory, "that the stigma thus cast on dissection, by condemning the murderer to be dissected, prevented others from allowing their bodies to be dissected after death, and prevented the relations and friends of the dead from giving them up for this purpose, were founded in truth." But if the addition of dissecting is effectual to the spreading a salutary terror through the community, and to keeping up a horror of committing the crime of murder, it must be effectual in preventing persons from allowing their bodies to be dissected after death, and in preventing relations and friends of the dead from giving them up to be dissected. But there is a vagueness in the whole argument of his Lordship. Dissection must either be an awful thing in itself, or it is not. If it be not awful in itself, then it is the horror of murder which communicates the horror at dissection, from its being reserved for the murderer. In that case the dissection is superfluous, as it has no horror but what it borrows from the murder. The horror of murder is, on this supposition, communicated gratuitously to dissection, as, if an object to borrow part of the horror must be had, something else might be hit on, the selecting of which would not be injurious to medical science. But if the dissecting is horrible in itself, and communicates an additional horror to murder, then his Lordship, to be consistent, should follow up his principle, by adding a number of other horrors, besides dissection, to death for murder. He should return to the embowelling system, or borrow a chapter from our ancient allies the Turks, and suggest empalement.

His reasoning is a logical blunder of a very obvious kind. The horror of murder, is the cause of the horror felt at the punishment reserved for murder, and not the punishment the cause of the horror felt at murder. Punish any man with death and dissection for what, in public opinion, is a praiseworthy act, and see what will become of your horror.

Again, his Lordship believed, that if an individual had made up his mind to complete so horrible a crime, no additional fear or disgrace would deter him from carrying his design into execution; but he wished, by giving the body up for dissection, to spread a salutary terror through the community. He wishes to terrify those who are not likely to commit murder, by means which will have no effect in terrifying those likely to commit murder. Precious principles of penal legislation! and preciously supported! We cannot stay the hand of the murderer, but we can frighten other people; we can strike a salutary terror into them! But why salutary? The object of punishment is to deter from guilt, and not to terrify the innocent. But we have here again the self-same fallacy. It is the horror of the murder which produces the salutary impression on those who witness the punishment, and not the severity of the punishment. The prostitution of severity of punishment renders the people callous. When men were hanged in London for all manner of crimes, the scene of execution was a scene of gross and indecent ribaldry. But when punishment is reserved for crimes for which the people feel a horror, they view the punishment with the same feeling.

As to what fell from Lord Tenterden, it was sheer twaddle. He must take the liberty of doubting, that the giving up the body to dissection cast a stigma on dissection; but he was unwilling to see an alteration, which might diminish the terror at the punishment of murder, and thought that when the first idea of committing such a crime entered the mind, it might be checked and expelled, by the additional disgrace of his body being liable to be exposed after death. There is no dealing with this.

Edinburgh Medical and Surgical Journal. April, 1828.

Let no one in future affirm, that the medical is a grave profession; for as a pun or a definition, the epithet is a calumny. Doctors, indeed, seldom send sick folks to the grave except by mistake, or when they cannot otherwise help it; and we have in the work before us, a demonstration to the length of some hundred pages, that they are the most laughter-stirring essayists of the age. The caterers for magazines, who toil night and day to amuse us once a month, are really to be pitied when their pains are contrasted with the ease with which the correspondents of the medical journals excite our risibility. The former endeavour to put us in good humour by an artificial levity, which not unfrequently makes us excessively sad; the latter succeed by an unaffected philosophic solemnity of manner in which they burlesque the most serious subjects. Quite unconscious of the powers which they possess, they are not only witty themselves, but the cause of it, like Falstaff, in others. We are quite willing to put our theory to the test of experiment, by transplanting into the New Monthly, or Blackwood, one of the twenty original communications in the "Blue Journal" for this quarter; and if it do not surpass in effect the best specimens of studied humour in either of these miscellanies, we will for ever relinquish all pretension to a critical perception of the ridiculous. The only exception we will state to this trial is, that our friend Dr. Johnstone be not one of the jury; for, subsisting as a journalist by plagiary alone, we fear the contents of the present number will have a melancholy effect on him, and that while the whole profession is enjoying the fun, the Doctor will be actually shedding tears at their total inutility, even for the pages of a "fasciculus." But we must hasten to confirm him in the gloomy tidings by a running commentary on the entire stock.

In the front of the line stands Mr. John Crichton, surgeon of the Royal Infirmary at Dundee, and certainly worthy of appearing at the head of more respectable troops, being a marvellously modest and clever man. From his name, residence, and ambidexterity, we strongly suspect, indeed, that he must be a lineal descendant of the "admirable Crichton," for whose birth Dundee and Perth might institute an antiquarian contest, like the cities of Greece for that of Homer. Mr. Crichton, however, appears to be an excellent lithotomist, breaking a lance with Mr. Martineau himself, of Norwich, for the palm of success, and the number of his operations. From a table appended to his short essay, we find that he has cut for the stone in upwards of seventy cases, with but the loss of some nine or ten patients, though he tells us, he never refused to operate under the most unfavourable circumstances. This table, however, does not contain all his cases, for, like all great artists, he seems to think so little about the feats which he has achieved, that he has kept no regular record of the whole, but states, that they may in all amount to a hundred. What is still more remarkable, but equally characteristic of the man of genius, he does not even trouble the public with an account of his method of performing the operation; and we can collect little more on this point from his essay, than that he considers the man of more importance than the measure, and is a decided enemy, consequently, to all instrumental stratagems for the extraction of the stone, as may be perceived from the following pithy expression, after noticing the various sections proposed by different lithotomists:—

"By each of these modes, the opening has been successfully made, and will be so by those who can properly guide the instrument; and by none of them will it be well executed by those who cannot."

'Tis heart alone, north steel and stone, &c., to which Mr. Crichton entirely looks; but we regret that one, so capable of affording information on the subject about which he writes, and whom we are sure, from the specimen before us, it would be so agreeable to quote, should have given us an opportunity of recording the results of his experience on only one or two other points. On one of these, the union of the incision made in cutting for the stone by the first intention we certainly agree with him, that the profession has not given the matter that consideration which it deserves, as he expresses himself in these observations:—

"Though his attention has been but lately turned to this subject, he has had the satisfaction of succeeding in the attempt in five different instances. Three of these successful instances occurred in children, the other two in men upwards of seventy years of age. Where the incisions have been fairly made, union by adhesion may be secured, and ought to be attempted, in order to prevent one of the most disagreeable consequences of the operation, the dribbling of the urine for days through the wound, with the risk of infiltration."

What now becomes of all the splutter that has been made by writers and operators about the passage of the urine through the urethra being a dangerous symptom, when occurring immediately after the operation. When we see three children and two men of seventy whole and sound, so that no one could discover the marks of a knife on them in three or four days after the extraction of the stone; such miracles, we fear, are only to be accomplished by such men as Mr. Crichton, who is equally luminous and to the point on the second and only other topic on which we shall quote him, as follows:—

> "When the bladder is laid open, the urine escapes, and the bladder contracts round the stone. Where then, is the stone to be found? Close to the opening, most certainly. In one hundred cases in which I have operated, it has always been so. By not adverting to this circumstance, the forceps is passed over the stone, carrying the coats of the collapsed bladder before its point; the stone all the while lying beneath the blades. At another time the stone is pushed before the points of the forceps, and a portion of the bladder contracting around it, like the finger of a glove, it cannot be laid hold of. The like may also happen from the bladder being too much distended with urine, in consequence of the cruel and absurd practice of compressing the urethra some hours before operating, in which case the bladder, when suddenly emptied, may collapse irregularly and retain the stone, especially if a small one, between its folds."

In these and the other remarks which precede them in Mr. Crichton's paper, he very properly endeavours to guard the operator against the common error committed in the manipulation of the forceps; for in most of the ill-performed operations which we have witnessed, the difficulties of each case seemed only to have commenced with the introduction of the forceps. Nothing, indeed more common, as Mr. Crichton observes, than to see one of these bunglers absolutely sweating with turning, twisting, and groping with a forceps for nearly an hour, as if he were really fishing for a pin-head in a forty-fathom whirlpool, while the object of his search was all the time lying at the surface. Whether the explanations which have been given by Mr. Crichton of these difficulties be correct or feasible, we will leave our readers to judge for themselves, merely observing, that the similes of the "finger of the glove," and the "irregular contraction" of the bladder are, perhaps, too ingenious even for that most astute of all mechanicians—Nature; but we critics, who perform the operation oftener with the pen than the scalpel, have no right whatever to question the experience of a hero, whose blade has been "fleshed in a hundred battles." In parting with Mr. Crichton, which we do with the deepest respect for his talents, we need scarcely observe that he states, that in his hundred cases he had not a single instance of that bug-bear so much talked of in works on lithotomy, wounding of the pudic artery; and in this respect we can assure him, that he is by no means singular, for arteries of every description invariably keep out of the way instinctively, whenever they perceive the knife of an expert operator like him in their vicinity.

A paper of a similar description follows, by Mr. Liston, containing a table of thirty cases, in which he cut for the stone, and with but the loss of one patient. In their contempt for instrumental devices, and their confidence in manual dexterity, as well as in their success, there is a striking accordance of opinion between these two Lawrences of the north. The same indifference to the vulgar notion, of the difficulty of the operation, is also a feature common to both these artists. Mr. Liston, for instance, informs us with the utmost simplicity, that

> "He never for show cut against time; but, that he has very often finished the operation *leisurely* in less than one and a half, or two minutes; that he uses a sharp-pointed instrument for making the incisions, a large staff with a wide groove betwixt its convex side and surface, a large elastic tube in the wound, for the first few days, to guard against infiltration, and that he never prepares his patients, as he conceives that more is lost in the depression of spirits that attends delay, than can ever be made up by physicing before, or by attention after, the operation."

We cannot conclude our notice of these two papers, better than by pointing out the moral lesson, which they present against all medical book-makers. We have here two pre-eminently successful lithotomists, the one cutting in thirty, the other in a hundred cases of stone, and neither thinking it necessary to dilate on an art in which both excel, beyond ten pages; while the late Mr. Allan, who, we believe, operated but three or four times in his whole life, thought fit to blow his experience into a brace of quarto bubbles!

With these papers we quit the common sense part of the collection, and are immediately warned of our approach into the regions of twaddle, by an essay, from the pen of Dr. Lee "On Delivery in Presentations, where Turning is unavoidable." Divested of the chaff, we shall present the one grain contained in his bushel, though we are perfectly aware, that the same is not of native growth :—

"Whenever the valuable life of the mother is in danger, and no good can result from the operation of turning, so far as the child is concerned, I propose to do by art, that which is effected by nature in cases of spontaneous evolution of the fœtus. I separate the arm from the body, perforate the thorax, and having fixed the crotchet in the pelvis, or lower part of the spine, make such a degree of traction as may effect the delivery, without laceration or contusion of the soft parts of the mother."

Cases are given, in which the dead fœtus has been thus extracted in a doubled state, with perfect security to the parent; but notwithstanding his lamentation over the neglect of writers and lecturers on the subject of turning, &c., it is almost impossible to add anything new in the way of instruction and advice, to what has been both written and spoken on the topic. We see no possible reason why the next three papers, by Dr. John Davy, physician to the army, should not have been incorporated into a "tria juncta in uno," their contents being of so homogeneous a character. They consist of an examination of, and experiments on, the following queries :—

"Is the fibrin of the blood of lower specific gravity, than even the serum? Is the blood, which has a buffy coat after coagulation, of lower specific gravity than healthy blood? and does it contain a larger portion of fibrin? Is there any heat given off during the coagulation of the blood? Is there any free carbonic acid in the blood?"

In opposition to the statements of Magendie and others, Dr. Davy answers these several questions in the negative; but experiments, and the reasoning founded on them, rarely admitting of an intelligible curtailment, we shall merely content ourselves with the general results, leaving Dr. Johnstone to supply our deficiency, who has lately turned out a connoisseur in condensation, as well as contradiction. Conversant as the performance of our critical duties necessarily renders us with the artifices of authorism, we confess we never met with so impudent an appropriation of the common property of the profession, so outrageous an insult on its common sense, as that displayed in the paper which follows the preceding articles. Who indeed could have supposed, that the treatment of whitlow required to be improved, much less imagine that any writer would have the assurance to take to himself the credit of practice so successful, and well known by every surgeon in the British Empire? Yet these are the ends which Dr. Craigie, of Edinburgh, proposes to accomplish in a thirty page essay, entitled, "Observations, Pathological and Practical, on Whitlow." Instead of making long extracts, and giving a continuous comment on them, we shall come at once to close quarters with the Doctor, exposing the more glaring points of his presumption, sentence for sentence.

"By many," says he, "whitlow is considered as a complaint too trifling to merit serious attention."

No, indeed, master Filch, it is considered no such thing, it merely answered your purpose to say so; for, by every surgeon, the complaint has been considered one of the most painful, and even dangerous maladies, to which fingers and hands, at least, are subject.

"When a person complains," continues the Doctor, "that he cannot use his hand, because a finger is painful and swelled, he is recommended, in imitation of the older surgeons, to apply the balsam of arcæus, or phioravant, or warm oil of turpentine; to plunge it in boiling water after the manner of Callisen and Homberg, perhaps to envelope it in a poultice; or, according to the compressive method of Parry, to apply a tight bandage."

No such directions are now ever given;

nine-tenths of the surgeons of this country, know nothing of your arcæus or phioravant, though they know perfectly well how to treat whitlow; and that this was the case, you were perfectly aware, by your own confession.

> "That this was not always the case, I am perfectly aware. The writings of Ambrose Paré, of Wiseman, of Gouey, of Garengeot, of Heister, David, and many other surgeons show, that whitlow was always apprehended as a disease which was not only severe at the time, but might terminate in the destruction of useful parts. I know not that I would be justified in asserting, that the precepts of these authors are entirely overlooked by surgeons; but I have some reason to infer, that if they are not entirely forgotten, they are by no means so thoroughly understood among the generality of practitioners, as to be steadily applied in practice."

"Willing to wound, and yet afraid to strike," the wriggling struggle between the fear of detection, and the desire of spoliation in this conscience-stricken compromise with the profession, needs no illustration. We are next treated with a long account of the divisions of this disease, by various writers, out of which the Doctor compounds an arrangement, which he thinks much better than any yet given, though, in reality, it is the one generally adopted by every surgeon.

> "Every form assumed by whitlow, however varied in degree, in kind, or in extent, may be referred, I conceive, to the three following simple heads:—1st. That which is seated in the corion, or, at least, in its outer surface; 2d. That which affects the subcutaneous cellular tissue; and 3d. That which, commencing in the synovial sheaths of the flexor tendons, passes not only to the cellular substance and skin, but to the subjacent and adhering periosteum of the phalanges."

Such is the Doctor's *new* arrangement, between which and Garengeot's, he is obliged to confess there is but this difference, that his third division is made to comprehend a fourth form of the disease mentioned by the former author, as commencing in the vessels passing from the periosteum to the bone, but which variety of the complaint Dr. Craigie thinks is but a secondary effect of the inflammation originating in the thecal sheaths, and subsequently passing to the periosteum of the bone. There is no reason, however, for supposing, until the contrary is demonstrated, (which, though Dr. Craigie has pledged himself to do, he has certainly failed in the attempt,) that inflammation does not primarily attack the periosteal vessels of the bones of the phalanges, just as it does in the acute periostitis of other parts of the the body, and thereby produce what is called paronychia. But the Doctor must have a new arrangement of his own, perceiving, we presume, that some late writers acquired a little reputation by this fashionable manufacture. There is not, indeed, a two-year-old pathologist, who writes a paper at any of our juvenile medical societies, who has not his new arrangement; one of whom, we have lately heard, beat Dr. Copland hollow, having divided typhus fever into twenty-five stages, and assigned very plausible reasons for his disposition of the subject.

> "Nothing is easier," says the shrewd Dr. Barclay, "than in this way to class and arrange from fancy or whim, and nothing more difficult than to class and arrange after the manner of a Bacon, or a Linnæus. The first only requires a genius for new-fashioning trinkets and dresses, or inventing new modes of reform, to suit the popular taste of the day. The second requires the steady, vigorous, penetrating mind, that takes in the compass of nature at a glance, that learns from herself to explain her various operations, and how to discover those general laws, which the Almighty Sovereign of the universe has willed her to obey."

The Doctor, we fear, will come under the definition of one of these pathological milliners, "with a genius for new-fashioning trinkets and dresses;" but be this as it may, he next favours us with a description of the symptoms—lippis et tonsoribus nota—aye, to the precise quantum and quality of the pain felt by the patient; and then, with the pathology of the disease, as a matter of course, as follows:—

> "The digital corion presents certain peculiarities, which impress a particular character on its morbid states. It is, in the first place, exceedingly vascular, more so than in any other part of the person, scarcely excepting the face. So far as can be judged from inspection, and the effects of mechanical means, it is much more dense and compact, than in any other part of the body. Thirdly, its proper sensibility, or what Bichat terms its organic sensibility is very considerable; and that which it derives from minute ramifications of nerves is so great, that several physiological anatomists have ascribed to this circumstance, the high sensibility and nice tact of the digital corion. To these circumstances, which are well-known to anatomists, may be partly ascribed the readiness with which the digital corion assumes the peculiar inflammation occurring in whitlow."

The Doctor's "digital corion" has, undoubtedly, evinced a "nice tact" in paraphrasing a common-place fact, as may be perceived, from the air of learning with which he invests the simple ideas of the density and sensitiveness of the structure of the finger, of which few required to be informed. We are next entertained with a particular account of the three kinds of whitlow; and he then proceeds to fulfil his promise, of proving the transition of inflammation from the thecal tendons, to the periosteum and bone; but after exhausting Camper's anatomical description of these parts, and his own ingenuity in the attempt, he is compelled to come to the conclusion, with which every surgeon has been long acquainted, namely, that the inflammation is propagated by contiguity of parts, thus:—

> "In short, the anatomical arrangement of the digital synovial sheaths, explains, at once, the two principal phenomena, for which thecal paronychia is distinguished:—death of the tendons, and caries of the phalanges, or their articular extremities."

No doubt, the "anatomical arrangement" may, and is generally supposed to be, the cause of these effects; but it would also go to prove, that the inflammation may extend from the periosteum to the thecal tendons, or the converse of the opinion which is sought to be established. This question, however, is of no practical importance whatever, and must, perhaps, for ever remain a mere supposition; so we shall turn from its consideration to the treatment and what, reader, do you suppose is the panacea which Dr. Craigie proposes, and would appropriate as peculiarly his own? Hear it, ye sons of Æsculapius, in his own words:—

> "For these evils, the natural (artificial, one might suppose) remedy, I conceive, is much earlier employment of the INCISION. To be efficient, indeed, the principle of this measure requires to be completely changed; instead of using it with a view of opening an abscess, and discharging purulent matter, it should be employed—first, as a powerful and efficient means of depletion; secondly, as the means of preventing that compression which, by its mechanical power only, must speedily arrest the circulation in the tendons, and thereby prevent mortification in their texture."

So, it thus turns out in the end, that the Doctor's secret is INCISION, which, we verily believe, has been the practice of every surgeon in the country for, at least, the last half century! But, then, it should be "employed early," and so it would, if patients only applied in time, or, when they did so, had only the common sense to submit to a procedure always recommended, but rarely complied with until suffering forces them to yield to the measure, when too late to prevent the mischief. It should also be used, says the sagacious Doctor, to prevent "mechanical compression"—as "local depletion," and, as merely "opening an abscess," as if these were not the objects held in view—the principle upon which every surgeon carried his scalpel down to the bone for the cure of whitlow. It is also worth hearing how the Doctor stumbled on this great discovery, now that we have given the secret itself:—

> "It is chiefly from remarking (says he) the unfavourable termination of cases of whitlow, treated on the rules of Dionis, &c., or left to the use of the poultice, or even neglected entirely, as often happens with patients who will not apply for professional assistance until the disease is no longer

tolerable, that I was led to employ incisions, deep and long, at an earlier period than is generally thought necessary. More than once I have been interrogated on what principle I pursued this practice, and at first I was unable to give any other reply than the favourable result. The explanation given above is, I conceive, the true one; and, if it is so, it demonstrates, most indisputably, the rule which I wish to establish, that not a moment should be lost in dividing, from one end to the other, the tendinous sheath of the affected finger."

Simple hearted man! did ever discoverer of so much merit speak of himself with so much modesty? Ben Bowsprit, master of a merchant man, might, with equal propriety, on his return from Honduras with a cargo of mahogany, proclaim himself the discoverer of America, and attempt to persuade the cabinet-makers that his vessel was freighted with a new and superior species of wood, as Dr. Craigie to persuade the profession that he was the discoverer of the practice of incisions in whitlow! It was not, indeed, as you state, from observing any such failures that you were led to this practice; it is much more probable that you were led to adopt it from seeing its beneficial effects in some hospital or other; from reading Richter, the proposer of the measure, as now generally practised, and whose name you have never once mentioned, for obvious reasons; or, lastly, from perusing the article on the subject in Mr. Samuel Cooper's Dictionary, in which all the information expanded into your thirty pages of plagiarism may be found condensed into one or two columns.

We have been prolix in our exposure of the literary larceny committed in this paper, beyond, perhaps, what the nature of the offence demanded. But we perceive that there is a disposition abroad for the manufacture of such monographs, from the credit which a few of them have unjustly secured to their authors. Dr. Duncan, junior, lately succeeded in a speculation of this kind on diffuse inflammation; but the paper was wanted, because the disease had previously been but imperfectly and only recently investigated; and well done, because by a man certainly of considerable talent. Dr. Craigie, emulous of the success of his predecessor as editor of the journal in which he writes this article, must also concoct a monograph, and aspire to have his name henceforth united with whitlow. It speaks, however, little for the taste and erudition of the profession, when an individual, by the mere assistance of a "catalogue raisonné," and a critical condensation of the labours of other writers, can acquire the reputation of a clever man, and an original author in medical literature. To foster such attempts, tends only to turn the tide of investigation from its natural course, to fix the attention of men in an unprofitable admiration of the efforts of their predecessors, rather than to stimulate them to a manly enterprise in the field of future discovery. Here we must stop for the present.

EPIGRAM

*On the Patient who suddenly decamped from Guy's Hospital.**

When Cooper's *nevey* cut for stone,
His toils were long and heavy;
This patient quicker parts has shown,
He *soon cut* Cooper's *nevey.*

JOE BURNS' LAST.

Joe Burns, on receiving, last week, an invitation to one of Sir Astley Cooper's *conversazioni*, erased, with the utmost promptitude, the words, "Sir Astley gives no refreshments, as the conversation will be purely scientific," and sent back the card with the following emendatory criticism:—"As the conversation will be purely scientific, Sir Astley's company must entertain themselves at their own expense."

---

* See Lancet of last week, p. 49.

GENERAL DISPENSARY, ALDERSGATE STREET.

The election of a surgeon to this Institution took place on Wednesday last, and terminated, after a severe contest, in favour of Mr. William Coulson; the numbers were, Mr. Coulson, 391; Mr. Caswell, 130.

COLLEGE OF PHYSICIANS.

The first of a series of evening meetings was held last week, in the rooms of the College of Physicians. The object of these *reunions*, is to afford to men of science an opportunity of meeting for the purposes of conversation, and discussing matters connected with their pursuits. By way of giving a beginning to the evening, and of affording a subject of conversation, Sir Henry Halford read a paper on *Tic Douloureux*. In this essay he put forward a theory, that the distressing malady which was the subject of it, is produced either by a deposit of bone out of the natural course, or by an *exfoliation* of bone, the consequence of some disease or injury. He mentioned a great number of cases which had fallen under his own observation, which tended to support this theory. In further illustration of his position, he produced a cranium, in the interior of which a most extraordinary deposition of bone had taken place, and the history of which strongly corroborated the theory for which he contended. The discourse was rather short, but was listened to with great attention, and excited, as it was well calculated to do, great interest. The rooms were very fully attended, and, besides the most eminent professors of medical science in the metropolis, there were many persons of distinction in other professions.—*Times*.

ST. BARTHOLOMEW'S HOSPITAL.

The case of lithotomy, by Mr. Lawrence, which was noticed in No. 239 of this Journal, terminated fatally on the sixth day after the operation—from secondary hæmorrhage. At the time of the operation, six or seven oz. of blood were lost; but the bleeding immediately ceased on the patient being put into bed. He was quite comfortable, and urine flowed partly through the penis, on the following day; the wound was healthy, and he continued remarkably well until the evening of the 5th day, when hæmorrhage came on from the wound, and some blood flowed through the urethra. Cold cloths were applied, and the bleeding, externally, ceased. The patient, however, became pale and faint; there was a sense of fullness about the bladder, with a desire and inability to pass urine;—the house surgeon, Mr. Weekes, re-opened the wound, and removed the coagula which filled up its cavity, a considerable quantity of congealed blood extended into the bladder, and on being turned out, about two pints of urine were forcibly driven through the wound. The bleeding vessel was now discovered, but it lay so deep that it was almost impossible to secure it with a ligature—pressure by means of a small piece of sponge and the finger was, therefore, kept up for 20 minutes, when the bleeding had entirely ceased: no further hæmorrhage took place, and he passed water through the wound. The quantity of blood lost was about one pound and a half. Brandy and stimulants were administered, but the patient grew more feeble, and died on the following day. The body was removed to Wapping, by the friends of the patient, but permission being obtained, Mr. Lawrence desired Mr. Weekes, and one of his dressers, to examine it. The bladder was found contracted, and containing, at its upper part, about a spoonful of coagulated blood; its coats were thickened, but not otherwise diseased. The prostate was somewhat enlarged, and the part through which the incision had extended was thinly covered with adherent coagulated blood. The pudendal artery, and its ramifications, were most carefully examined; but nothing explanatory of the hæmorrhage could be discovered, except the division of a small artery, anterior to the prostate.

PARALYSIS, WITH ENCYSTED ABSCESS AND EXTENSIVE RAMOLLISSEMENT OF THE BRAIN.

A. B., aged 23, of intemperate habits, had suffered, for a considerable time, great pain in the head. About a week previous to his admission into the Hospital, he fell down deprived of sense and motion, and remained in this state for two hours; and, on partially recovering, the left arm and leg were found paralysed. When brought here, there was loss of motion in the left arm and leg, and the mouth was drawn to the right side; there was slight stupor, and he complained of great pain in the head, on the *right* side; pulse rather slow. He had cough, to which he had been subject many years, and he expectorated a thick yellow mucus. He was cupped, and took some aperient medicine. He continued in much the same state for about a week, when he became comatose, and died in two days.

Examination.

On removing the dura mater, the upper surface of the *right* hemisphere of the brain felt soft and fluctuating, and in cutting into it, an abscess, extending from very near the surface, to within a few lines of the right lateral ventricle, was found to occupy its superior and middle portion. It contained nearly three ounces of thick pus, of a greenish colour, and intolerable fœtor. The abscess was distinctly defined, and lined by a thick membrane, of a dark ash colour; its internal surface was soft and villous. The cerebral matter, for a considerable extent around the cyst, was broken down, soft and pulpy. The left lateral ventricle contained an unusual quantity of fluid. The inferior part of both lungs was inflamed, and there was a single encysted tubercle, the size of a large pea, in the superior part of the inferior lobe of the right lung.

LARGE CHANCRE, WITH DESTRUCTION OF THE ANTERIOR THIRD OF THE GLANS PENIS, CURED BY THE FREE EXHIBITION OF MERCURY.

Robert Smithers, aged 28, a thin, unhealthy looking man, was admitted into Henry's Ward, January 31, under the care of Mr. Lawrence. He had been subject to gleet for many months, and about a month ago a bubo appeared in the right groin. A week afterwards, he perceived a small superficial sore on the glans penis, around the urethra. He applied to a medical man, who ordered him a lotion and some pills; these measures afforded but temporary relief; the sore gradually enlarged, put on a dark-coloured appearance, and was so painful that he was obliged to take opium to procure sleep. On his admission, the anterior third of the glans penis had been destroyed, and a large ulcer, of a dark livid colour, not excavated, but presenting an appearance, as if a portion of the glans had been sliced off, occupied the entire exposed surface; the discharge from it was not of that fœtid ichorous character, which accompanies the phagedenic ulceration; the surrounding inflammation was but little, and the prepuce was loose, and could be easily drawn over the glans. There was a suppurating bubo in the right groin. He had occasional acute darting pain in the ulcer, but the constitutional disturbance was not great. Pulse feeble, tongue coated, bowels open. Batley's liq. opii sedat. diluted, was applied to the sore, and he took pil. saponis cum opio, gr. v. at bed time.

Feb. 3. The ulcer was not improved; it had a dirty, foul, ulcerated aspect, and, at one part, it seemed disposed to spread. The pain had been so severe as to require the repetition of the opiate every eight hours. Mr. Lawrence now determined to employ mercury freely, and therefore ordered the patient, calomel gr. ii., opii gr. $\frac{1}{3}$ every four hours. He remarked to the pupils, that he had seen a few examples of the same form of disease, and that its progress was arrested only by the free and speedy use of mercury. In the case of a gentleman, which came under his observation some years ago, the destructive process had been more rapid, and had nearly destroyed the whole glans; a surgeon, who had great experience in the treatment of venereal disease, immediately ordered the free use of mercury, under which the affection soon subsided.

6. The ulcer was cleaner, and had nearly lost its dark-coloured foul appearance, and granulations were forming; the prepuce was more swollen, so that he could scarcely denude the glans; the pain was much abated; mouth not affected by the mercury. Continue the pills every four hours, and rub in a drachm of the ung. hydrarg. every night.

8. The mouth was sore; there was a marked and decided improvement in the ulcer, it presented a clear granulated surface; there was little or no surrounding inflammation; and he could denude the glans with ease.

10. The sore was quite healthy, having a granulated surface and cicatrising at its edges; the mouth and gums were much affected by the mercury; and he had diarrhœa with slight tenesmus; discontinue the pills; repeat the ung. hydrarg.

In a few days the ointment was discontinued; the sore healed rapidly and cicatrised; he remained in the Hospital about 3 weeks afterwards, when the soreness of his mouth and gums subsided; and he was discharged quite well.

ST. THOMAS'S HOSPITAL.

PROTRUSION OF THE EYE, CONSEQUENT UPON DISEASE OF THE ANTRUM.*

The subjoined case at present in Isaac's Ward, affords a melancholy exemplification of the deformity and suffering produced by the formation of a polypous tumour within the antrum. The particulars of the case are as follow:—

William Place, 25 years of age, having a delicate skin, and scrofulous diathesis, admitted on the 13th of March, states, that about eight months ago he experienced a slight difficulty of breathing through the right nostril, which continued for about two months, when he was attacked with severe pain about the orbit, and especially over the superciliary ridge, and adjoining portion of the forehead. In the course of a short time he felt very severe deep-seated pain in the orbit, and was conscious of a dimness of vision; as soon as this latter event had taken place, there was a mitigation of pain; but the face and eye began to swell, and the latter part very shortly to protrude from the orbit.

At the present time, April 4, the face is greatly deformed, from the very manifest enlargement and swelling of the right cheek bone; the eye is considerably protruded, both lids (but more especially the upper) are much swollen, and of a livid colour; there is excessive chemosis of the conjunctiva, so that this membrane protrudes between the lids. The cornea is hazy; there is constant epiphora, and the power of vision is greatly impaired.

Looking into the mouth, we observe the right side of the palate pushed down, so as to form a tumour, which has a soft feel. In the right nostril may be seen a polypous body. There are great pain and exquisite tenderness of the malar bone, and much swelling of the soft parts below the antrum. The man states, that until the appearance of the present disease, he has uniformly enjoyed good health. When first affected, he applied to a medical man in the country, who had recourse to blood-letting, the application of blisters and leeches, together with the use of laxatives, and mercury to ptyalism, but all these means alike failed in affording relief.

The treatment hitherto adopted in the Hospital has been, the application of leeches, a blister between the shoulders, and also subsequently upon the forehead and temple; a grain and a half of calomel night and morning, afterwards conjoined with half a grain of opium, to be taken at bed time. It is the opinion of Mr. Travers, under whose care the patient is placed, that there is encysted polypous disease within the antrum, which, having gradually increased, has pushed up the orbit, and occasioned an extrusion of the eye; the disease having also extended into the nostril.

April 14. The disease has manifestly increased since the last report, the face being much more swollen. Spirit lotion has been prescribed with some relief.

The only operation performed at this Hospital since our last report, is amputation of a portion of the hand by Mr. Green, in the case of a boy who had suffered severe injury from the cog-wheel of a machine. The thumb and little finger were allowed to remain, whilst the three metacarpal bones, with their corresponding upper carpal bones, were detached: the boy is doing well.

GUY'S HOSPITAL.

SINGULAR INSTANCE OF MALIGNANT TUBERCULAR DISEASE, OCCURRING IN VARIOUS PARTS OF THE BODY.

Malignant diseases are, for the most part, considered under two grand divisions—fungoid and cancerous. It must be admitted, however, that there are many diseases clearly of a malignant character, which bear no resemblance to either of the foregoing. Such is the case we are about to relate, which essentially consists in the formation of tubercles, immediately beneath the skin, in various parts of the body.

Charity's Ward.—M. C., ætat. 35, a woman of spare habit and unhealthy appearance, married, and the mother of two children, was admitted, on the 19th of March, under the care of Mr. Key. She states, that when about twenty-two years of age, she discovered a small brown wart on the anterior part of the fore-arm, and it greatly increased during the time of her pregnancy; two years afterwards she tore off the top of this wart, after which it rapidly grew and attained a considerable size, and, in the space of two months, she applied to a surgeon, who removed the tumour. This took place two years prior to her admission into the Hospital, and the part healed after the operation, but it subsequently became hard, and eventually a small tumour made its appearance at the original diseased spot: she now had recourse to the notorious Macdonald, who literally saturated her with mercury.

---

* We find the case designated in Mr. Travers' book, *proptosis*; this is one sample of the nauseating affectation of learning displayed on all occasions by our friend Ben. Not long since we heard him speak of a "*quaque-versal*" dilatation.

There is now, on the inner side of the left fore-arm, an elevated tumour of the size of a nutmeg, its base being somewhat broader than its upper part; on the carpal side, it has a warty or seedy appearance, and, to some extent around nearly the whole circumference of the tubercle, the skin is of a deep copper-colour. In the axilla, close to the side, is a hard tumour of the size of a hen's egg; it is slightly moveable, and, occasionally, lancinating pains are experienced in it. There is one small tubercle immediately beneath the skin of the mamma, and, on the body, there are several of a similar kind.

April 15. The means employed, since the patient's admission, are the administration of twenty minims of dilute nitric acid in decoction of sarsaparilla twice a day, and, subsequently, the exhibition of half a drachm of the supertartrate of potash, in an ounce of infusion of senna, twice a day; Dover's powder at bed-time. The woman's general health is now suffering much; she complains of violent pain in the loins, and keeps her bed in consequence; the tumour of the arm has increased.

ULCERATION OF THE NOSE, CALLED "LUPUS," SUCCESSFULLY TREATED.

There is a class of diseases which seems to hold an intermediate range between malignant and common disease; we might, perhaps, designate these affections intractable, and, as instances of this nature, we would enumerate the ulceration of the nose and face called lupus, or noli me tangere; certain ulcerations of the lip, of the tongue, and of some other parts of the body. It is certainly a fact, which we do not call to mind as noticed by any surgical writer, that certain parts of the body, in the structure of which there are many follicles, are subject to a peculiar kind of ulceration, which, although *intractable* is not *incurable*.

Lydia's Ward, No. 5. Mary Steel, ætat. 20, of light complexion and general good health, came into the Hospital on the 19th of March, under the care of Mr. Key.

When admitted, there was general redness of the skin of the right ala nasi, and an ulcer on this part of the size of a silver penny, not deep, but devoid of granulations, and its surface covered with a yellowish slough. There was a thickening and slight overlapping of the fleshy septum, so as to give the appearance of a separation. The patient stated, that the ulcer described had existed several months, having first made its appearance as a small pimple, but the nose had previously been in a diseased state. The disease began five years ago, with swelling and redness of the nose, then pimples made their appearance, and subsequently the parts ulcerated. She had had recourse to various medicinal means, and sometimes the sore had nearly healed.

The treatment, which has been successfully resorted to in this case, is as follows:

Mercurial ointment, one ounce and a half,
Camphor, one drachm;
Spirit of turpentine, one drachm and a half,
Adeps, half an ounce;—to be made into an ointment, and applied to the sore night and morning.

A scruple of the carbonate of iron, to be taken three times a day.

A report made on the 15th of April, states that the ulcer has entirely healed, and the skin of the ala nasi has lost the morbid redness, which was so very remarkable on the patient's admission.

EXTENSIVE MALIGNANT (?) TUMOUR ON THE SIDE OF THE NECK, EXTENDING INTO THE FAUCES.

THIS case, now in Charity's Ward, may be conveniently related in conjunction with the foregoing cases.

The subject of this disease is an unhealthy looking woman, 44 years of age; she has borne 10 children, and her catamenia have not yet ceased, being occasionally profuse. Four years ago she perceived a small hard tumour on the side of the neck, which went on very gradually increasing for more than three years, when she found a swelling on the right side of the fauces.

The tumour now extends from the mastoid process to the angle of the jaw; it is very hard, and has an even surface; little or no pain is felt on pressure, but occasional lancinating pains are experienced in the swelling. Upon looking into the mouth, the tumour may be seen occupying the right side of the fauces and extending over the root of the tongue; there is some difficulty of deglutition and a thickness of voice. The woman's general health is good.

The only treatment hitherto adopted, is the administration of *ten drops of tincture of iodine*, twice a day.

LONDON COLLEGE OF PHYSICIANS AND SCOTCH UNIVERSITIES.

To the Editor of THE LANCET.

SIR,—I was not aware, until within these few days, that you had been pleased to republish a letter of mine, in THE LANCET of the 23d ult., which had originally appeared in the *Morning Herald* of the 3d of January last, in answer to one signed "A Scotch Doctor," inserted by that paper in one of its December numbers.

May I observe, that it would have been only fair play, to have given your readers *the Scotch Doctor's letter*, which drew forth my reply, and not have held up mine, as an attack to provoke the reply of another, when, in point of fact, it was a measure of defence. The letter of "Medicus" appears consecutively; of course, he either induced you to insert both mine and his, or you employed him to answer mine. I say *employed*, because I would not for one moment insult you, by suspecting you of the authorship. One thing is certain, that if I ever had a doubt on the subject of northern medical education, your friend has set that doubt at rest; he has occupied nine columns of your paper, ringing changes on his a. b. c; but, with the exception of applying the epithets "Old Dotard," "Old Man of Devizes," "Old Woman," &c., to me, he has not broached one original thought, nor one useful argument, save the solitary one which makes against him throughout his letter, thus affording a living commentary upon the melancholy truth, "*that ideas are not innate.*"

It is requisite, however, to call your attention to the Scotch Doctor, who contended originally, that the act of Union amalgamated our laws and institutions with those of Scotland, and thereby broke down every corporate right and chartered privilege we had: this I denied. The act of Union did specifically provide to secure the privileges of all the Scotch universities, and of all the corporate and chartered bodies in that kingdom; but, in doing so, gave no power to that nation, to trample down *our* chartered rights or privileged institutions; on this point we stand; we want nothing from the Scots. What right have they to demand concessions from us? Medicus says, perhaps I did not know, that at the Union, the religion and laws of Scotland differed from those of England; he is very wide of the truth in all his conjectures, respecting the Old Dotard. Allow me to tell him, that the religion of Scotland was the same as that of England, (the reformed, whether Calvinistic or Lutheran, is a distinction without a difference,) at the time of the Union, but with a simpler form of church government, and a much humbler and cheaper provision for its clergy; that the laws of both kingdoms were nearly, very nearly, the same, with a different, and perhaps a cheaper form of administering them; that the branches of medical science were equally the same, but practised differently, and communicated with much less regard to the previous elementary knowledge of the pupil in Scotland, for economy's sake. Cheap physic, like cheap divinity, being then, as it is now, *a desideratum* in that kingdom, and as a consequence, academical honors were, and are, to be obtained, in the Scotch universities, without establishing the candidate's claim to the general education of a gentleman, without establishing his acquaintance with ancient and modern literature, or his competence in the particular profession chosen by him.

Now, Sir, in support of the foregoing observations, you will permit me to advert to a letter in one of your last November Numbers, signed "Scotus." I have a right to infer, that the statements contained in that letter are true, or your vehement advocate for those northern graduates, has basely betrayed the cause he professes to honour, in not having contradicted them at the moment. "Scotus" says, that one hundred and sixty *soi disant* physicians were capped and toga'd in one day at Edinburgh, but of these it was notorious, that few ever took the trouble of writing his!!! his!! thesis; that the vast majority were purchased ready cut and dried from certain manufacturers of, and dealers in, medical Latin in Edinburgh. "Scotus" further informs you, that the mockery of an examination was gone through, that the reality of the thing was impossible: he admits that observations were made by some of the professors, challenging certain positions advanced by one, or other of the candidates, which were faintly answered by an *imo,—certe, recte dixisti.* Thus the farce ended; and these pseudo physicians, like so many vampires or harpies, are let loose, to prey upon whatever community they can fasten on. Is your friend Medicus one of these? or does he boast the purer parchment of Aberdeen? or the green wax of St. Andrews? In either case, I congratulate him upon his academical distinctions! upon his possessing one of those badges, the best of which, according to "Scotus's" description, ought to be felt as a degradation by an honourable mind.

Medicus lays great stress upon the non-acquaintance with the bilious remittent fever of Walcheren, evinced by Sir Lucas Pepys, and the calling of Sir Gilbert Blane pending the investigation, but he betrays a great want of information on the subject. Sir L. Pepys received his appointment as physician general, with the view of his presiding at the Army Medical Board, and superintending the examination and admission of medical officers; it was no more expected that he should proceed on service, than that his late Royal Highness the Duke of York should do so. The situation Sir Lucas held, *he filled* as an elegant scholar, a perfect gentleman, and an able and accomplished physician. Dr. Blane was called forth, because he had been employed as a subordinate physician in the navy, during the American war, *and in the West Indies*; and was, therefore, supposed to be acquainted with the phenomena of febrile action, modified by climate, season, and topography. Dr. Blane had then enjoyed a pension from the naval service of 400*l.* per annum, for twenty-five years; and, undoubtedly, the government had a right to call for the opinion of any public servant, with such a retaining fee; the circumstance of his being a Scotch graduate, had nothing to do with the measure.

As to the recent admission, by the London College, of two persons who have practised as apothecaries, which occurrence Medicus brings forward with an air of triumph, I must take leave to remind you who know something of the history of the college, and Medicus who appears to know nothing of it, that *Denman* was an apothecary, that *Farquhar* was, that *Walsham* was, that *Merriman* was, that *Hooper* was, and that last, though not least, *John Mason Good* was, (a scholar as superior to your hyperborean medical abortions as a human being is to an ape,) these, with many others, were apothecaries, and general practitioners, and when he talks of the dearth of talent among the mere handful of individuals who compose the London College, one would suppose that *Sydenham*, *Heberden*, *Willan*, *Haighton*, *Latham*, *Temple*, *Babington*, *Hooper*, *Clutterbuck*, *Paris*, &c. &c., had never lived; but says Medicus, "the Scotch colleges have found themselves degraded by not having their degrees acknowledged in the capital of the empire."—Let him read Scotus's letter, and then declare whether Scotch colleges have not reached that point, at which degradation becomes impossible. Oh! but then he does not advocate the venality of *some* of the Scotch universities. Will his advocacy make them more or less venal? after the picture drawn by "Scotus," may I ask which is the most corrupt? It is a ticklish question; were I called upon to answer, I should say they were all damnable alike—at all events, Medicus admits their venality to a certain extent, purity with him may appertain to Edinburgh? to Glasgow? to Aberdeen? or perhaps St. Andrews? or where does it belong? break down the rights of the London College of Physicians, break down the privileges of the English universities, and every recreant rascal from Medicus's venal colleges would be at liberty to fix himself in London, Oxford or Cambridge, (as these spurious reptiles have done in every other part of England,) and call himself a physician; but I would ask, if Edinborough graduates are to practise, without let or restraint, why not Glasgow? if the latter, why not Aberdeen? and if Aberdeen, then why not St. Andrew's? the answer to these questions is in favour of the powers, the privileges, and the permanency of the London College, and it is the strongest that body can require, it is overwhelming! it is that none should be permitted to practise until their competence be ascertained by legal inquiry, which so far from leading to an abridgment, or suppression of the powers of the college, is irresistibly in favour of an extension of them; the honest graduate of a Scotch or foreign university, the man fond of his profession, and justly proud of *hard earned* honours; even Medicus, himself, *if he is not disgraced by a venal degree*, must be desirous that a broad line should be drawn between the possessor of distinctions, legitimately obtained, and him who obtains them venally; every honourable man must wish to be separated from the venal tribe: the Horatian line, "odi profanum vulgus et arceo," can never die in his memory, nor be estranged from his feelings; he must be anxious that a legal inquiry into the validity of his *patent of precedence* should take place, to distinguish him from the vulgar herd. The laws of England have placed the power to institute this inquiry, in the hands of the London College of Physicians, and that body will deserve deprivation whenever it shall shrink from an honest discharge of its duty.

Medicus states it is far from his wish to detract from the merits of an English university—his wish! the detraction of such a writer as Medicus!! how we apples swim! he then furnishes us with the only thing like argument his letter contains.—"*Jew, I thank thee*," namely, that *whoever obtains professional knowledge, and is willing to give public proof of his possessing it*, ought to be permitted to practise his profession any where for *his own benefit*, and that of the community. Excellent; the power to call for, and elicit this public proof, must be delegated to some body; and the laws of this realm of England have granted that power, in a limited degree, to the London College of Physicians, and until that college can get an extension of its jurisdiction, so as to compel every venal graduate, or pretended graduate, to submit to examination and license, before they are permitted to practise, it should compel all within its reach; it is ridiculous to urge, as an argument, why the college should not do all the good it can, that it cannot (for want of power) do all the good it ought! Medicus, to be consistent, should exert himself in petitioning the legislature for an extention of the powers of the college, rendering it imperative upon every venal graduate, now practising in the kingdom of England, to submit to examination by, and license from, that body: similar powers being granted to the Dublin and Edinburgh colleges for the benefit of those kingdoms respectively.

The remarks of Medicus, respecting the Penitentiary, are ill advised, and uncalled for; it is a subject which could not be entered upon without involving personalities; and although an individual concerned might boast a St. Andrew, or an Aberdeen degree, yet as he is no party to this correspondenoe, the attack, however invited, would be illiberal; but on the subject of the quarantine laws, I do fearlessly assert that the London College of Physicians were as competent to advise the government as any body of medical graduates could by possibility be, viz. individuals who had not actually resided within the sphere of contagious disease: every man of common sense will say that the proper persons to give evidence on so momentous a question, either before the privy council, or House of Commons, were the medical men of the army and navy, who had served longest on the shores of the Mediterranean sea, on the coasts of Africa, and in the West Indies; what then has this to do with the subject in discussion?

Before I conclude, I must take the liberty of quoting a passage from the advertisement to your last volume.—"In the absence of such a test of medical ability as that which would be afforded by *public examinations*, it cannot be denied that an academical education at Oxford or Cambridge, *affords a better security to the public*, for the competency and respectability of a practitioner, than the mere fact of possessing a Scotch diploma. The academical education may not of itself afford much opportunity of acquiring professional knowledge, *but a man who has incurred the expense of such an education*, for the express purpose of taking a medical degree, *is more likely to qualify himself for the discharge of professional duties* than one whose diploma may prove *nothing but the fact of an outlay of capital to the amount of fifteen pounds*" *

I shall now take my leave of Medicus, briefly remarking that vituperation is not argument, neither are reproachful epithets, applied personally, a proof of gentlemanly education, however strongly they may indicate a low and depraved taste.

I am, Sir, &c.

A RETIRED GENERAL PRACTITIONER.

Devizes, April 4th, 1828.

---

* LANCET, p. 4, vol. i. 1827-8.

LITHOTOMY AT THE BIRMINGHAM HOSPITAL.

To the Editor of THE LANCET.

SIR,—In the 220th number of your valuable Journal, a case of retention of urine is related, treated by Mr. W. S. Cox of Birmingham. It has been well observed that the relator of a case should be scrupulously exact in his descriptions and statements—that the report of a case should be an exact copy of an excellent picture. Had the reporter of Mr. W. S. Cox's case acted upon this principle, we should probably have seen a very different description.—He states "that after cutting down upon the staff," (which, by the by, was not done quite in the masterly style represented,) "Mr. Cox attempted to divide the prostate gland as near as possible to the neck of the bladder with a French bistoury, but was foiled from the shortness of the instrument, and, in some degree, from the recession of the gland, and from the distended state of the bladder." Now, according to his statements, we should of course conclude the bistoury did not reach the prostate; but this was not the case. Mr. Cox was evidently ignorant of the situation of the distended viscus; the knife instead of dividing the gland, passed between the bladder and rectum, and divided the plexus of veins covering the back part of the prostate and vesiculæ seminales, from hence occurred the considerable venous hæmorrhage; the reporter mentions, moreover, the bistoury was at least an inch and a half longer than the trochar he succeeded with in puncturing the bladder, which was used with a blind thrust, and evidently as a last resource. I had not an opportunity of witnessing the process of the case after the operation, but was informed by some of his attendants, that at the time he left the infirmary, his water passed in a stream not thicker than a knitting needle.

I remain, Sir,
Your obedient Servant,
NARRATOR VERUS.

Birmingham, February 18th, 1828.

P.S. I see from your Journal of the 9th instant, you are fond of zoological pursuits: we have a large genus of *bats* here; they are of a solitary and selfish nature as the generality of their species I believe are, and may be *now and then* seen hovering about the General Hospital, Dispensary, and Town Infirmary. I thought after the use of your highly creditable engine some months ago, they were a little roused, but am sorry to say they have again returned to their *dark abodes;* and are in a deeper state of torpidity than ever.

Should I witness anything further of their habits, that will facilitate your studies, or add to your "cabinet of curiosities," you may depend upon hearing from me.

LONDON HOSPITAL.

To the Editor of THE LANCET.

SIR,—On looking over your last Number,* I observed an article relating to some arrangements in the London Hospital, on which I beg leave to offer a few remarks.

It is not my intention here to discuss the justice of those observations made on Mr. Headington; but the anonymous author of that paper has rather unnecessarily introduced an assertion respecting Mr. Luke's character as a lecturer, both unjustifiable in itself and aggravated by the somewhat contemptuous manner in which it is couched. I allude to this sentence. "The students would not object to Mr. Luke's lecturing, did that gentleman possess the necessary qualities for a good lecturer, which forsooth he does not." And this, his private solitary opinion, he, with great generosity and most gratuiously, divides amongst his fellow-students. That his fellow-students think Mr. Headington a better lecturer than Mr. Luke, I feel little inclination to deny; it would be singular if this were not the case. But that Mr. Luke is considered, by his class, incompetent to fulfil the duties of an anatomical and surgical teacher, (this, I conceive, is the interpretation of the passage I have quoted,) is, to use too mild a term, perfectly incorrect. And I am certain I am uttering the sentiments of the students of the London Hospital, in a refutation, which (sensible of the feeling such an assertion, in such a form, is calculated to inspire against a gentleman whose character I esteem, and whose talents I respect) I wish, through the medium of your paper, to make as public as the charge itself.

Yours, &c.

A. C. ROBINSON,
Student of the Lond. Hosp.

London Hospital, April 1, 1828.

P. S. Allow me to regret that your correspondent has so inconveniently forgotten his name, as I think my fellow students ought, in common justice, to know whence those sentiments emanate, which are, with singular modesty, represented as their own.

THE official Asses of Guy's Hospital, have posted the following sensible notice at the Lodge. If these worthies are really desirous of a contest with the Press, let them come on—

> "And damn'd be he that first cries, hold, enough."

Guy's Hospital, April 8, 1828.

Order,—That, in consequence of untrue and unprofessional statements, relating to this Hospital, having appeared in THE LANCET, no person who reports for, or is in any way connected with that publication, shall be at liberty to attend the practice, or the schools of this Hospital.

JAMES BROWELL, Steward.

TO CORRESPONDENTS.

Communications have been received from Mr. Meredith—Mr. J. E. Salter—Mr. Noel—Mr. J. N. Bainbridge—Mr. John Smith—Mr. W. Smith—Dr. Stokes—O. O. O.—R. Y.—Amicus—Excubitor—Amicus (of Boston)—S. W.M.—Virginius—X.—Veritas—L. L. D.—A Subscriber—P. O. R.

The result of the operation recently performed in Manor Place, is not peculiar. We cannot publish the details, without the consent of the operator, as it was a private patient. "T. O." however, may forward the paper relative to the other affair.

The letter of "Mr. Bainbridge" in our next.

"L. L. D." may call at the OFFICE on Monday.

The trash to which "Amicus" (*not* of Boston) has directed our attention, is unworthy of notice.

Thanks to "W. S." for the notes of the case of "E. C."; we will endeavour to obtain the "previous history" from our reporter.

"Z." * * Yes.

"X." is correct in his statement, respecting the apprenticeship of Mr. Bransby Cooper, but not so as to that of Mr. Key. The information of which he speaks is of great importance, and he is earnestly requested to forward it as speedily as possible.

The letter of "Hibernicus" is illegible.

Mr. Fenner's note has been accidentally omitted in the present Number, but it shall positively appear next week.

The letter of "Messrs. Griffiths, Johnstone and Hughes," has been inserted, in preference to the anonymous communication of a "Veterinary Pupil."

(*Other Correspondents must stand over.*)

---

* No. 239.

THE LANCET.

Vol. II.] LONDON, SATURDAY, APRIL 26. [1827-8.

LECTURES

ON THE

THEORY AND PRACTICE OF MIDWIFERY,

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

Lecture XXV.

Of the Short Forceps. Means of determining whether the Embryospastic Instruments should not be used.

If, Gentlemen, you have dexterity enough to make use of the long forceps, it will rarely happen that you will find it requisite to have recourse to those which are short. When the head of the child is so low down in the pelvis, that it lies within the reach of this instrument, in general it will be found, that no assistance of the instrumental kind is required; and I have observed already, that without a peremptory necessity, instruments are not to be used at all; and even in those few cases where there is, at the outlet, such deficiency of room, or other obstruction, as to impede the passage of the child, and to render it necessary to have recourse to instrumental assistance, should the long forceps be rejected, you will find that the instrument already commended, the vectis, or tractor, is sufficient to abstract the fœtus, so that in this case also the short forceps is not required. On this account it is, that it has rarely happened that I have had recourse to the instrument I now show you—an instrument, however, in some cases, and especially to those who are unskilled in the use of the tractor or long forceps, not without its advantage. This instrument is distinguished from the longer forceps by its brevity, whence it is denominated the short; this *forceps* being formed for seizing the head, when it is lying very low in the cavity of the pelvis, or at the inferior aperture.

In some cases the blades of this instrument may be applied, and with advantage too, over the face and occiput, in the way I shall hereafter demonstrate; the instrument, however, has been formed to lie upon the sides of the head, the lock being in apposition with the vertex, and the point with the chin, while the ears lie in the fenestra—the head, in a word, being enclosed by the forceps, in the way I here demonstrate. Accordingly, if the head be of the standard and ordinary make, the short forceps, when applied to the cranium in this manner, will be found to fit exceedingly well.

Of the short forceps, different varieties have been recommended by different practitioners, but I forbear to enter into long disquisitions here, as the consideration of these many varieties would be a waste of your time and my labour. Breaking loose, however, from this intention for a few moments, on two or three kinds of the shorter forceps I shall offer a few remarks.

Dr. Hamilton, the able obstetric professor of Edinburgh, has proposed a pair of forceps, (the contrivance probably of his earlier practice,) of which I can by no means in candour approve. To omit the consideration of the shank-hinge here shown to you, the forceps, I may observe, is formed with a lateral curve, in the manner of the long forceps. This lateral curve, even in the long forceps, I am, on the whole, inclined to condemn; and, therefore, though I am provided with both instruments, in the long forceps most used in my own practice, the shanks are not incurvated, but straight. We have all, however, a different tact in operating; and to some I can readily conceive, that the curved long forceps may be preferable to the straight; yet, granting this—without the proof of arguments that are not yet come to my hearing—I never can allow that the *short* forceps derive any advantage from the lateral curve, which seems to me to render them less commodious. The object of curving the forceps laterally, is said to be that of protecting the perineum, by carrying the shanks of this instrument forward from this part towards the thighs. Now, to consider this a little: suppose the head is at the outlet of the pelvis, the face lying in the hollow of the sacrum, and the occiput lodging under the arch of the pubis, you apply the short forceps. Suppose, moreover, your forceps are straight, you place them on the head, with the lock to the vertex, and the point over the chin, the whole length of the blade stretching across the sides of the head and the ear. Well, from this apparatus, you may perceive, that when your instrument, though straight, is properly applied in this manner, there is no approximation of the shanks to the perineum, so that the protection of the lateral curve becomes useless, the part being in no danger from the instrument, even when its shanks are straight. Apply now the curved forceps; in the same case, the shanks recede a little further from the perineum it is true, but the perineum was cleared before, and this additional retreat, wholly unnecessary, is no additional security. Or to take another case: suppose the head to be at the outlet of the pelvis, or near it, the face lying to the one, and the occiput to the other side; and suppose further, that you apply the short forceps, straight in the shank, and drawn down according to the rules which I shall presently prescribe. Why, when the head is in this situation, if the blades be placed in the usual position over the ears, one lying against the pubis, the other against the sacrum, you may observe that the shanks rest but little upon the perineum; and even if they bore towards the perineum more forcibly, under this application of the instrument, Dr. Hamilton's curve will not carry the shanks from the perineum. Let us demonstrate here: what is now the effect of the lateral curve—does it protect the perineum? No; it merely carries the handles of the forceps down to the side of the pelvis; from the perineum it don't remove the shanks one iota. So that to me it appears, the lateral curve, always more or less incommodious, is of little or no advantage to the perineum, whether the instrument be placed in the front and back of the pelvis, or on the sides. The short forceps, with lateral curve, therefore, I decidedly disapprove; if you use this instrument at all, give a preference to the straight.

Now, of the straight forceps, there are two forms which I think deserve your approbation, though much nicety in the shape of the instruments, is really not of much importance. The two forms of the forceps are those of Dr. Orme, and those of my predecessor Dr. Haighton, a man to whom I owe every thing that is good both in precept and example. Dr. Orme's forceps are to be commended for their exact adaptation to the sides of the head, and are formed with the blade and the fenestra so narrow, that, as you may perceive, the opening will scarcely admit the fore-finger. The main defect chargeable upon this instrument is, that when laid over the side of the head in the usual manner, the limbus (as you may here see) enlarges the cranium, where, if instruments really be required, it is generally already too large; I mean over the protuberances of the parietal bones. Now Haighton's instrument (I now show it) has the advantage of a large fenestra; the limbus, by which I mean the bar of iron forming the blade, and containing the fenestra—the limbus being made a little thinner; so that the protuberance of the parietal bones lying in the fenestra on a level with the limbus, or even projecting a little beyond, there is no addition of bulk over the protuberances, as this demonstration shows, and the head is not further enlarged, where in general, as before observed, it is already too bulky. If there be any defect in the Haighton forceps, it consists in the breadth of the blades, which is so great, that they are not very easily passed up through the genital fissure, and it has been complained of in this respect; but it is to be recollected here, that you are never to use this instrument, except where the softer parts are thoroughly relaxed, when the blades will pass with facility; if the softer parts are rigid, so that the introduction may be attended with difficulty, you ought not to make use of them at all.

The cases in which you may use the short forceps, are principally the three following: first, those cases in which the head is at the outlet of the pelvis, the face lying in the hollow of the sacrum, the sagittal suture bearing on the perineum, and the occiput lodging under the arch of the pubes—the position of the head, in ordinary labour, when the fœtus is upon the point of entering the world. The second case, somewhat different from the former, is that in which the head is descended to the outlet of the pelvis; but where the face is lying forward upon the symphysis pubis, the occiput and vertex bearing on the perineum and sacrum, and where, owing to the great pressure on the perineum and parts adjacent, there is great obstruction to the passage of the head. The third case of intermediate character is that which I here demonstrate; here, as before, the head lies in the cavity of the pelvis, but the face is lying towards the one, and the occiput towards the other side, that turn or partial revolution of the cranium which precedes delivery, and places the occiput under the arch of the pubes, being as yet unaccomplished. Under all these three positions then, the cranium being descended into the cavity of the pelvis, the use of the short forceps may be required;—when the face lies in the hollow of the sacrum; when it lies forward, and when it lies to the one or the other side.

There is nothing easier than to use the short forceps in the first and simplest of these cases; where the head is at the outlet of the pelvis, and the face is in the hollow of the sacrum, and the occiput lies out under the arch. The accoucheur taking one or other blade of the short forceps, for if there be no lateral curve, choice is unnecessary, he passes up two of the fingers of his left hand between the vagina and the child's head, on the left or under side of the pelvis, so as to feel distinctly the ear, always of ready access when the head is thus low down in the pelvis. This preparatory measure taken, he then, with the right hand, gently insinuates the blade between the fingers and the cranium, placing the point over the chin, and the lock over the vertex, the position of which parts he has previously ascertained. Well, in this manner, with the utmost gentleness, having placed the blade on the head, he keeps it in that position with the thumb and two fingers, while he interposes the other last two fingers, the first and second, I mean, of the left hand, between the vagina and the cranium in the right or superior side of the pelvis; and, as before, with the right hand, he carries up the second blade in apposition to the former, the lock being apposed to the vertex, and the point to the chin, and the two blades being placed in correspondence with each other, so as to secure the head. Thus, then, the head being secured in this manner, and care being taken to include no portion of the perineum, the practitioner waits for pains, if there be any expectation of them, and then recollecting the perineum, which is on the stretch and in danger of laceration, he leads the head forward a little, pauses, examines, and observes the pulse and the countenance; afterward, as pain recurs, with caution and gentleness repeating his attempts. Beware of pressing the head too forcibly between the blades, lest you crush the head and bruise the cerebral mass. Make no pressure upon the head, except when drawing. Abstract the head gradually by little and little. In making the effort, be very careful to draw towards the symphysis pubis and the thighs, so as to keep clear of the perineum as much as may be. The grand danger to be apprehended in performing this operation is, the laceration of the perineum. Watch—beware; security may sometimes require the inspection of the perineum, but this is rare. Without much exposure, the object may, if necessary, be accomplished.

The second case already mentioned, also admitting the use of the short forceps, is that in which the head is at the outlet of the pelvis, with the face on the symphysis pubis, and the occiput on the sacrum, the sagittal suture bearing on the perineum. Now in this case, for the safety of the woman, I do believe you will often find it better to lay open the cranium, as the forceps may bruise—tear; and after all, perhaps, abstract a dead child. But before you have recourse to so dreadful an instrument, only not murderous, you should make every prudent attempt to liberate the child uninjured, whether by the lever or forceps. Applying the short forceps, then, in the same manner as before, with the lock on the vertex, and the point over the chin, and including the head in this manner, you draw down, careful, as you draw, to throw the chin on the chest, and to bear the occiput from the perineum and sacrum, as you will perceive I am now doing, and leading it as much as may be towards the thigh; all which may be very easily effected. Besides this method, however, there is yet another, in which the delivery may be accomplished, and that is, by *rectifying* the position of the head. Including the head, as before, in the forceps, you turn the face a little to one side, before you draw down; then, pausing awhile, you again turn the face a little more to the side of the pelvis, and draw, very careful of the perineum, until you gradually and safely work the face into the hollow of the sacrum. When the unfavourable situation being rectified, the head comes away easily enough, probably under the natural efforts, unaided by further instrumental assistance.

The grand *error* in this case to be avoided is, the making such pressure on the softer parts, when the head is abstracted, as may occasion sloughing or laceration of the perineum; more especially when the softer parts are greatly distended, or when the head is extraordinarily large; the fœtus too frequently dying in consequence of this pressure; and hence the remark with which I opened; I mean, that in cases of this kind, I am not sure that it will not often be the wiser practice to sacrifice the fœtus at once, by laying open the cranium, as we may thus preserve the person of the mother from these formidable injuries.

The third case in which I may demonstrate the use of the short forceps, is that in which the head is at the outlet, as before, the face lying to the one, and the occiput to the other side. In a case like this, it is rarely necessary to use instruments at all; but want of room, or a failure of pains, or a large and unexpected eruption of blood from the uterus may render the use of instruments necessary. In cases of this kind you may apply instruments in two ways: you may lay the forceps in the sides of the pelvis, over the face and occiput; after which you may gently place the face in the hollow of the sacrum, and the occiput under the arch; subsequently cautiously abstracting the head, with or without the application of the forceps, in the usual manner, over the ears. Or, instead of operating in this manner, you may, if you please, apply the instrument from the first, in the ordinary mode, over the sides of the head, and this you should always do where you can, the blades being made to fit the head in this manner. If, however, you apply the forceps in this way over the ears, in the case under consideration, you must place one blade in the front of the pelvis, and the other behind, where the ears are lying, proceeding on the principles already laid down for the use of the instrument in the sides of the pelvis. For this purpose it may be convenient to introduce first the blade, which is to be interposed between the cranium and the front of the pelvis. The method of operating I here demonstrate. Having secured the head, in this manner you draw down, and conducting the face into the hollow of the sacrum, gently, gradually, and with great care of the perineum, you deliver as before.

The turning of the face by mistake into the front of the pelvis instead of placing it on the sacrum, is a principal error against which you must guard in managing these cases. When you have secured the head, remember that you are to turn the face into the hollow of the sacrum, and afterwards abstract the fœtus in the ordinary way. Doing the reverse of this, you throw the occiput into the hollow, and thereby create the very difficulty before considered, and which it is so necessary to avoid. If you will give nature fair play, as you draw down, I believe you will generally find that the face will, of itself, turn round upon the back of the pelvis, or, at all events, that only small and gentle assistance will be required.

There is one other *error* which you may commit in using the short forceps, most extravagant it is, and tremendous as extravagant; I mean the introducing of one blade into the rectum and the other into the vagina, the gut becoming enclosed in this manner between the blade and head, the error is possible, but is scarcely pardonable; the man who is guilty of such enormity, ought to relinquish the name of an accoucheur.

I will send you round a preparation of the perineum, where the genital fissure and the anus are formed into one aperture: repeatedly have I seen this accident—be cautious therefore.

Rules for determining whether the Embryospastic Instruments should or should not be used.

The practitioner who has a moderate share of mechanical genius—who understands moreover, thoroughly, the process of examination—and who, as every accoucheur ought to do, has acquainted himself with the general obstetric anatomy of the pelvis, the child, and the softer parts in connexion with the pelvis—such a practitioner, with the help of a little experience, can, I conceive, find but very little difficulty in using the embryospastic instruments. To mere dexterity in the use of these instruments, therefore, I would give but small praise. Nay, sometimes the most intellectual accoucheurs are, perhaps, the very men who are the least skilful in the use of these instruments; for never using them unless peremptorily required, (if not engaged in a consultation practice,) they can have but very rare occasion to administer them. In truth it is not so much in the use of instruments, as in the selection of those cases in which the use of instruments is really required, and in the determination of the precise moment when we ought to interpose with instrumental help, that the judgment of the practitioner appears.

The worst of consequences arise, no doubt, from the neglect or rejection of instruments, where they are really demanded by the nature of the case; bruises, sloughings, inflammations, suppurations, and the death of the mother, and the death of the child, may all be the result; nevertheless, the cases in which patients may suffer because instruments have not been employed when they have really been required, are by no means frequent in their occurrence, and therefore it is impossible for men, in general practice, to err frequently even in abstaining altogether from the use of instruments in all cases. Really, if you go down into the country, even without the lever and forceps, you may be in practice a considerable time before you find your need of them; though, as your circle of action enlarges, you are likely to feel the want of these arms at last. If you must err, then, take my advice, and err rather by the neglect or rejection of instruments than by their too frequent use, for the cases in which you may use instruments without need, are as numerous as the cases that may fall under your care, with the exception of the *very*, *very* few in which these weapons are really required. In the common course of practice, great evil results from using instruments where they are not required: young men, who feel they have skill enough to manage these implements, sometimes feel, too, a prurient propensity to have recourse to their use. When, however, you lay your hand upon the tractor or forceps, remember that the accoucheur who is meddlesome may be guilty of occasioning laceration of the perineum, rupture of the vagina, compression and death of the child, inflammation of the abdomen of the mother, and many other fatal consequences, which I have myself had occasion to see; a list of offences, surely, sufficient to alarm the prudent.

To individuals it is no doubt an advantage that obstetric instruments should exist, though to the sex at large it is, perhaps, an evil and a curse; for, if we were to take the aggregate of all the evil and all the good which results from the use of instruments, I do believe it would be found that the total evil has considerably exceeded the advantage derived from this artificial assistance. It is therefore of the utmost importance to you, not merely to learn to use instruments, for if unskilful in using them, in a large town at least, you may often procure assistance; but it is of the highest importance, that you should, moreover, learn to know the cases in which the use of them is required, so that, whether you operate yourself, or choose to put in requisition the assistance of others, you may be able to select cases which are fitting, and to ascertain too the proper moment for action; now to the consideration of this point I next proceed.

If an accoucheur of much experience, engaged in a very large practice, can administer the lever with great dexterity, I could pardon him for using this instrument occasionally to save a little time, provided he feel fully satisfied that he can operate without injury either to the mother or her offspring. A sort of amnesty may, I think, be extended to the man who does this; yet, after all, the practice is not to be commended; and, as to the administration of instruments pragmatically and officiously, and where any danger may result—*absit*—you are all agreed, I presume, that it ought never once to be thought of. Again:

In consultation practice, you will sometimes be called to cases in which the friends are anxious; and the practitioner is worn out by harassment of many hours at the bed side, with a mind full of perplexity; the patient herself, especially if she has been delivered by instruments before, is importunately desirous that instruments may be employed again. In cases of this kind I have myself, in some instances, had recourse to the forceps, and delivered the woman with safety; nevertheless, I have considered myself culpable for so doing. The mere desire of the woman, or of the accoucheur who has been previously in attendance, or of the friends themselves, furnishes no sufficient reason whatever why you should use the instruments, for life may be at stake, and you are not to recommend instruments in an adulatory manner, merely to flatter the feelings, but because, in reason, you perceive that they are peremptorily required.

When women are narrow in the pelvis, it sometimes happens, that they have been repeatedly before delivered by the use of the lever or forceps; six or eight children, perhaps, having been born, all of them under *instrumental* practice. Now, if a skilful and forbearing accoucheur, one not meddlesome, have been in attendance upon the woman, this is a strong presumptive argument why you should use instruments again; but, after all, it is only a *presumptive* argument, deserving to be considered as a *make-weight* in the scale, but nothing more. A woman may have borne six children, all under the use of instruments, and yet the seventh may not require their employment, because the child, born prematurely, may be of small size; because, too, it may be one of twins or triplets; because, from other causes, it may be unusually soft and small.

When engaged in practice, you will, no doubt, feel disposed to determine respecting the necessity for instrumental aid, by making your measurements of the pelvis. In the preliminary lectures, I endeavoured to explain to you how the pelvis is to be measured; nor would I have this measurement more especially at the brim, between the symphysis pubis and the promontory of the sacrum, to be neglected. Nevertheless, I have the satisfaction to tell you, and I say *satisfaction*, because the declaration implies a diminution of difficulties, that it is *not* by the nicer measurement of the pelvis that you are to decide upon those cases in which you are to use the embryospastic instruments. If the pelvis be contracted, or distorted in a high degree, you may often, on examination, ascertain, at once, that unassisted delivery is impossible; but, in general, when the tractor or forceps are proposed, the contractions are small. Now, in these nice cases, to determine within a line or two what is the measure of the pelvis, must often be a point of difficulty to the experienced, and, not infrequently, beyond the skill of an ordinary practitioner; and, moreover, if the pelvis be measured with unhoped-for exactitude, we must still remain in doubt as to the bulk of the head, which is very various. It is true, indeed, that this inquiry might be ascertained by carrying the whole hand into the uterus; but then this is an operation of danger, and should never be had recourse to if avoidable. On these accounts therefore, although, certainly, the examination of the pelvis ought not to be neglected, I should not advise you to take principally from these measurements the determination whether you will, or not, have recourse to instruments.

The appearance of any dangerous symptoms is sometimes adduced as an argument for the use of instruments, and I allow its force, provided the symptoms arise from the prolongation of the labour; and delivery seems to be the only effectual means of overcoming those dangerous symptoms. If there is tenderness of the abdomen; collapse of the strength; irritability of the nerves; restlessness; a rising pulse, mounting from 110 to 120, 30, or 40, in the minute, all these are certainly strong arguments for having recourse to instruments. It was only the other day I was obliged to make use of the long forceps; the woman had been in labour for thirty-six hours, and dangerous symptoms beginning to manifest themselves, I felt myself compelled to deliver.

The mere prolongation of the labour, too, is certainly a reason, and a good one, for the use of instruments. You should measure the term from the dilatation of the os uteri and the discharge of the liquor amnii, that being the epoch, or time, at which the heavier pressure begins to bear upon the softer parts; after which, therefore, this pressure is likely to become injurious. Now, it may be laid down as a sort of general rule, that no woman should be left in strong labour for more than twenty-four hours after the discharge of the waters; I say in strong labour, *after the discharge of the liquor amnii*, for if the water be not escaped, and no dangerous symptoms are apparent, it matters little whether she have been in labour for a week, or a day; in the ordinary course of things, no danger need be apprehended. But if, after discharge of the water, the woman have been in strong labour for twenty-four hours, she ought to be delivered on two accounts: first, because after fruitless labour for twenty-four hours, subsequently to the discharge of the water, it is unreasonable to expect that the natural efforts will expel the child; and, secondly, because where labour is suffered to run on beyond a certain time, even though no dangerous symptoms have yet appeared—of a sudden, sometimes, when all seems fair and smooth, the vessel strikes and founders; the pulse rises to 130 or 140 in a minute, the countenance falls, and speedily, or in a few hours afterwards, the woman dies. In these cases there are usually extensive bruisings, and now and then very extensive lacerations, of the womb.

And thus much, then, respecting the general indications, which are pointed out as the criteria marking the necessity of having recourse to instruments. I have communicated them all, not with the purpose that you may be guided by them, for I shall give you my own indications presently, but rather to prevent you from being misguided. The prolongation of the labour, and the attack of dangerous symptoms to be effectually relieved by delivery only, I look upon as a valid argument in support of the use of instruments. But the convenience of the accoucheur, the wish of the patient or friends, the use of instruments in former labours, the measurement of the pelvis, are all inconclusive reasons, and will not alone bear you out in the recommendation of instrumental assistance. But here methinks I here it said—as you tell us that there is so much importance in selecting the proper moment for the use of instruments, can you prescribe for us no plain rule, by the observance of which the novice in midwifery may be kept near the line of correct practice? This question, I think, I can answer affirmatively. The rule, which I have repeatedly taken occasion to mention even in preceding lectures, and which you will probably recollect on recital, is—that if a woman have not been in labour for four-and-twenty hours after the discharge of the liquor amnii, and if no dangerous symptoms are manifest, you ought not to interfere: Why should you? Why not wait? A meddlesome midwifery is bad. But, on the other hand, if the patient have been in strong labour for four-and-twenty hours, or, independently of this strong labour for four-and-twenty hours, if dangerous symptoms are apparent, to be relieved effectually by delivery only, let your tractor or forceps be employed; for although it be true, that the use of them is at all times an evil, yet, under these circumstances, to use them is a smaller evil than to refrain. But further, there may be cases of intermediate character, in which the arguments for delivery, or the contrary, may be so very nicely balanced, that, notwithstanding the rule prescribed, it may not be very easy to take your resolution. What then is to be done here? Why, Gentlemen, in this dilemma, the degree of your instrumental skill should decide, and, if you are dexterous, determine the point in favour of instrumental delivery—if unskilful, refrain.

Here then is the rule I would lay down, after as much consideration as I have been able to give the subject, and which I would recommend you to follow to the exclusion of all the others, until you have formed for yourselves a better. If the woman have not been in labour for four-and-twenty hours, and dangerous symptoms do not appear, beware of instruments; if she have been in labour four-and-twenty hours, or if dangerous symptoms manifest themselves, then give instrumental assistance; and, lastly, if the case be dubious, so that it is doubtful whether instruments ought to be employed or not, then, provided you are skilful in handling instruments, make use of them if you please; but should you be wanting in dexterity, then give a fair trial to the natural efforts, and if they fail you, have recourse to further assistance.

FOREIGN DEPARTMENT.

MAY VISION BE PRESERVED, NOTWITHSTANDING THE DESTRUCTION OF THE OPTIC NERVES?

BY M. MAGENDIE*.

We have given an account in this Journal of an experiment which clearly shows, that the fifth pair of nerves is the principal organ of the general sensibility of the head, that it is positively the agent of smell, and that the senses of vision and hearing are dependent on it for a peculiar kind of influence, their special sensibility. Hence, when the fifth pair is divided on both sides, the animal loses its sight, notwithstanding that the iris is still acted on by the sudden admission of light. But, although analogy might lead us to suppose, that the fifth pair could even temporarily supply the action of the optic nerve, some facts have recently come under our own observation, which set the matter beyond doubt.

AMAUROSIS; DEVELOPMENT OF A CYST BEHIND THE COMMISSURE OF THE OPTIC NERVE.

On the admission of the patient into the Hotel Dieu, the pupils were very much dilated; the right possessed slight motion, the left none. The power of the left eye was completely destroyed, but the right retained the power of vision in a slight degree. It was about eighteen months that the patient, whose business was that of writing, had been obliged to give up his occupation, on account of violent pains in the head and gradual loss of sight. The usual means were resorted to, but without any relief, and the patient one day expired suddenly; a few days, however, before his death, he could see objects distinctly.

Inspectio cadaveris.—Between the decussation of the optic nerve, and the pons varolii, in fact within the circle of Willis, there was a cyst of the size of a hen's egg, partly fibrous, and partly osseous in its structure, which corresponded to the tractus opticus. The cyst was filled with a yellowish matter, mixed with blood. Laterally and superiorly the cyst corresponded to the optic nerves, which it had flattened and nearly destroyed. The remains of the nerves adhered internally to the cyst, by the cerebral matter, and anteriorly were lost in a white spot on the osseous part, which corresponded to the commissure. Still nearer to the optic foramina, the nerves were found in a state of atrophy. There was no trace of the pituitary gland. The retina was thin, red, and nearly transparent.

There are some points worthy of attention in this case; the patient could see objects distinctly a few days before death, and there was nearly complete interruption of the optic nerve from the brain to the eye. The optic nerves were also in a state of atrophy anterior to the cyst, and the retina was thin and transparent, appearances which are only observed in individuals who have been blind for many years, and in whom the optic nerves have not suffered any diminution of size, or any apparent alteration in their central medullary part. The same phenomena may be observed in mammalia who have become blind, and in whom there is no apparent alteration of the optic nerve. In birds, on the contrary, loss of sight is followed in fifteen days by atrophy of the optic nerve. If we admit, therefore, as true, the preceding account, it is scarcely possible to attach in that the exercise of vision to the retina, since, on neither side, was it in a fit state to act. We must, therefore, have recourse to the fifth pair, to understand how the impression of light was transmitted to the brain. I am aware that this conjecture may appear strange to most of my readers, who have been accustomed to regard the optic nerve as essential to vision as the heart is to the circulation. I must, however, state, that my experiments (Journal de Phys., vol. iv.) on the optic nerves were not favourable to this opinion, for if a nerve be divided in the cranium, anterior to its decussation, the eye of the same side does not act. And, lastly, if the point of decussation itself be divided on the median line, the animal becomes completely blind. From these experiments, then, it is evident that the optic nerve is indispensable to vision, but then here the lesion of the nerve is sudden, whilst in the case related, its alteration was slow.

Case.—A woman, seventy years of age, who had died of some complaint unconnected with the nervous system, was brought into the theatre at Salpetriere to be examined. For a long time she had been blind on the right eye, and the lens of this side had been opaque; she had been able to see on the left side. The right optic nerve was of the usual size; that on the other side was much smaller, thin, and in a state of atrophy. This alteration was so distinct, that those who were present imagined that the person must have been blind on the right eye.

We do not see how either of the above cases goes to prove that the power of vision is not dependent on the optic nerves; in the first case, the optic nerves were not completely destroyed; and, in the second, although vision was more perfect on the side where the optic nerve was affected than on the other where it was not, still there was a very apparent cause in the right eye, perfectly independent of the nerve, viz., opacity of the lens. M. Magendie regrets that he was not present himself at the examination of the last case.

---

* Journal de Physiologie, Jan. 1828.

A CASE OF SUFFOCATION PRODUCED BY THE PRESENCE OF A LEECH IN THE LARYNX.

BY DR. LACRETELLE.*

A soldier suddenly felt a sense of suffocation, and the surgeon of the regiment was sent for in great haste. The fact was, that passing through a country during great heat, the men drank, without the least precaution, in most of the streams, or even pools, which they met with. We found our patient with a red and swollen face; his mouth frothy, his eyes turned up, and his breathing almost entirely suspended. After this paroxysm, he came to his senses; he soon fell, however, into the same state. No symptom of apoplexy was present; his breathing only appeared embarrassed, and the obstacle which opposed the entrance and exit of air, appeared to us the sole cause of all these symptoms. On attemping to answer any questions, a fresh paroxysm came on, and he was compelled to desist. The introduction of a foreign body into the trachea, appeared to us as the probable cause of his sufferings, hence we decided on performing laryngotomy. Whilst we were making preparations for this operation, our patient breathed his last.

On opening the body, we discovered a leech in the right ventricle of the larynx; it was only with great trouble, that we detached it from its situation. Its body, rather large, obstructed the glottis, and rendered the entrance of air, by this opening, almost impossible.

OPENING OF THE FORAMEN OVALE, WITH GENERAL CONTRACTION OF THE AORTA AND ARTERIES, WITHOUT CYANOSIS.

BY M. MIGUEL.†

This case tends to prove, that the blue disease does not depend on the communication of the right with the left cavities of the heart, and confirms what MM. Fougier, Breschet, Marc, &c., have published on this subject. This is a case of a man thirty-six years of age, who entered the Hospital of Charité in 1826, under the care of M. Cayol, for difficulty of breathing, and continual sense of suffocation. His countenance was of a bluish colour; great pain in the heart and head, accompanied with strong beatings of the heart and arteries, which lasted for about a minute; he then became pale, and fainted. He experienced much less pain after blood-letting; and he asserted that, in six years, more than six thousand leeches had been applied, and that he had been bled about seventy-one, or two times. This disease terminated in dropsy. There was a dull sound in the region of the heart; the pulse small, unequal, intermittent, which was a contrast with the great violence of the heart's pulsation; the extremities were cold; breathing was short, laborious, but there was no violet or blue colour in the lips, cheeks, or any other part of the body.

From these symptoms, Mr. Cayol thought that there was *considerable hypertrophy of the left ventricle, with contraction of the orifice of the aorta, by a commencement of ossification of the sygmoid valves.* After remaining in the hospital fifteen days, the men died in a state of suffocation. On opening the body, the heart was found to be of twice its natural size; the parietes of the left ventricle and the auricles, were doubled in thickness and capacity; the two auricles communicated together by an opening of the size of half a crown, thin, and rounded; this was evidently the foramen ovale, not obliterated. The pulmonary veins were dilated; the aorta, and all the arteries of the body were, on the contrary, of smaller size than usual.

CASE OF HEMATEMESIS OCCASIONED BY A LEECH IN THE STOMACH.*

BY M. VANDERBACH.

A soldier, after having experienced for fifteen days pain in the stomach, accompanied with vomiting of blood, *felt something* which ascended along the œsophagus, and which attached itself to the left side of the pharynx, producing a tumour which impeded deglutition and respiration. The vomiting ceased a little; but the patient continually expectorated, and his expectorations were mixed, both with black and red blood: two days after, when the patient was lying down, he was awakened by a sense of pain in the pharynx, as well as in the back of the fauces; he introduced his hands to this spot and drew out a leech, which was alive. The patient stated, that he had drank several times from streams, but he had never observed any foreign body in the water. From this time the symptoms all disappeared.

---

* Gazette de Santé, 25 Fevrier, 1828.

† Revue Medicale

* Journ. Univ.

LONDON MEDICAL SOCIETY.

April 14, 1828.

Dr. Haslam, President, in the Chair.

HYSTERIA.—FRACTURE OF THE CERVIX FEMORIS.

The subject of hysteria was resumed.—Mr. Shearley remarked that the term hysteria was properly applied to a certain concatenation of symptoms, which symptoms being dependent upon various conditions of the system, of consequence require a diversified treatment.

Dr. Haslam observed that Celsus has treated of hysteria under the epithet—*morbus vulvæ*, making a natural and important discrimination in this variety of the disease, and recommending the abstraction of blood.

Dr. L. Stewart inquired whether hysteria is confined to the female sex.

Mr. Waller was of opinion that the disease consists essentially in an irritable condition of the brain and nerves, induced by various remote causes.

The discussion upon hysteria here terminated, and the Registrar proceeded to detail a case of fracture of the neck of the right femur. The subject of the accident was a woman, 62 years of age, and the injury occurred from falling on the right side; the usual characteristics of fracture of the cervix femoris were present in a marked degree. As the woman was in a declining state of health, the only means adopted was simply confining her to bed, and she sunk at the expiration of two months. It was ascertained that about two years and a half previously, she had met with an accident to the left hip, by which she was confined for some time, and remained lame afterwards; the limb being shortened, and the foot everted. In the post mortem examination, Mr. Field removed the upper part of each thigh-bone with its acetabulum, and these preparations he submitted to the inspection of the Society.

Mr. Amesbury said that he considered the preparations to be of a very important description, inasmuch as they tended to throw some light upon a much disputed point—fracture of the cervix femoris. He believed that one of the preparations showed a fracture within the capsule, united by bone, and the other, where the injury had been more recent, exhibited appearances which further tended to confirm the possibility of such an event. In both accidents, considerable retraction of the limb and eversion of the foot, immediately supervened; on the left side, where the first injury took place, there appeared to be shortening of the limb to the amount of two inches, or two inches and a half, and on the right side the shortening was about an inch and a half. Mr. Amesbury went on to say, that in looking at the two preparations it would be seen that the relative situations of the heads of the bone with respect to the shafts were very different; in the old case, which he considered as a fracture united, the neck of the bone was absorbed, and the head rested upon the trochanter minor; in the ore recent case, the neck maintained the natural oblique line as regards the shaft. The head of the bone in the latter case, Mr. Amesbury contended, was at the distance of two inches from the lesser trochanter, clearly evincing, in his opinion, that the position of the bone in the former case arose from accident, and not from disease. On the upper surface of the neck of the left bone, Mr. Amesbury said, there was seen a projection indicating the natural direction of the neck—in the longitudinal section of the bone was seen a line of dense bony matter, showing the natural direction of the lower part of the neck, the shell of which part extended upwards, passing into the cancellated structure of the head. But, as the greater part of the callus which joined the surfaces had become cancellated, it appeared like the other parts of the natural internal structure of the head and neck of the bone. The head of the bone, in both cases, was connected to the capsular ligament by strong bands of ligamentous matter, similar to those observed in Mr. Chorley's case, and from the circumstance of these bands appearing also in the more recent case, in which no bony union had taken place, Mr. Amesbury inferred that they were formed as a first step on the part of nature, in order to fix the parts prior to the commencement of ossification.

After the preparations had been handed round, and minutely inspected, several members expressed their opinion, that with respect to the left femur there was no evidence of fracture of the neck presented in the appearance of the bone; but, that the falling down of the head of the bone was the result of disease, and not of accident. Mr. Amesbury, having been called upon to say whether the ordinary symptoms of fracture of the cervix femoris were present in the first accident, admitted that he was in possession of no positive evidence; it had been reported to him, by the friends, that the limb became shortened and everted, immediately after an injury similar to the last, which he witnessed. It was admitted, on all sides, that the evidence was unsatisfactory in the extreme; and in respect to the "bands" alluded to by Mr. Amesbury, it was argued that they were not adventitious substances, but simply portions of the capsular ligament. Mr.

Amesbury, although *solus* in his opinions, supported his ground; he put it to his opponents if they denied that fracture had ever taken place in the left femur, to show in what manner the head of the bone had assumed its unnatural situation, seeing that the direction of the neck of the right femur was natural.

[In the course of the evening it was announced from the chair, that a general meeting of the members would take place on Monday next, for the purpose of determining upon the propriety of presenting a petition to Parliament on the supply of bodies for the purposes of dissection.]

April 21, 1828.

Dr. Williams in the Chair.

The important nature of the subject brought before the Society this evening, produced a very full attendance of the members.

Dr. Clutterbuck pointed out, in a forcible manner, the disadvantages and impediments which at present exist in the cultivation of the science of anatomy; he observed, that at the time he was a pupil, subjects could be procured at the price of two guineas; whilst, at the present time, twenty guineas, or more, are paid, and the bodies are obtained with the greatest difficulty. The consequence of this, Dr. Clutterbuck remarked, is, that students, with limited means, omit the study of anatomy, whilst others go abroad, where subjects are readily procured, and at a cheap rate. The worthy Doctor concluded by moving, that a petition which had been drawn up by the council, and intended to be presented to the Commons, should be read.

The Registrar then read the petition, and a lengthened debate arose upon it; Mr. Kingdon, Mr. Cook (late of Exeter,) and other members, objecting to the petition on the ground of its referring almost exclusively to the hardships experienced by *teachers*, in the want of subjects for dissection. It was at length moved by Mr. Lambert, that a part of the petition to the above effect should be omitted, and this having been agreed to, together with some verbal amendments, the following petition was ultimately adopted.

To the Honourable the Commons of Great Britain and Ireland in Parliament assembled.

The humble Petition of the undersigned, the President, Council, and Fellows, of the Medical Society of London, established in the year 1773.

Showeth,—That the perfection of medical and surgical science is founded upon an intimate and minute acquaintance with the structure and functions of the human body.

That the requisite knowledge of anatomy and physiology can only be obtained by the frequent inspection and constant study of the dead human subject.

That an adequate supply of dead subjects is indispensably necessary to enable the teachers of medical and surgical science, to explain to students the complex structure and varied functions of the animal frame in health, and the innumerable alterations effected in it by different states of disease.

That the physicians and surgeons of this kingdom are altogether prevented from obtaining such adequate supply by the existing laws, which prohibit, under severe penalties, both pecuniary and personal, the appropriation of dead bodies generally, to anatomical purposes.

That the facility with which subjects for anatomical purposes can be procured in all other countries compared with this, necessarily compels great numbers of medical and surgical students to go abroad for the purpose of prosecuting their professional studies.

Your petitioners, therefore, humbly entreat your honourable house to take the matter of their petition into your gracious consideration, and to afford them such relief, as to your honourable house shall seem meet. And, &c.

It was unanimously resolved, that the petition should be placed in the hands of Mr. Warburton, and that it should remain for signature, at the rooms of the Society, until one o'clock of the following day; the time being thus limited, in consequence of the motion for a committee in the House of Commons, taking place on Tuesday night.

On the motion of Mr. Kingdon, a Committee was appointed for the purpose of drawing up a petition, to be presented to the House of Lords; and it appeared to be the general wish of the Society, that this petition should be more comprehensive in its nature, than the one agreed upon for the Commons.

Mr. Alcock, on this point, very well remarked, that the leading feature of the petitions on this subject should be public benefit, and that the hardships and grievances of individuals, or classes of individuals, should not be dwelt upon.

At the conclusion of the evening, a kind of conversational debate ensued, on the best means of supplying the schools of anatomy with subjects.

Mr. S. Wray stated, that it was his conviction, Parliament would give no remedy, and that medical men should themselves set an example, by giving up their own bodies for the purposes of dissection, and thus

Mr. Wray argued, the way would be paved, as it were, towards diminishing the prejudices of the public.

Mr. Lambert met these opinions by observing, that the notion of medical men giving up their own bodies, which had been trumpeted forth through many of the public papers, arose from a mistaken and narrow view of the subject. It was admitted on all sides, that no injury is done to the person dissected; the only injury committed, being upon the feelings of the relatives, or friends, of the deceased; hence, the proposition was self-evident, that if the person submitted to dissection, had no friends or relatives, then no injury was sustained. He, Mr. Lambert, was perfectly willing that his body after death should be dissected; but he could not forget, that there were those near and dear to him, whose feelings would be outraged, and this injury he had no right to inflict. Mr. Lambert further remarked, that the annual amount of unclaimed bodies in the metropolis, as could readily be proved, would amply suffice for the supply of the anatomical schools; this appeared to him the only means that could possibly be adopted; to talk of diminishing the prejudices of surviving relatives, was, in his estimation, idle.

Mr. Kingdon concurred with Mr. Lambert, with respect to dissecting unclaimed bodies; but, at the same time, he thought the public feeling might be well consulted, by making it compulsory, as in France, to give christian burial to the remains of the bodies, after the purposes of dissection had been served.

WESTMINSTER MEDICAL SOCIETY.

April 12, 1828.

Dr. Barry in the Chair.

FURTHER DISCUSSION ON INSANITY.

Dr. Epps briefly recapitulated the substance of his former observations on insanity. Mr. Bennett resumed his attack on phrenology, which doctrine he contended was covertly introduced by the author of the paper. Mr. Bennett said, that the opinions of Gall and Spurzheim had been completely set aside by many able experimentalists of recent date; and if it were true that the cerebellum was the main agent of physical love, he wished to know how phrenologists would get over this difficulty, namely, that the frog, an animal remarkable for its long continued amatory pursuits, had no cerebellum.

Dr. Ley treated of the mind as a distinct essence, observing, that in many cases of mania, there are no proofs of cerebral derangement.

Dr. Johnstone, on the other hand, contended, that in the majority of cases of mania, there are traces of disease to be found in the brain, and he appealed to Dr. Burrows' experience on the subject, saying, that he (Dr. Burrows) knew these things "*devilish well.*"

Dr. Burrows said, that he certainly had dissected the brains of maniacal patients most carefully, and, in many instances, had not been able to detect organic lesion.

Dr. Wright, of Bethlehem, remarked, that he had examined the brains of more than one hundred insane patients, and had found in all these cases palpable proofs of disease. Dr. Wright passed a high eulogium on phrenology, as the only true means of studying the human mind.

Dr. Copland referred to the observations of a physician of Berlin, who states, as the result of his experience, that in one hundred insane patients, whose brains he had inspected, there were but few instances of organic lesion.

Dr. Epps very ably replied, and the Society then adjourned.

April 19, 1828.

Mr. H. Mayo in the Chair.

This evening we had nearly the same arguments and the same speakers as on the two former occasions; Dr. Epps commencing the business, and being followed by Mr. Bennett and Dr. Ley on the opposite side of the question. Mr. Bennett attacked the doctrine of phrenology on the ground of its being opposed to his observations in comparative anatomy. He contended, on the authority of Treviranus and Desmoulins, that the frog possesses no cerebellum, whilst Dr. Epps as strenuously contested that this animal has a cerebellum, and pulled a dissected frog from his pocket as demonstrative evidence of the truth of his assertion.

Dr. Barry having first declared that he had not studied phrenology in its details, and was only acquainted with the outlines or principles of the science, proceeded to speak against the details; phrenology, however, suffered nothing in the encounter. The only observation which fell from Dr. Barry worthy of notice was, that he had assisted in performing some experiments on the cerebellum of a guinea pig, from which he had arrived at the conclusion, that this part of the brain does not preside over the generative system. A piece of wire was passed into the cerebellum of the guinea pig, but no effect was produced on the genital parts; but when the wire was carried down to the spinal marrow at the loins, and this part irritated, then erection of the penis and emission of the semen took place.

Dr. Somerville occasioned much merriment by stating, that he had requested Dr. Epps to inspect the head of a young lady, and that after Dr. Epps had done so, he expressed an opinion that the young lady, amongst other good qualities, had remarkable firmness and great love of offspring. The person of whom this opinion was given, was Catherine Welsh, the woman executed a few days since at the Old Bailey for the murder of her infant, and whose body is now under dissection at the Windmill Street School.

It was announced from the Chair, that Dr. Milligan at the ensuing meeting, would bring forward a paper on the sanability of phthisis pulmonalis, and in the course of the evening it was stated by Dr. Webster, that a deputation had waited upon Mr. Warburton, and placed in his hands the petition agreed to by the Society on the subject of dissection.

MEETING

OF THE STUDENTS AND FRIENDS OF THE WEBB STREET SCHOOL OF ANATOMY AND MEDICINE.

A meeting, which was numerously attended, was held on Thursday in the above theatre, to take into consideration the propriety of petitioning Parliament for the removal of the difficulties which obstruct the study of anatomy.

Mr. Grainger, on being called to take the chair, addressed the meeting :—He said, that he believed it was almost unnecessary for him to insist on the importance of the question which they were met to discuss—it was to petition both Houses of Parliament to remove the difficulties now existing for obtaining bodies for the purpose of dissection. It was unnecessary to enlarge on the absolute necessity of a supply of bodies in such an assembly. Frequently, in consequence of the difficulty of procuring the necessary supplies, there was considerable interruption to the anatomical studies. The schools in London did not suffer so much as those in other parts of the empire. In Edinburgh, it was with extreme difficulty that a few subjects could be procured for two or three thousand pupils. Another great evil was the expense ; this fell in a great part on the students, but more so on the lecturer. It was a matter of regret, that the great price paid for subjects produced another serious evil, so far as the British schools were concerned ; for pupils were thereby compelled to resort to other countries, where anatomy might be pursued with greater facility. It was known, that from 150 to 200 British students annually went to Paris to pursue their studies. He had no ill feeling to the foreign schools, on the contrary, he was most willing to allow that they had made great advances in this branch of science, owing to the greater facilities afforded them. The objections to the present mode of obtaining subjects, not only affected the medical profession, but also the public generally ; for it lead to a breach of the laws, and this breach of the law was necessarily sanctioned by anatomical lecturers, who, from their station in society, ought to be its supporters. In this country they were obliged to league themselves with men who were almost outcasts of society. The robbery of the grave often led to greater crimes : a short time since, a resurrection man went in company with two returned convicts professedly to obtain dead bodies ; they were apprehended by the police, and the implements of house-breaking were found in their possession ; this resurrection man applied to him (Mr. Grainger) for assistance to extricate him from his awkward situation, and when it was objected that he was engaged in more dangerous business than that of procuring subjects, he answered, that the implements were necessary for opening *vaults*. Thus was the lecturer placed in this dilemma, either to sanction the conduct of the individual, or to be deprived of his assistance at some future time. This showed the unpleasant methods of which teachers of anatomy were compelled to avail themselves, to render their schools efficient. It was needless to enlarge on the danger to which the health of the community would be liable, if anatomical knowledge was not supported as the basis of medical and surgical science. Such being the difficulties attending the cultivation of anatomy, it became a question, if this were a proper time to attempt some change ; he believed it was, because it had been asserted by a gentleman high in authority, that the great body of the profession was indifferent to the evils which had been mentioned, and in some degree the charge was just, because the profession had not been sufficiently active. Had they formerly exerted themselves, the present proceedings would probably have been unnecessary. The question has already been brought before the notice of the House of Commons, and the exertions of those members who are favourable to some alterations, would be most materially strengthened by the number of the petitions which were presented from the metropolis and the provincial towns. If the question should be referred to a Committee of the House, much benefit might be anticipated from a calm investigation of those evils which so greatly interfere with the progress of anatomy. Such an inquiry would tend materially to remove the prejudices which unfortunately exist in the very highest classes of society, and thus lead to an entire and efficient remedy.

Dr. Boott rose to propose, that a petition be presented to both Houses of Parliament, and remarked it was surprising that, in the nineteenth century, any doubt should exist relative to the importance of anatomy. From the obloquy passed on dissection, by making it part of the punishment of murder, from the existence of the laws making it criminal to possess the only means of arriving at the knowledge of our profession—from our being punishable for want of competent knowledge, we were placed in a most singularly embarrassing situation, and it could only require a simple statement of the case, for Parliament to relieve us. He could not see why we should not follow the example of the French; for, in France, those individuals who received the benefits of a hospital, and died unclaimed by their friends, were dissected and afterwards buried, with the decent formality of a funeral; and, in all the large towns, there were a great many who lived by demoralising society, and who were buried at the public expense; and such, when unclaimed by surviving relatives, might be placed at the disposal of anatomists. He should not take up the time of the meeting, by making any further remarks. Dr. Boott then read the following petition :—

The Petition of the undersigned Lecturers and Students of the Webb Street School of Anatomy and Medicine

Showeth,—That it is universally admitted, that anatomical knowledge is the basis of all medical and surgical science.

That such knowledge is required by all the authorities, which are intrusted with the power of conferring medical and surgical diplomas.

That it is required by all the Boards which examine into the qualifications of candidates for the public service.

That it is required by the public, and the courts of law recognise the justice of the claim, for the practitioner, who is proved by any error he may commit to be deficient in his knowledge, is severely punished; yet, not only is no legal provision made affording to the student the means of dissection, but no such provision is obtainable, without a direct violation of the law.

That, by a recent decision in a court of justice, it is declared that any surgeon is punishable, who has, in his possession, a body which he knows to have been disinterred. Thus the practitioner is punishable, for not acquiring a complete knowledge of his profession, while the medical teacher is punishable, even for having in his possession the only possible means by which he can communicate that knowledge to his pupil.

That the tendency, and the actual operation of this state of things, is to render the acquisition of anatomical knowledge, at all times, exorbitantly expensive, and at some seasons, and in some situations, impossible. And hence to compel the student to seek at great expense, and with great inconvenience, for that instruction in foreign countries, which might easily, and beneficially, be afforded in his own.

May it therefore please your Lordships, to take into your consideration these serious and increasing evils, and to afford such remedies in your wisdom as may seem meet. And your petitioners will ever pray, &c.

Mr. Pilcher said, that in a meeting of students devoted to the study of anatomy, it must be perfectly unnecessary to insist upon the importance of the study of anatomy, and hence human dissections; indeed, only once did he recollect its absolute necessity being called into question, and that, he regretted to say, by a judge in his official capacity. He certainly wished all who coincided with that distinguished person, when unfortunately the subjects of accidents or disease, might be attended by men educated according to their own ideas. The difficulty of procuring subjects was sufficient already, without such opposition. Our Chairman spoke of the scarcity met with, particularly in some schools. A house-pupil informed him a few days ago, that he had given his part of thirty-five guineas for a single subject in Edinburgh. Although expensive here, we have no idea of what occurs at some schools. Although they could not presume to offer their opinion to Parliament upon the subject of remedy, yet it must be very simple; as, in one parish in this metropolis, no less than 600 persons were annually buried at the public expense. He begged leave, then, most cordially to second the petition of Dr. Boott.

Dr. Southwood Smith said, it was not necessary to detain them one moment after the observations that had been made, and the testimony given of the full concurrence of the meeting. The removal of those enactments, which inflicted dissection as a punishment, he hoped was universally felt. It had been proposed, that those who died in hospitals unclaimed by friends, should be devoted to the purpose of dissection. He only knew of one objection that had been raised to this, and that was, it would cause the hospitals to be deserted. That this would not be the case, he might infer from an instance which occurred at Bologna many centuries ago. A certain pope, while a student, feeling the imperative necessity and extreme difficulty of procuring subjects for anatomical purposes, determined, should he ever be raised to power, to remove, if possible, the restrictions which impeded the study of anatomy. When elevated to the papal chair, he did not forget his former resolution ; the first act of his reign, was to repeal the law which allowed the dissection of criminals. Shortly after, he made another edict: that every one who entered a hospital, was to give his consent to be dissected, if he died. The hospitals, for a time, were deserted ; soon however they filled again, and the greatest benefit accrued to mankind in consequence, and all the other cities in Italy were obliged to resort to the same measure. He had great pleasure in proposing the resolution he was about to submit, because he knew the interest the noble Lord, and the honourable gentleman, took in the subject. He moved, therefore, that the petition be presented by the Marquis of Lansdown in the House of Lords, and by John Smith, Esq., in the House of Commons.

Seconded by Mr. Eccles.

The Chairman alluded to the case of Mr. Hall, late pupil of this school, who had been prosecuted for having a body in his possession. He trusted, a subscription would be entered into, for the purpose of defraying the expenses incurred, and of decidedly showing the disapprobation of the profession at large to the proceedings that had been instituted against him.

Dr. Hopkins then moved, that the Chairman do leave the chair. He could not help alluding to one part of Mr. Grainger's address, in which the teachers of anatomy were considered equally culpable in the eyes of the law, with those who exhumed the subjects ; and if such were the case, what must be the feelings of those who had studied at this school, knowing that there was no man more universally beloved and esteemed by his pupils, for his public integrity and private worth, than the gentleman who had just left the chair.

Dr. Boott having been unanimously called upon to take the chair,

Mr. Scriven proposed a vote of thanks to Mr. Grainger, for the able and spirited manner with which he had conducted the business of the meeting, which was seconded by Mr. Holroyd, and carried with great applause.

Upwards of 200 students were present at the meeting.

FLOODING AND RUPTURE OF THE UTERUS.

To the Editor of The Lancet.

Sir,—I enclose you a case of midwifery ; if you think it will be of any benefit to the profession, perhaps you will give it a place in The Lancet. I vouch for its authenticity.

I remain, Sir,
Your obedient servant,
Thomas Greening, M.D,
Lecturer on Midwifery, &c.
No. 1, King Square, Goswell-st. Road,
March 31, 1828.

WORCESTER.

A Case of Hæmorrhage, in which the Placenta was attached over the Os Uteri. Rupture of the Uterus by its own action.

Mrs. ——— æt. 40, residing at White Lady Aston, near Worcester, requested my immediate attendance, June 4, 1827. On my arrival, she informed me, she had had flooding come on whilst she was taking her breakfast, to a degree which had caused great consternation to herself and family, but that it had nearly ceased since she had been in bed. She was five months gone with child; had not been quite so well lately, having been obliged to part with her servant, which caused her to exert herself more than common. Complains of headach ; pulse full and strong ; had been troubled with palpitation of the heart ; bowels regular ; no labour-pains, but a slight discharge continues. Ordered to be kept quiet, and repose of body in a horizontal position ; light covering ; cool air to be admitted into the room ; cloths, dipped in vinegar water, to be kept constantly applied to the abdomen ; to take a little cold gruel or lemonade.

Mittr. sanguis ad ℥xii. ;
℞ *Infus rosæ*, ℥vi. ;
Magnes sulphat ℥ss.
Mx. capt. coch. iij. 4tis horis.

5. Better ; discharge less.

℞ *Habeat olei ricini*, ℥ss. tertia, qq., hora repetend donec plene responderit alvus.

To keep her bed, and pay attention to her diet ; to avoid over exertion ; and if the palpitation returns, to lose blood. This was her tenth pregnancy ; in the last, Mr. Carden, surgeon of this city, attended her of a seven-months child ; in the previous labour I was sent for ; that was a preternatural case, the scapula presenting, and a portion of the funis ; she was not quite gone her full time ; she had a good recovery. When last at market, a person accidentally pushed her down ; she did not find herself hurt by the fall, and returned home very well.

7. *Repet. med. Ol. ricini.*

10. Much better, but very low and weak; no discharge; complains of slight pains in the bowels.

℞ *P. rhei*, ℈ij.;
Magnesia, ʒi.;
Conf. opii, ʒi.;
Aquæ menthæ, ℥vi.;
St. lavendulæ comp. ʒii. Ft. mist. cujus capiat coch. mag. iij. ter in die.

July 7. I was again sent for about ten o'clock, P.M.; she had been exerting herself, and a return of the hæmorrhage came on about seven o'clock; pulse tranquil; bowels open; free from labour pains. Upon examination, there was a quantity of coagulum in the vagina, which was removed, but others soon formed; the os uteri open to the size of a halfpenny; a portion of the placenta could be felt on the anterior part of the cervix uteri; the coagulum which had now formed I left in the vagina, and remained with her till two o'clock, A.M.; vinegar cloths were kept constantly applied, and the discharge stopped.

℞ *Infus. rosæ acid.* ℥ij.;
Magnes. sulph. ʒiv. Ft. mistura cujus capiat partem tertiam quarta quaque hora.

8. Nine o'clock, A.M., Mr. ——— called at my house, and informed me a little coagulum was thrown off about every quarter of an hour, but very trifling in quantity; refreshed by sleep; to be kept quiet.

Admitt. liberrime aer gelid.

9. Better.

14. Had no discharge since Monday.

Habeat ol. ricini, ʒiv. h. s.

21. Has had a trifling return of the discharge; complains of palpitation.

V.S. ℥vi.

28. Discharge increased; repeat the vinegar cloths, and to be kept quiet.

29. I saw her about nine o'clock, P.M.; a large coagulum had come away; there was a great change since I last saw her; strength reduced; pulse feeble and small; ninety-five in a minute; face pallid; she said the discharge had not entirely stopped; all this week she had kept her bed, and used the cold application. Upon examination, I found a coagulum lying in the vagina, the os uteri dilated to the size of a dollar, the placenta attached over it. I stated her danger, and requested the nurse to be sent for, that I might proceed to delivery; it alarmed her much, and she would not accede to it, for she never heard of a woman being delivered without labour pains. I told her such cases did occur, and advised her to consent, if her life was to be saved. A friend of hers had called upon Mr. Carden, a week ago, for his opinion; he desired that she should keep her bed, and use the same means which I had adopted; it was her particular wish I should see him, before anything was done; and he agreed to go with me at six o'clock. On our arrival, we found her much the same as when I left; the discharge still continuing, Mr. Carden examined her, and said it was a very clear case, that the placenta was actually protruding, and her life was not safe a minute; a large gush of blood might ensue, and death be the result, before any assistance could be given her. Cautiously introducing my hand through the placenta and membranes, I brought down the feet; when the child was about half born, she complained of most excruciating pains in her back. We now thought the uterus was beginning to act, and he advised me to wait a little; the pulse was, at this time, rather fuller; she took a little brandy and water occasionally; and after a short lapse of time the child was born, but dead; the funis encircled round its neck. We now applied our hands to the abdomen, and being of opinion, that the uterus was very well contracted, we removed the placenta, which was lying loose in the vagina; there was no hæmorrhage; her pulse became fuller, and she felt, as she said, comfortable. However, before I had finished washing my hands, she complained of being faint; her countenance became pale; pulse feeble; a discharge of blood and wind took place; the abdomen was greatly distended; and when I applied my hand to it, a great expulsion of blood and wind again took place; the uterus contracted under the hand; the faintness continued; brandy was administered. Mr. Carden came up stairs, and was much surprised to find such a change, and advised me to introduce my hand; the discharge was not very profuse; there were no coagula; the uterus did not contract, although I irritated it with my fingers, and cautiously introducing my hand still further, I found my fingers among the intestines. Never having met with a case of ruptured uterus before, I was at a loss to pass any correct judgment upon the case, and requested Mr. Carden to examine; he soon told me it was an extensive rupture, and the intestines were coming down, which he pushed up; death soon put an end to her sufferings; the uterus was so thin, it was like a piece of paper; an examination of the body could not be obtained.

John Greening,
Member of the Royal College of Surgeons, and surgeon to the Worcester Dispensary, &c.

15, High Street.

RICHMOND SCHOOL OF ANATOMY.

To the Editor of THE LANCET.

SIR,—The impartiality which has always characterised your invaluable work, THE LANCET; the unparalleled advantages which have occurred to the medical world since its first appearance, the immense fund of medical and surgical information which it contains; the vast extent of its circulation; and the powerful interest it has excited, all concur to induce physicians and surgeons, in responsible situations, to look upon it with a reverential awe, and lead them, as it were, instinctively to a legitimate sense of their duties. These urge me to lay before you the following statements of effects, arising from an article which appeared in the columns of your last Number, relative to the Richmond School of Anatomy.

On Thursday morning Dr. M'Dowel, at the usual hour of his lecturing, entered the theatre, with an evident gloom of expression, and, at the conclusion of his lecture, he addressed the class as follows:—"Gentlemen, I request your attention for a few moments to some observations I have to mention to you, relative to an article concerning this school, which has appeared in that excellent, and really valuable work, THE LANCET. I intend only to speak to that part which more particularly applies to myself; the other Gentlemen may speak for themselves. I have been charged with minuteness and prolixity in my lectures; in answer to which, I beg merely to state, that I have often been told, by many of the students, I was not sufficiently minute, but certainly it is impossible to please every one. The learned doctor then philosophically adverted to the median nerve, which was accidentally before him, *exempli gratia* of superficial demonstrations. Gentlemen, said he, this nerve (holding it in his forceps) arises from the brachial plexus, goes down the arm, crosses over the elbow, and proceeds down the fore-arm to terminate in most of the fingers. This, I conceive, is not a method likely to advantage any pupil so much as the one I have invariably pursued, viz., in pointing out to you the relative situations of parts, and which, I conceive, the only plan of affording you sound anatomical knowledge. With respect to my prolixity, I confess my lectures occupy a longer space than the general time allotted to the delivery of a lecture; but for this reason—because I began late in the season to deliver the anatomical lectures, not being aware they would have fallen to my lot, having only intended to deliver the lectures on surgery; however, as it is tiresome to the class, as well as tedious to myself, I will, for the future, be more concise, and I assure you, Gentlemen, it gives me great pleasure, for an infirmity, which is now existing in my throat, is the consequence of my long lecturing. As the lectures on surgery were advertised, I should be guilty of injustice if I did not deliver them; therefore, in this respect, I can make no alteration. What has been said concerning the post-mortem examinations, is an absolute falsehood; and I call upon the author of the article in question to contradict the statement; for the whole time I have been surgeon to the Richmond Hospital, not a body has been examined in a hole and corner way, except in one instance, and that was unavoidable. I have always considered pathology of the greatest utility to the student, and made it a rule, that no bodies should be examined until the class had obtained sufficient intimation. The last charge I have to reply to is, the childish act (as it is designated) of calling the roll. I have only to say, that as long as I am lecturer to this class I will exercise my authority, but shall be at all times ready to afford any information in my power to those requiring it." (Loud applause.)—*Friday morning.*

Dr. M'Dowell, at the close of his demonstrations, and with an attractive smile, invited his audience to attend to what he was about to say:—"Gentlemen, I have been accused in that work, (which partakes of the *utile cum dulce*), THE LANCET, of having purloined some of the Gentlemens' subjects; I assure you it is a thing which I am totally unconscious of, and which I never did in my life; and as for my inattention, I have to say, I am very often walking about the dissecting rooms, and if any Gentleman takes the trouble to ask me, I always feel happy to show him any thing he wishes to know; but, I believe, that Æsculapius himself would not like demonstrations crammed down his throat (pointing, at the same time, to a mangled brain, the subject of his demonstrations).—Applause.

Dr. Flood made similar observations.

No alteration for the better has been effected in surgeon Carmichael's conduct; it would seem he is highly delighted that he should be taken for a supernatural being; however, such kind of flattery should not be carried to too great an extent; vanity, and its consequences, are likely to ensue. I would admonish him to be more attentive to his hospital duties, and not submit them to such a deputy as Mr. Banton.

I have the honour to remain, Sir,
Your very obedient humble servant,
VERITAS.

March 30, 1828.

THE LANCET.

London, Saturday, April 26, 1828.

The observations which fall from members of the legislature, even on what are termed parliamentary *field days*, when questions of supposed paramount importance are discussed, and when the speakers are presumed to have given some previous attention to the subject on which they address the House, are not always distinguished by their profundity. If this be the case on the grave occasions to which we allude, it is not surprising that, when a question happens to be incidentally discussed in Parliament, as on the presentation of a petition, or in the course of a conversation without previous notice, noble lords and honourable gentlemen, who deliver their sentiments on the spur of the moment, frequently appear before the public in a sort of intellectual deshabille. The speech of Lord GREY, to which we adverted last week, furnishes a striking instance of the absurdities which it is possible for a man of acknowledged talents to utter, when he dispenses with the mental labour of reflecting on the subject under discussion, and contents himself with throwing out a few unmeaning but harmonious periods in a tone of plausible solemnity. Had this specimen of ratiocination, exhibited in the maturity of the Noble Earl's statesmanship, been perpetrated before he quitted the sixth form at Eton, it would have thrown discredit on the promise of his boyhood. The Noble Earl's arguments in support of the clause, which makes dissection a part of the punishment of murder, were, separately, puerile and unphilosophical; and collectively, absurd and inconsistent. In fact, the Noble Earl was *felo de se* in respect to his own reasoning, and, before the close of his speech, his arguments, like nine-pins, had successively brought each other to the ground. The Noble Earl declared that, in his opinion, "The giving up the body to be dissected, operated *effectually* by spreading a salutary terror through the community, and kept up that horror at committing the crime of murder, for which the people of England had always been distinguished." Does the Noble Earl seriously believe, that the horror entertained by the people of England at the crime of murder, is a national distinction? Does he seriously believe that this horror is, in any assignable degree, attributable—not to those feelings implanted in our nature, which the people of England possess in common with all civilised and even barbarous nations—but to that absurd, and worse than nugatory, because mischievous, provision of our penal code, which enjoins the dissection of the criminal convicted of murder, as an addition to the punishment of death? If the Noble Earl really thought that this provision operated in any degree as a check on the commission of the crime of murder, he would no doubt have been justified, however singular or erroneous his opinion, in opposing its repeal, and it was upon this ground that Lord TENTERDEN distinctly declared his concurrence in the views of the Noble Earl. The Lord Chief Justice expressed his belief, that the clause might have the effect, in one case out of twenty, of deterring a man who meditated the crime of murder, from actually committing it, and, therefore, he was of opinion that it ought not to be repealed. We should be of the same opinion, too, if we could bring ourselves to believe, that it ever yet happened that a man, meditating the crime of murder, and weighing its probable consequences, acquiesced in the hanging; but was effectually deterred from committing the crime, by the hanging *plus* the dissection. But this is a psychological phenomenon in which Lord GREY does *not* believe. He believes, indeed, that the addition of dissection to the punishment of death for murder, operates effectually, by spreading a salutary terror through the community; but he also believes, "that if an individual had made up his mind to complete so horrible a crime as murder, no additional fear or disgrace would deter him from carrying his design into execution." *Cui bono*, then, the provision? The provision, according to his Lordship's argument, operates effectually on the community, but is wholly inoperative with respect to the individuals of that community whom it is intended to restrain. The Noble Earl, no doubt, feels a lofty indifference for the opinion which medical journalists, or the members of our profession generally, may entertain for his arguments, and we have, therefore, the less difficulty in treating these arguments with as much freedom as if they had emanated from an intellect of a meaner order than the Noble Earl's. There is an idiosyncracy (to use a professional phrase) in his Lordship's logic, which is calculated to surprise, if it does not confound, plain reasoners, who would be better satisfied with the Noble Earl's conclusions, if they were not wholly at variance with his premises. "The provision operates effectually," says the Noble Earl, "in spreading a salutary terror through the community, though it is not to be expected that an individual, who has resolved to commit the crime of murder, will be restrained by it." Let us apply this reasoning to a case. It appears, from returns made in the year 1773, that at that time one murder was, upon an average, committed annually in a population of 10,000 persons in England and Wales. Now upon this one individual in ten thousand, it is evident that the dread of dissection had no effect as a check on the commission of the crime, and Lord Grey admits that it was not likely to have such an effect. Yet, in the very teeth of this admission, the Noble Earl argues, that the dread of dissection operates as an effectual check upon the whole population. At the present time, only one murder is annually committed in an average population of 70,000 persons in England and Wales, so that the proportion in 1773, may be taken as indicating a high degree of public depravity, murders being seven times as frequent then as they are now. Neither the dread of dissection, however, nor the hanging in chains, which, though no part of the legal judgment, was frequently resorted to at that time, and which was more likely, because more frequently witnessed, than any other *post-mortem* infliction, to excite terror in the minds of ill-disposed men, had the smallest effect in diminishing the frequency of the crime. If, then, the supposed punishment of the insensible carcass of criminals had no effect in diminishing the amount of crime, when murder was comparatively frequent, is it likely that the repeal of the provision which inflicts that absurd punishment will increase the amount of crime, when murder is comparatively a rare offence? Unless Lord Grey believes that there is a passion for homicide among the people of this country, which the dread of dissection—hanging is a mere *bagatelle*—alone restrains them from gratifying, his arguments ought to be as unsatisfactory to his own mind, as they cannot but appear absurd and contradictory to the public.

But there is another passage of the Noble Earl's speech, in which it is no less difficult to reconcile his conclusions with his premises. He doubted, it seems, whether "the stigma cast on dissection, by condemning the murderer to be dissected, really prevented others from allowing their bodies, or the bodies of their relations and friends, to be dissected after death." It is quite as difficult to account for what the Noble Earl doubts, as for what he believes. He believes, that the addition of dissection to the punishment of death, for the crime of murder, is necessary to spread a salutary terror through the community, and to keep up that horror for the crime, which he supposes to be a peculiar characteristic of Englishmen, and yet he doubts whether this salutary terror will create any distaste for dissection, as applied to innocent individuals. Hanging, according to the noble Earl, is not enough to restrain men from the frequent commission of murder; you must increase the check upon their sanguinary propensities by the accumulated horrors of dissection; and yet, according to the Noble Earl, individuals will not the less readily consent to see inflicted upon their innocent relatives and friends that dissection, which the legislature declares to be a fit punishment for the worst of crimes. The *argumentum ad hominem* may be rather a probing one in this case, but it affords the best test of the soundness of the Noble Earl's reasoning. The Noble Earl once talked of his readiness to die with his order; and we suspect that, as long as the idea of dissection is associated with that of crime, he would rather die with a part of the community, than consent to be dissected for the benefit of the whole.

We have dwelt the longer on the absurdity of the arguments which Earl Grey opposed to the proposition of the Marquis of Lansdown, because we are persuaded that, so long as the clause of which the Noble Marquis attempted to get rid, remains on the statute book, no effectual steps can be taken for facilitating the study of anatomy. The clause may still be thrown out in the progress of the bill through the lower House of Parliament; and, as Lord Grey by this time perhaps reflects with no great self-complacency on the part which he took in the late discussion, the rejection of the clause would, in all probability, be ultimately acquiesced in.

A few years ago, people who reasoned after the fashion of Lord Grey, believed that the *post-mortem* inflictions, in cases of self-murder, operated as a salutary check on the frequency of the offence. As Lord Grey opines that the national horror of murder is only kept up by the dread of dissection, so these sages contended that the national taste for suicide was only kept down by the dread of being buried in a cross-road, and having a sharp stake driven through the guilty integuments. The *post-mortem* inflictions on the bodies of self-murderers have been abolished, and the crime of suicide is not found to have been increased by the abolition. The rites of burial are, indeed, denied to self-murderers, though it would be difficult to say on what principle of moral or religious expediency; for the denial of christian burial can scarcely operate as a check on the commission of the offence, since this ceremony is, in many instances necessarily dispensed with, and is in no case held to be indispensable. These rites are not expressly denied by law even to murderers, and this is a material consideration with reference to Lord Lansdown's proposition, for it shows that the ignominy of the *post-mortem* punishment of murderers, is attached exclusively to the dissection of their bodies. By the 25 Geo. II, it is enacted, that after the execution of persons convicted of murder, "their bodies, in London or Middlesex, shall be conveyed to the Surgeon's Company, to be dissected and anatomised; and in any other part of Great Britain, delivered to such surgeon as the Judge shall direct." The Judge was empowered by this act, to direct the body of the criminal to be hung in chains, but it was subsequently held, (see Hall's case, Leach's Crown Law, case 10 *notis*,) that the hanging in chains should form no part of the judgment, but might be afterwards directed, if the Judge thought it advisable, by a special order to the sheriff. "The Judge," says Mr. Justice Blackstone, (Comm. vol. iv. c. 14.) "may direct the body to be hung in chains, but in nowise to be buried without dissection." It appears, therefore, that a murderer may receive Christian burial, for anything expressly declared to the contrary by law, and that the sole mark of infamy contemplated by law, (except in the rare instances where hanging in chains might be deemed advisable,) was the *dissection*. In fact, if Christian burial be deemed in any way auxiliary to men's interests in a future state, it would have been monstrous to deny this benefit to the criminal, in the very sentence which the Judge concludes by a prayer for mercy on his soul. The stigma, then, was the dissection, and not the absence of Christian burial, for the rites of sepulture might (except when the criminal was ordered to be hung in chains) be lawfully performed over the bodies of executed murderers. Our ancestors, when they made dissection a part of the punishment of murder, never thought of the effect such a provision would have on the study of anatomy; they merely regarded the cutting up of the human body as a stigma and a mark of infamy, calculated to add to the horror of a violent death, and to deter from the commission of crime. By the reflecting part of the community, dissection is no longer regarded in that light; and the legislature, therefore, ought no longer to sanction the prejudice against dissection, arising from its association with the punishment for murder. This prejudice, let it be well observed, is totally distinct from the repugnance which is generally felt to the dissection of those with whom we have been nearly and dearly connected. The prejudice arising from the association of the idea of dissection with that of crime is peculiar to this country, and wholly referable to an absurd and impolitic provision of the English law. The repugnance to the dissection of the bodies of those we have loved, on the contrary, is common to all nations; and, though not defensible upon principles of abstract reasoning, is founded in some of the best and most amiable feelings of our nature. Let those feelings be respected, for it would be as impolitic, as it would be unavailing, to attempt to legislate against human feelings; but let the legislature endeavour without delay to remove a prejudice, which the legislature itself has created. Mr. Peel, on presenting this week a petition from the President and Council of the College of Surgeons, observed that he could not help respecting the feelings of those who were opposed to the views of the petitioners, and that no good could arise from inquiry into this subject, unless it were conducted with the utmost delicacy and care. We concur entirely with the Home Secretary, in respecting the general sentiment which renders men averse to suffering the bodies of those they have loved to be delivered over to the anatomist, and profaned, as it were, by the hands of those who have no sympathy with the feelings of surviving relatives and friends. We are only surprised that the Home Secretary should suppose that these sentiments are peculiar to any class of individuals, and that the members of our profession, however anxious to promote anatomical science, do not participate in them, as fully as the rest of their fellowmen. A source has been repeatedly pointed out in this, and other medical journals, which would afford an abundant supply of subjects for the purposes of science, without outraging any of those feelings which medical men respect as much, and are as much interested in respecting, as any other class of their fellow citizens. This was the source which the late Secretary for the Home Department had in contemplation, when he had resolved to remedy the existing evils, and to this source the present Secretary must look, if he be sincerely desirous of carrying into effect the views of his enlightened predecessor. This source, we allude to the application of all *unclaimed* bodies of persons dying in workhouses and hospitals, has long been rendered available to the purposes of science in Dublin and Paris, and we confidently repeat our former statement, that from this source upwards of one thousand bodies might be annually supplied to the dissecting-rooms, at an average cost of less than five shillings each, without outraging the feelings of individuals, or interfering with the rites of sepulture, which might, and ought undoubtedly, in all such cases, to be decently performed.

But we repeat that, before any effectual measures can be adopted for facilitating the supply of bodies for dissection, the legislature must first get rid of the clause which associates dissection with crime. The public feeling in England, would revolt against a measure for subjecting the bodies of unclaimed persons to the same process, which is deemed a fit punishment for murderers. If the Marquis of Lansdown's bill should pass the legislature with the clause which Lord Grey has appended to it, the schools of anatomy in this country will be threatened with destruction. We do most earnestly hope, therefore, that the House of Commons will unweave the web of mischief, and expunge from the statute-book an absurd and impolitic enactment—an enactment which is confessedly inoperative for all good purposes, and which is calculated to oppose such obstacles to the pursuit of anatomical science, as must inevitably have the effect of endangering the health and lives of the community.

On Tuesday last, Mr. Warburton brought forward, in the House of Commons, his promised motion for a Select Committee to inquire into the manner of obtaining subjects for the schools of anatomy, and into the state of the law with respect to persons employed in obtaining and dissecting dead bodies. Mr. Warburton stated, with clearness and ability, the nature of the obstacles which, in the present state of the law, impede the acquisition of anatomical knowledge, but abstained from suggesting any remedies, which he thought would be better discussed in the Committee. The motion was seconded by Mr. J. Smith, and after a few observations from Mr. Secretary Peel, favourable upon the whole to the object of the proposed inquiry, a Select Committee was appointed.

A Petition also, to which we have already alluded, from the President and Council of the College of Surgeons, was presented last week by Mr. Secretary Peel. The Petitioners complained, with singular propriety, of the obstacles opposed to the acquisition of anatomical knowledge, seeing that they are the persons who passed regulations requiring that all candidates for diplomas should produce certificates of attendance at three winter courses of dissection, while they refused certificates from all anatomical teachers except THEMSELVES, and refused to recognise the certificates of provincial teachers, when no subjects could be obtained at the London Hospitals. The only certificates of attendance at three winter courses of dissection, which this enlightened body would consent to receive, were from teachers who could obtain no bodies to dissect. Many of the observations and suggestions made by Honourable Members, on the presentation of the College Petition, betrayed a very imperfect acquaintance with the nature and extent of the evil which calls for legislative interposition, and, we may add, a very erroneous view of the means by which the evil is to be remedied. Sir Joseph Yorke, for instance, suggested the expediency of consigning the bodies of suicides to dissection, and the only objection which Sir James Mackintosh, who passes, we believe, for a statesman of greater *calibre* than Sir Joseph, made to this suggestion was, that cases of self-murder in this country were not sufficiently numerous to afford an adequate supply. "Consign the bodies of suicides to the dissecting-room!" Why, Sir Joseph and Sir James, this association of dissection with crime is the very absurdity which has created all the difficulty. The schools of anatomy in this country are threatened with detruction, because the legislature has committed the absurdity of identifying dissection with punishment, and associating it with crime; and yet this is the absurdity which you, Sir Joseph and Sir James, would, in your legislative wisdom, sanction and perpetuate!

In France, criminals who die by the hand of the public executioners are the only persons to whom the *honour* of being dissected for the good of science is denied. In this country it can scarcely be expected that dissection will ever be regarded as an *honour*; but, surely, it is high time for the Legislature to repeal the absurd enactment which justifies the people in regarding it as a mark of infamy.

On Monday last, Mr. Abernethy addressed a canvassing letter to a *select* portion of the Governors of St. Bartholomew's Hospital, in which he complained, that the Committee of last year had left him "a suspected character," and solicited them to hear his defence. We shall publish the letter next week. The Governors, conceiving, we presume, that Mr. Abernethy had been sufficiently punished by his exclusion during the past year, and also taking into consideration his great age, and increasing infirmities, have admitted him into their body.

We this week publish a letter which has been addressed to the Governors of Guy's and St. Thomas's Hospitals by Mr. Lambert, the Gentleman to whose exclusion from the wards of those institutions we alluded in a former Number. The obsequiousness of the pupils of the Borough Hospitals affords a sufficiently humiliating contrast to the spirit and decision exhibited by the students of the *Ecole de Medecine* at Paris, where an attempt was made by the functionaries of that institution to invade their acknowledged rights. As the matter in dispute, however, between Mr. Lambert and the Borough Hospital Surgeons may be considered as still *sub judice*, we abstain, for the present, from further observations.

MR. LAWRENCE AND MR. EARLE.

Mr. Lawrence, whilst passing through the Hospital on Saturday last, on seeing Mr. Earle in one of the wards, spoke to him, to express his regret that Mr. Earle should have published a letter, (as he had been informed was the case,) in the terms regarding him, (Mr. Lawrence,) in which that letter was couched; because, had he seen the letter before its appearance in print, he most unquestionably should have objected to its publication.

Mr. Earle begged to know, in what respect his letter was objectionable to Mr. Lawrence.

Mr. Lawrence said, the letter referred to his conduct in the admission of a gentleman to the hospital practice, supposed to have been connected with the reporting department of a medical journal; and went on to state, "that after the explanation of that gentleman, and the *amende* offered by Mr. Lawrence, neither Mr. Vincent nor myself considered it necessary to urge the point further." Now, he objected to such a statement *in toto*, and begged on this occasion, the first time of his having seen Mr. Earle since the appearance of the letter, to make that distinct declaration, and that too, publicly, in the presence of the pupils. The gentleman whom he supposed was alluded to, came to him free from suspicion; he entered him as was customary, and would enter him again, or any others, under similar circumstances, without the slightest hesitation; because he did not consider those circumstances suspicious, and because he did not regret having entered the pupil, however much he might be sorry that Mr. Earle should be annoyed by suspicions and alarms on such a subject; that he never seriously entertained a thought of returning the fee, and that, consequently, he had not made, nor intended any "*amende*."

Mr. Earle observed, that if he had done a thing which he had reason to consider injurious to his colleague, and were afterwards to express his regret at having done so, *that* he should call an *amende*.

Mr. Lawrence had no reason to consider that what he had done was wrong, nor would any statement persuade him into that belief. The pupil presented himself to him under no circumstance whatever of suspicion; he believed him to be an honourable man; and, moreover, that he had no ill-feeling either towards Mr. Earle, or any officer belonging to the establishment; therefore, so far from regretting that he had received that gentleman as a hospital pupil, he would enter ten more, or any number of such persons, if they were to present themselves for admission.

Mr. Earle had been perfectly satisfied of the propriety of having entered that gentleman, and therefore had not refused to sign his ticket; but he was equally satisfied of having done only right, in making the inquiry, whether that was the gentleman who had written the hospital reports, which had appeared so greatly to the disparagement of his character. Was it to be supposed, that he could quietly assent to the admission of an individual as a pupil, if he had any reason to believe him to be the person who had taken every possible opportunity of holding him up to ridicule, and to the destruction of his character with the public; while, on the other hand, the same individual had portrayed the conduct of Mr. Lawrence, on all occasions, as meriting unbounded admiration and applause, and that, too, at the cost of his colleague's reputation?

Mr. Lawrence.—That is no affair of mine; I was not the reporter.

Mr. Earle really thought he had acted altogether inoffensively in making the inquiry he had done, and was quite satisfied with the explanation he had received.

Mr. Lawrence wished it to be distinctly understood, that if he had known of the terms of the letter alluded to before it appeared, (and he conceived it ought to have been shown to him,) he should have entered his protest against its publication.

Mr. Earle wished Mr. Lawrence to state what he considered to be the meaning of the word *amende*.

Mr. Lawrence hardly knew what the meaning of it was, as implied in that letter; but this he knew, that if it was to be taken as an *apology* for any thing he had done, he gave it his decided negative.

Mr. Earle conceived, that if one gentleman did an act which was supposed to be injurious to his colleagues, and afterwards said he was sorry for it, there could be no objection to that appearing in print?

Mr. Lawrence was perfectly aware, that a man might be the author of an act which he would repeat a thousand times, and still that each time it might be offensive to his colleagues. If *amende* meant that he was sorry that the act or acts should be offensive, he had no objection to its being taken in that limited sense; but even taking the word in this view, he objected altogether to the sentence in which it was introduced.

Mr. Earle was sorry that any such conversation had transpired, particularly in a ward of the hospital; he thought Mr. Lawrence might have called him aside; but he wished Mr. Lawrence to ask Mr. Vincent what his views of the circumstance were.

Mr. Lawrence said, the moment he had heard of the terms of the letter, he determined to express to Mr. Earle his feelings the first time he saw him; this was the first time he had seen him, nor should he have thought it necessary to go into private with the discussion. He should certainly also speak to Mr. Vincent whenever he met him, and make known to him his opinion on the subject.

Mr. Earle observed, that Mr. Lawrence's language was very different on Saturday week, when the subject was first mentioned to him, to what it was on the following Monday; on the former day he seemed to boast of what he had done, on the latter he appeared to regret it.

Mr. Lawrence only regretted it as far as it had occasioned any thing like a painful feeling to Mr. Earle. As to boasting, he had always felt a pleasure in entering pupils.

Mr. Earle said, if he (Mr. Lawrence) had not thought he had done wrong, why should he have offered to have returned the pupil's fee on Monday?

Mr. Lawrence denied ever having made such an offer, or assented to such a proposition. All he had said on this point, when it was mentioned to him was, "It would be easy to return the money, but it would be difficult to return his attendance," as a joke between themselves. This was the utmost extent to which he had expressed himself; and (warmly) having said so much on the present occasion, he had only to shake hands, which he did with Mr. Earle, and left the ward.

Mr. Earle took that opportunity of stating to the body of pupils surrounding him, that no individual could have behaved in a more honourable and gentlemanly manner than the pupil referred to, when he called upon him at his house.

DR. FORBES AND MR. GUTHRIE.

To the Editor of THE LANCET.

29, Soho Square, April 17th.

SIR,—Dr. Forbes having abstained from every kind of communication with any public journal upon the subject of his late differences with Mr. Guthrie, and it being still his determination to act upon the same principle, his friends think it proper, in consequence of the extraordinary Resolution of the Committee of the Westminster Eye Infirmary, published in your last Number, that his letter of resignation, addressed to that Committee, should also be made public. I therefore beg leave to inclose you a copy of that letter, together with a note to Lord Grantham, as the chairman, and to request the insertion of it in your next Number.

And remain, Sir,
Your most obedient servant,
SAMUEL BEAZLEY.

TO LORD GRANTHAM.

Argyll Street, April 15, 1823.

My Lord,—The Treasurer and the Secretary to the Westminster Eye Infirmary, having twice returned my letter of resignation of the office of Physician to that Institution, will, I trust, be my apology for sending the inclosed to your Lordship, as the Chairman of the Committee, whose Resolution of the 2nd April is the immediate cause of my resignation.

(Signed)
Chas. F. Forbes.

TO THE COMMITTEE OF THE ROYAL WESTMINSTER EYE INFIRMARY.

Argyll Street, April 15th, 1828.

Gentlemen,—In consequence of the Resolution adopted by you at your meeting of the 2nd inst., founded upon your supposition, that a statement attributed to me is incorrect, I think proper now to resign the office of physician to the Royal Westminster Infirmary for Diseases of the Eye. But as the Treasurer and Secretary have twice returned my letter of the 5th inst., containing my resignation, I am now under the necessity of addressing the Committee. At the same time, as the resolution alluded to, though founded upon a supposition entirely false, may have the tendency of accusing me of misrepresentation, I feel it due to myself to give the following statement of facts, the truth of which I feel assured Mr. Guthrie will himself not venture to deny.

On Sunday morning, May 27th, the day after the appearance of a paragraph in The Lancet, severely animadverting on the mode in which the business of the Eye Infirmary was carried on, I received a note from Mr. Guthrie, requesting me to call upon him in Berkeley Street, between the hours of eleven and twelve, for the purpose of making an alteration in the admission ticket. Had a reprint of the ticket only been necessary, and no alteration been intended, Mr. Guthrie would not have thought it requisite to request me to call upon him; neither could my presence, nor my assent, have been required.

I wrote a note to Mr. Guthrie, to inform him that I could not call upon him at the time he mentioned, but that I would do so in the course of the day; and which I accordingly did, between two and three o'clock. Mr. Guthrie was not at home, but I found the old ticket upon his table, with the following alterations made upon it, in his own hand writing:—

"Dr. Forbes attends on Saturdays, at half past eleven;

"Mr. Guthrie, on Tuesday, at half past twelve;

"Dr. Forbes and Mr. Guthrie, on Thursday, from half past eleven till half past one."

I left a note upon Mr. Guthrie's table, objecting to the proposed change in the hours of attendance, as being likely to prove inconvenient to the patients, by interfering with their dinner time; and moreover, that I could not be certain of being regular in my own attendance at the newly-proposed hours. This ticket was afterwards printed, without any further communication with me, and has been ever since in use at the Infirmary.

Such, Gentlemen, are the facts connected with the alteration of the admission ticket upon the 27th of May, 1827. You will perceive that they are such as might possibly be known *only to Mr. Guthrie and myself*, and that the Gentlemen, upon whose evidence you thought proper to found the resolution of the 2d inst., *might be* utterly ignorant of them.

I beg to call your particular attention to the circumstance, that Mr. Guthrie himself has never, so far as I know, ventured to deny the corretness of this statement.

With regard to the office of *House Surgeon*, another point to which the resolution alluded, although I may inadvertently have signed a certificate designating Mr. Dunn by that title, because I had been in the habit of signing all certificates, that already bore my colleague's name, and were written by him, as a matter of courtesy, there was certainly no such situation recognised either by the Committee or by myself; and Mr. Dunn, in his letter of the 18th March, to the Editor of The Lancet, published in No. 239 of that Journal, of which I have annexed a copy, expressly calls himself House *Pupil*.

"*Attendance of Dr. Forbes and Mr. Guthrie at the Westminster Hospital.*

To the Editor of The Lancet.

Sir,—Having acted as house-*pupil* during the season of 1823 and 1824, at the Westminster Eye Infirmary, I feel it incumbent upon me, after the remarks you have repeatedly made, to state, that during that time, nothing could exceed the attention Dr. Forbes and Mr. Guthrie paid to that Institution. I can corroborate what Mr. Guthrie says, in his letter, regarding the punctuality of his attendance; and I have frequently known him to call at the Infirmary on the intervening days. The patients were satisfied and grateful, and the pupils pleased, with the clinical instruction given. I regret the rupture between Dr. Forbes and Mr. Guthrie, convinced that it must tend to injure the Institution.

I hope you will insert this note in your next publication, as your remarks implied a neglect of duty on the part of the medical officers, which, I am sure, at that time had no foundation.

I remain, Sir,
Yours, &c.
HENRY DUNN.
Wakefield, March 18, 1828."

Mr. Guthrie also well knows that another Gentleman, Dr. Young, who filled the same situation, denies having ever considered himself in any other light than as a *pupil.*

In conclusion, I beg to add, that although the resolution of the 2nd inst. is the immediate cause of my resignation, yet I have long intended to retire from the Institution, in consequence of my disapproval of the manner in which the business of the Infirmary has been for some time conducted, as well as from the inattention with which my suggestions for the benefit of the Establishment, and complaints of ill treatment at the Infirmary, have been received by former Committees.

(Signed)
CHAS. F. FORBES.

ATTEMPTED EXCLUSION OF MR. LAMBERT FROM GUY'S HOSPITAL.

To the Presidents, Vice Presidents, and Governors of St. Thomas's and Guy's Hospitals.

GENTLEMEN,—The extraordinary circumstances attending the operation of lithotomy, recently performed by Mr. Bransby Cooper, cannot fail to have attracted your notice. It has been assumed by the Medical Officers of St. Thomas's and Guy's Hospitals, that the individual who now addresses you is the writer of the report of Mr. Bransby Cooper's operation, which appeared in THE LANCET, and was subsequently copied into other journals. In consequence of this assumption, it has been intimated to me by the surgeons of St. Thomas's Hospital, and the Treasurer of Guy's Hospital, that I am to be excluded from the wards and operating theatres of these institutions, from an apprehension, I presume, that I should give publicity to the medical and surgical practice of the paid and responsible servants of the public. I do not feel myself called upon either to avow or disavow that I am the writer of the report; but as I was present at the operation, and as I have witnessed nearly 100 operations of lithotomy, I may, perhaps, be permitted to offer an opinion, and I have no hesitation in stating, that the report published in THE LANCET is strictly correct as far as it goes; and, when all the circumstances of the operation are taken into consideration, that the case is rather understated in THE LANCET than otherwise. In this opinion many, whose experience gives weight to their testimony, fully concur; and I may add, that a surgeon, also of considerable experience and ability, quitted the theatre at the expiration of three quarters of an hour, declaring he could no longer endure the spectacle.

It only remains for me, Gentlemen, to inquire whether you have sanctioned the attempt which has been made by the surgeons of St. Thomas's Hospital on the one hand, and by the Treasurer of Guy's Hospital on the other, to effect the exclusion of an individual assumed to be the writer of a report, unpalatable, because too true, to the surgeons of these institutions, though essential to the interests of humanity and public expediency; whether, in short, you are prepared to sanction a principle which is calculated to deprive me, and others who have been educated at these hospitals, of the rights and privileges for which large sums have been extracted from our pockets by the hospital surgeons, and the tendency, if not the design, of which is, to keep the public in ignorance of the manner in which those functionaries discharge their public duties?

I remain, Gentlemen,
Your obedient servant,
JAMES LAMBERT,
Member of the Royal College of Surgeons.
Walworth, April 9th, 1828.

THE BOROUGH HOSPITALS.

To the Editor of THE LANCET.

SIR,—It was with the highest feelings of indignation that I read in your last Journal of the attempt to exclude a gentleman from the wards of St. Thomas's Hospital, after having paid so large a fee for what is called hospital practice. When I paid my admission fee as a pupil of that hospital, I stated to Mr. Whitfield, that it was probable I should stay in London more than twelve months, and asked him whether, after paying the fee for that period, I should be entitled to attend a longer time if I wished. He replied, "Most certainly; if you enter for twelve months, that will entitle you to attend as long as you please." This assertion was afterwards confirmed by the late Mr. Ledger, the then assistant apothecary, and I will certainly never give up my right to attend as often and as long as I please, without my money being returned.

This most monstrous decision of the surgeons is an act of great injustice to those who have paid them such large sums, and an outrage on the liberal spirit of the present age.

You are at liberty, Sir, to make whatever use you please of this letter.

I am, Sir,
Your obedient servant,
J. N. Bainbridge.

St. Martin's Lane. April 15, 1828.

ST. GEORGE'S HOSPITAL.

CASES OF HERNIA.

Case of Strangulated Femoral Entero-Epiplocele—Operation by Mr. Rose.

M. A. ætat. 45, a healthy looking woman, was admitted into the Hospital at 2 o'clock, a. m., on Sunday, March 23rd. The patient stated that she had been subject to femoral hernia for several years; that it frequently descended, and was returned without difficulty. It came down on the Tuesday preceding her admission, after great exertion, and she was unable to effect its reduction; the bowels were, however, moved on the following morning.

When admitted, she complained of slight pain in the abdomen, not increased by pressure; the pulse was low and tongue furred; she had been bled from the arm a short time previous to admission. There was a tumour of about the size of a pigeon's egg in the usual seat of femoral hernia; it was irregular to the feel, hard, and painful on pressure. She was placed in the warm bath, and the taxis was employed; an enema was administered, which brought away some hardened fæces; subsequently the enema was repeated, and some purgative medicines given *per ore*, but these were rejected. At 10 o'clock, p. m., the symptoms being somewhat aggravated, and no impression having been made on the tumour, Mr. Rose proposed the

Operation.

The incision of the integuments was accomplished in the usual manner, and the contents of the hernial sac were exposed; they proved to be a portion of omentum, and a small knuckle of intestine. The omentum was evidently very firmly constricted by the inferior edge of Poupart's ligament; a probe-pointed bistoury was introduced, and an incision made inwards, by which means the parts were liberated, and were returned into the abdomen without difficulty. There were slight recent adhesions between the omentum and sac; they were, however, easily detached.

Nothing material occurred after the operation; the bowels were freely relieved a short time afterwards, and the case went on to a favourable termination; the wound united by the first intention, at the upper part, but suppuration took place in the lower part, and hence protracted the cure. The woman left the Hospital well, one month after admission.

Case of Scrotal Hernia, in which the Tobacco Enema was successfully employed.

A stout young man was admitted into the Hospital on Tuesday morning, with scrotal hernia, which had descended two hours previously: he had applied to a surgeon, who made some attempts to reduce it, but without success. When admitted, he was put in the warm-bath, bled to syncope, and the taxis applied, with no effect; the use of æther and ice to the tumour, was attended with the same result. The swelling was very large, tender on pressure, and there was slight pain in the abdomen. The man had vomited once. Mr. Rose directed, that if no relief were obtained in a few hours, the tobacco enema should be administered; accordingly, towards the evening, the House Surgeon gave a tobacco injection, prepared by infusing a drachm of the herb in a pint of water. The whole was given in twenty minutes, and the effect was very remarkable; extreme exhaustion was induced, and in this state, the taxis being employed, the hernia almost immediately disappeared.

"DOING" AN OPERATION—SOMETHING THE MATTER.

On Thursday last the pupils were assembled to witness the eminent surgeon, Mr. Brodie, remove a *tumour* from the lower part of the scapula. Previously to the operation, we accompanied Mr. Brodie and Mr. Rose into the ward in which the patient, a man, was placed. "It is a firm tumour throughout," said the "eminent," handling the parts, whilst the fair Rose, opined that it had contracted some adhesions at the upper part. Whether it was, that, from the time of leaving the Ward, to entering the Theatre, the "eminent" changed his opinion, or whether it was in pursuance of his usual method of "doing" operations on tumours, we do not know; but, certes, Mr. Brodie thrust a lancet into the swelling, and some matter issued, with an hydatid of considerable size. A free incision was now made, and the greater portion of the cyst removed; numerous small hydatids were found adherent to its inner surface.

GUY'S HOSPITAL.

CASE OF DISLOCATION OF THE PATELLA INWARDS.

Followed by an extensive Subfacial Abscess and disease of the Joint, which ended fatally.

The cases at present in the Hospital, being for the most part of an uninteresting nature, we give the following, which occurred a few months ago :—

Jane Goodrick, ætat. 16, stout, and of what is ordinarily termed a *gross* habit, was admitted into the Hospital on the 16th of February, 1827, on account of injury to the knee.

She stated, that she was in the act of stooping to wash the floor, when she felt something " crack ;" her knee suddenly bent under her; she experienced the most excruciating pain, and found herself incapable of rising. She was shortly afterwards brought to the Hospital.

At the time of admission, the knee apparently was inclined outwards, whilst the foot was inverted, and the limb partially flexed; the joint was greatly swollen, hot, painful, and exquisitely tender to the touch. It was, however, readily ascertained, that the patella was dislocated inwards, and by extending the leg, bending the thigh upon the body, and at the same time placing the thumb on the inner edge of the patella, the bone was suddenly and immediately tilted into its proper situation. Much relief was experienced by the reduction of the patella, but still the girl complained of great pain about the joint, and, on minute examination, there was a depression felt just above the upper part of the patella, which led to the supposition of a rupture of the tendon of the rectus having taken place.

The leg and thigh were placed on a straight splint, the thigh being considerably bent upon the body; twenty leeches were directed to be applied to the joint, with the subsequent use of spirit lotion, to be constantly applied to the part: some aperient medicine was prescribed.

On the following day Mr. Key saw the patient, and examined the limb minutely, but could not detect a rupture of the rectus tendon; the swelling of the parts at this time had very much increased, and there was some febrile excitement. The leeches were repeated, and the spirit wash continued; saline purgatives directed, with fever diet.

Feb. 17. The inflammation has manifestly increased; the girl complains of acute pain in the joint; she is very feverish. The limb was still more elevated, the leeches repeated, and a dose of colocynth and calomel exhibited.

22. The inflammation has progressively extended since the last report, and it has now reached to a considerable distance up the thigh, on the outer side. The pulse is 120 and sharp; the skin hot and dry, and tongue furred. Ordered to take an effervescing draught every four hours, and two grains of calomel, with a like quantity of antimonial powder every night. The leeches to be repeated, and the evaporating lotion continued.

27. The disease has still further extended, and the constitutional derangement is considerable; leeches are applied from time to time.

March 8. To day Mr. Key attentively examined the limb, and ascertained that a large collection of fluid had taken place; fluctuation was very evident to some distance up the outer side of the thigh. The skin was slightly discoloured, and the girl complained of deep-seated pain; she had had occasional rigours; the tongue was loaded with fur, the pulse quick and sharp, and the skin hot. There was most excruciating pain felt upon making pressure on the patella. An opening was made just above the outer condyle of the femur, and a large quantity of matter evacuated, from which much relief was experienced. The leg was bandaged from the ankle up to the knee, and the thigh was in a like manner bandaged, with a view, as Mr. Key stated, to effect the cohesion of the sides of the abscess, and thus obviate further suppuration. A large poultice was ordered to be applied to the knee, and two grains of sulphate of quinine directed to be taken twice a day; a grain of opium at bed time.

12. The discharge from the opening amounts to six or eight ounces daily, and consists of bloody ill conditioned matter. The girl's general health has suffered very much; she is allowed a generous diet, and takes half a pint of wine daily.

18. Since the last report, the discharge has assumed a more healthy character, but it is of equal amount; the patient's appetite is bad, and she labours under a hectic condition of the system.

26. The general health suffering much; the discharge from the wound considerable.

April 6. Diarrhœa has come on during the last two days, and has greatly added to the weakened condition of the patient; the tongue is covered with a dark brown fur; the pulse is thready; the girl is, in fact, fast sinking. The discharge from the wound is bloody, and several fœtid sloughs have escaped. Ordered chalk mixture, with laudanum.

On the 7th and 8th, the diarrhœa was almost incessant, the stools were bloody, and also contained some purulent matter. On the 9th the girl sunk.

Post-mortem examination.

This was conducted at the patient's residence ; the report made by the dresser was as follows :—The abscess was found to extend within three inches of the anterior superior spinous process of the ilium, and on the inner side, as high as the falciform edge of the fascia lata, also nearly the whole length of the fore part of the thigh under the rectus muscle, into the knee joint. A part of the rectus, almost the whole of the cruræus, and a considerable portion of the vastus on each side had sloughed. The triceps on the back part appeared to be the only barrier which had prevented the matter extending to the back part of the thigh. All the ligaments of the joint, with the exception of the ligamentum patellæ, had sloughed away ; the semi-lunar cartilages were quite destroyed, and not a vestige of cartilage was to be seen on the condyles of the femur, and head of the tibia. In fact, the head of the tibia, back part of the patella, and condyles of the femur were so completely carious, that they could readily be crumbled down between the fingers.

The only operation performed at this Hospital since our last report, was extirpation of the mamma by Mr. Bransby Cooper.

The following cases were admitted under the care of Mr. Key on the 9th of April :—

Cornelius Ward—Extensive disease of the knee joint; strumous inflammation of the conjunctiva with pustules ; chronic enlargement of the testicle.

Job's Ward—Chronic abscess on the inner side of the knee joint, extending in the course of the internal lateral ligament.

Lazarus Ward—Case of hydro-sarcocele.

Charity Ward—Chronic enlargement of the glands of the throat, and glandulæ concatenatæ on each side of the neck. A case entitled " erythema nodosum," the disease affecting both legs.

Dorcas' Ward—A case of calculus vesicæ ; the patient is a little boy about two years and a half old ; the presence of a stone has been satisfactorily ascertained, and it was intended that the operation should be performed on Tuesday last, but it was postponed in consequence of the child's indisposition.

ST. THOMAS'S HOSPITAL.

DISSECTION OF IRONS, THE MURDERER.

The body of Irons, who was recently executed at Horsemonger Lane, for the murder of his fellow servant, was brought to this Hospital for the purpose of dissection. He was a good-looking man, about five feet nine inches in height, well proportioned in every part but the arms, which were small ; he was spare, and muscular, but not to such a remarkable degree as it has been represented.

The culprit was executed at eight o'clock on the morning of the seventh of April, and after hanging the usual period, was conveyed to the Hospital, so that when brought here the body was warm. Under these circumstances, it was determined to take a cast of all the superficial muscles of the body, and with this view it was placed in the attitude of the dying gladiator ; and the parts having been allowed to become cold, and consequently fixed, the process of dissection was begun on the following day, by Mr. South and assistants, and was completed in about thirty-six hours, Mr. South being employed during the whole of the night.

All the external muscles being exposed by clean dissection, and the position being so admirably calculatad to display them, the body really presented a most beautiful spectacle. We particularly noticed one of the extremities, dissected in a masterly manner. An artist, from the Royal Academy, succeeded well in taking a cast from the body, which we are informed is unique, at least as regards this country.

The sterno-mastoid muscle, on the *left* side, was nearly severed by the rope, and a portion of the trapezius also was lacerated ;* the blood, as is usual in cases of violent death, was fluid. The penis was in a state of semi-erection, and there had evidently been a discharge of seminal fluid. There was no displacement of the vertebræ, nor fracture of the os hyoides. It would have been highly interesting to ascertain the state of the brain, but the skull was not opened. Mr. Deville took a cast of the cranium.

OPERATION OF LITHOTOMY BY MR. TRAVERS.

John Chaplain, a fine healthy labourer from the county of Essex, 25 years of age, and upwards of six feet in height, was admitted into Isaac's Ward, on the 9th of April, under the care of Mr. Travers. According to the patient's description, he had been suffering with symptoms indicative of stone in the bladder, upwards of twelve years; ten years ago he voided several small calculi. He further stated, that during the last few months prior to admission, he had suffered severe pain in the loins, and the distress at the time of, and after, passing his urine, had become almost intolerable.

---

* We have been informed that the executioner, on this occasion, was intoxicated, and in consequence did not adjust the rope in the ordinary method. Would it be *libellous* to caricature the rascal!

Mr. Travers sounded the man a few days after admission, and readily felt a calculus, which he remarked was, in his opinion, of large size. The operation was proposed and assented to, and some aperient medicine having been previously given, it was performed on Friday last, April 18th.

The external incision was effected with a common scalpel, and the groove of the staff exposed by the same means; a cutting gorget was then fitted in the staff, and carried onwards, into the bladder. The *curved* forceps were introduced along the gorget, and the latter instrument was then withdrawn; the stone was grasped without much difficulty, and it was very evident, from the wide separation of the handles of the forceps, that it was of considerable magnitude. In the attempt at extraction, the calculus slipped, and Mr. Travers now introduced a smaller and *flat* pair of forceps, with which he soon succeeded in extracting the stone. The curved forceps, it was clearly seen, occupied too large a space to admit of the passage of the stone through the neck of the bladder. There was very little hæmorrhage, and the whole of the operation occupied about twelve minutes. The stone was of the size of a pullet's egg, and it had a rough surface: its composition we did not ascertain.

A few hours after the operation there was considerable bleeding from the wound, and it was thought necessary to have recourse to pressure, by which means it was eventually checked.

On the 19th, we found that the man had slept but little during the night; his pulse was quick and skin hot, and he complained of sickness; the bowels had not been relieved; the urine passed freely through the wound. Ordered, a common purgative enema, and to take saline draughts.

20. The sickness still continues; the pulse is quick and tongue slightly furred; there is no pain felt on pressing the abdomen; the urine flows freely by the perineum, and the bowels are open.

21. Has passed a tolerably comfortable night; the bowels have been relieved by an enema; the pulse 104, and compressible, the tongue glazed and red at the tip. He complains of slight tenderness of the abdomen on the left side, and a feeling of nausea. Leeches were applied to the abdomen this morning.

22. Four, P.M. The patient obtained no sleep last night; the pulse is less frequent than yesterday, the tongue has the same appearance, and the bowels have been moved several times. He may be considered, upon the whole, to be going on well.

23. Not so well, having passed a very restless night; delirious; no pain, unless much pressure is made on the abdomen; tongue the same; very thirsty; pulse 111; bowels twice discharged; the urine, which looks very well, continues to pass through the wound. An effervescing mixture was ordered.

24. The patient passed a comfortable night, and is going on very favourably; no delirium, pain, or sickness; bowels have been moved once; water still flows through the wound; thirsty.

WESTMINSTER HOSPITAL.

DISEASE OF THE KNEE-JOINT.

Samuel Manly, ætat. 12 years, of a scrofulous habit; was received into this Hospital about a year and a half ago, under the care of Mr. White. When admitted, he complained of great pain in the knee-joint; which, upon examination, appeared to be greatly swollen, and of rather a reddish hue. The pain was greatly increased when the limb was moved, or pressure made upon it. After he had been in the Hospital about a month, several small sinuses appeared, about two or three inches below the joint, and were supposed to lead into the joint itself; from which discharged a considerable quantity of pus. He remained in this state for several months, suffering the most excruciating pains, which always became worse towards night; sinuses formed at the back part of the joint. The discharge had now become of a thick consistency; his countenance indicated that his health was materially suffering. He remained in this state, until the present time; when, after a consultation among the surgeons, it was agreed that his limb should be amputated, to which he readily consented.

Operation.]

April 11. Mr. White removed the leg above the knee to-day, in the usual manner, by the circular incision; there was very little blood lost during the operation. The stump has been dressed several times, and appears to be in a very healthy condition; one of the ligatures came away on Monday last. The health of the boy is improving daily. Upon examining the limb, the joint was found to have become very nearly anchylosed, and the sinuses communicated between the condyles, at the back part of the joint.

ABUSES IN THE LONDON COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—While the proceedings of the Council of the Royal College of Surgeons in London, were under the consideration of the Committee appointed at the general meeting, and before the petition on that subject had been presented to the House of Commons, it would not, perhaps, have been prudent to offer any remarks on the conduct of that body, which now appears to have acquired two properties of matter, the attraction of cohesion, and that of gravitation. The former is manifested by the firm adherence of the Council to the regulations first complained of, and to the charter of the College, which, it is evident, they consider, enables them to promulgate with impunity, "that the only schools of anatomy, physiology, and surgery, recognised by this court, are London, Dublin, Edinburgh, Glasgow, and Aberdeen;" and this, I have not any doubt, will be admitted by your readers to be for the advantage of the said College. Precedents, however, which are supposed by some persons to justify and establish the most dangerous principles, can be referred to in support of such measures. If an example be required, the following might be afforded: "In the reign of Henry III, when the whole power of the state of England had been transferred to twenty-four barons, they ventured to propose an oath on every individual of the nation, in which the subjects were obliged to swear, under the penalty of being declared public enemies, that they would obey and execute all the regulations, both known and unknown, of these twenty-four barons, and all this for the greater glory of God, the honour of the church, the service of the king, *and the advantage of the kingdom.*" † The manner in which this sovereign power was employed, would furnish many analogies, if the opportunities of doing mischief, in both cases, were commensurate. I shall, therefore, content myself with observing further, that these twenty-four barons did not employ their power for the reformation of the state, which was their first pretence, but for the aggrandisement of themselves and of their families. The illustration of the other property of matter, that of gravitation, will readily suggest itself to the minds of your readers.

But what, Sir, are we to understand, by the "standing orders of the Court of Examiners?" Did this Court order them standing? and are these orders comprehended under the terms,—by-laws, ordinances, rules, and constitutions? Again, if it is intended, that it should be believed, that these orders have received the sanction of time, they are, on the contrary, of recent date; or, if by standing, are to be understood lasting orders, I will venture to predict, that they will not last long. It is not my intention, however, to pretend ignorance of the real meaning of those orders; and I will proceed to show, that they will bear a construction, which will reflect the *greatest credit* on the framers of them, and tend to support the dignity of the TEN who compose this Court. For, upon reference to their own "refutation of charges publicly made," &c., may be seen the following: "It has been made a subject of complaint, that certificates of summer courses of lectures are not indiscriminately received by the Court of Examiners; that certificates are not indiscriminately received from every anatomical teacher; and that certificates of attendance on provincial hospitals, are not admitted by the Court; and such regulations have been censured as unjust *by-laws* of the College." The answer to these complaints is, "the Council have, in the first instance, to correct this error:" "*There are no by-laws on these subjects; these are the regulations of the Court of Examiners.*" Your readers will now be fully prepared to understand the true signification of the *standing orders, and also of the regulations* of this Court; a mean evasion of the words of their charter, which does not recognise the Court of Examiners, as the legislative court of the College.

The College has now, upon compulsion, favoured the House of Commons with the returns which were moved for by Mr. Warburton, on the 29th of June last; and by way, perhaps, of adding greater weight to the orders of that House, we observe, in addition, "By order of the Council of the Royal College of Surgeons in London." A slight examination of these returns will of course be most gratefully received by the Council of the College, as it will afford them the opportunity of supplying the deficiencies; for there cannot be any doubt of their being fully prepared, to render a fair statement of the particulars of their stewardship, which, however, has not yet been afforded.

After having informed that House, that the sum granted to the executors of Mr. Hunter, was *not* granted to the College, the House is next informed of the first sum which *was* granted to the College. "On the 4th of July, 1800, 15,000*l.*, for enabling the College to erect a proper and commodious building, for preserving and *extending* the collection of the late Mr. Hunter, (not of making additions to it,) and a theatre for the delivery of public lectures on anatomy and surgery." Why not have added, and for delivering Hunterian orators of Hunterian orations. Some of the former, I consider, should be born again, in order to learn a little of midwifery, before they examine in this branch of our profession, and many of the latter should not be delivered at all. I will not complain, however, as the last was stifled in its birth! But more on midwifery subjects, as far as they regard this College, hereafter.

---

† Hume's History of England, vol. ii.

The next sum, the House of Commons is instructed, was also not granted to the College, but to his Majesty. "12,500*l.* to be paid to the court of assistants of the Royal College of Surgeons in London, to enable them to complete the erection of a museum and theatre, with an appropriate front, in Lincoln's Inn Fields." I conclude, therefore, as his Majesty did not subscribe anything towards the back-front in Portugal Street, that this is the reason why it is so very inconvenient, and certainly not more appropriate, than Sir William's and Sir Everard's busts in the portals of the museum. And here I cannot forbear mentioning, what will perhaps surprise many of your readers, that the latter, whom the bust represents, is not yet lost to all sense of propriety; for after having burned the Hunterian manuscripts, he is said to be ashamed of the refutation of the College.

Not content with a museum and theatre, with an appropriate front in Lincoln's Inn Fields, which might have been built for 27,500*l.*, especially as the ground had already been purchased, the College, of course, could not do anything derogatory from the dignity of its character; consequently, the next thing to be done was, to convince his Majesty and the House of Commons, that the munificence so liberally granted, was not at all required. And, in the next item, I observe, "together with the additional sum of 30,500*l.*, and upwards, from the fund of the College;" making, in the whole, 58,000*l.* There is not any person who would object to the expenditure, provided the money thus expended had not been acquired under false pretences. With the sum of 30,500*l.* in hand, and an immense revenue constantly coming in, to support the dignity of the College by begging! For my own part, I consider, if this be a specimen of the good conduct of the Council of the College, Mr. Peel must produce another memorial, to convince the House of Commons of the truth of the statement. It is reported of Horne Tooke, that when he was required by the commissioners of the property tax, to show how he contrived to maintain so large an establishment, with so small an income as that which was returned in his schedule, his answer was, that there were three ways by which it might be done; *begging, borrowing, and stealing*; but he had not the audacity to bring forward a memorial to show, that each or any one of the three, was a proof of good and honourable conduct!

VIRGINIUS.

THE LOST PELVIS.

To the Editor of THE LANCET.

SIR,—The account of the disappearance of a most valuable pelvis, by rats, given by Mr. John Davies of Hertford, in THE LANCET, is of so very extraordinary a nature, that, in common with every one I have heard speak on the subject, I think some further explanation necessary.

Mr. Davies' statement is, that he took home the pelvis, ("the most perfect specimen of mollities ossium,") *to clean for Dr. Davis*; that he put it into a pan to macerate, and, in about a fortnight after, found that the rats had devoured the whole of it, "*except a few pieces of the hardest parts.*"

The *particulars* of this case have been, for a long time, known in the profession, and I wish, therefore, to make a few observations on *Mr. Davies's own statement.* That such a rare and valuable specimen of morbid anatomy, intrusted to his care, as a pelvis with *mollities ossium*, connected, too, with a recent midwifery case, which must have been daily the subject of conversation, should have excited so little interest in his mind, as to be thus *neglected for a fortnight*, to be devoured by the rats, must appear to every one most surprising; for Mr. Davies does not state that the rats devoured it *at one meal.* If, from such negligence, the extraordinary catastrophe (merely for sake of argument) be allowed to have occurred, what is more natural to every conscientious upright man, than *immediately to have informed his friend*, and have *produced the "few pieces of the hardest parts*" remaining of the pelvis, as proof and confirmation? I have understood that conduct, the very reverse of this, was pursued by Mr. Davies; that after *repeated applications* by Dr. Davis for the pelvis, some *months* had elapsed, when this wonderful story was given in explanation. As Mr. Davies has brought this subject before "the tribunal of the profession," as he expresses it, it is evident that the above observations must be answered, in a satisfactory manner, before any true judgment respecting it can be formed; for, if *repeated applications* were made in vain for this valuable pelvis—if these "few pieces of the hardest parts" of it remaining were *never* shown, or *offered* to be shown, *then* there was cause sufficient for the manner in which Dr. Davis spoke respecting it.

I am, Sir, &c.

J. L. FENNER.

54, Penton Street, April 7, 1828.

BILL FOR THE REGULATION OF LUNATICS.

To the Editor of THE LANCET.

SIR,—Neither the profession generally, nor those most immediately concerned, seem at all aware of the nature and provisions of a bill, to "Regulate the Care and Treatment of Insane Persons," which has been introduced into the House of Commons *sub silentio*, and having passed with some amendments, is now in the House of Peers.

At a period when applications are being made to Parliament, to provide for the means of pursuing anatomical dissections, the profession should know in what estimation they stand.

Since the Parliamentary inquiry, in 1815-16, into the state of lunatic asylums and private houses, a great many of the most respectable members of the profession, have entered upon the study of insanity, and undertaken the charge of the insane. Some have expended very large sums of money, even as high as 15,000*l.*, in rendering their establishments what the legislature, in the debates on receiving the report of that inquiry, seemed to desire and encourage.

Without any further inquiry, however, except as to the condition of the Pauper Lunatics of three parishes in one of Mr. Warburton's houses, and without knowing whether any general improvement has taken place in public or private establishments, this bill was framed. The Committee also refer to the evidence adduced in the years 1807, twenty-one years ago!! and 1815, thirteen years ago! (Vide Parl. Report, 1827.) The original bill is dated March 3. Among many other extraordinary regulations, it thus provides:—

1. The executive is to be transferred from the College of Physicians, to the Secretary of State for the Home Department.

2. Fifteen Commissioners are to be annually appointed, by the Secretary of State, for the London district, of whom *one-third* only are to be of the medical profession. And four visitors are to be annually appointed by the justices at the Quarter Sessions of every county; three to be justices, and only *one* a medical man. Neither commissioners nor visitors can act for two successive years.

3. Every certificate of lunacy is to be signed by *two* medical men, not in consultation, but on *separate* visits.

4. Every medical man, whether a proprietor, or merely attending the lunatics in a house, is to see each lunatic *daily*, ill or well, and enter such visit in a house register, together with his opinions and remedies, medical and moral; and why, and when, and how long, coercion is used in every case.

5. Every lunatic establishment, public or private, except Bethlem Hospital only, may be visited *night* or day; the medical attendant, servants, &c., may be examined *on oath* on the spot; and if they refuse to answer any questions, they are liable, on conviction before *one* magistrate, to a fine of 50*l.*

6. A Coroner's Inquest is to be held on every patient that dies.

7. The clergyman of the parish is to have the right of visiting houses at any hour between eight in the morning, and eight in the evening.

8. If a *lunatic* desire spiritual consolation, the physician *must* allow it, or enter in the register his reasons for refusing.

9. Every discarded, or discontented, servant, is invited to become an informer, for which purpose he may be acquitted of all liabilities, from the consequences of his own guilty participation or negligence, and is to have half the penalty.

10. All prosecutions against a proprietor, if he chooses to appeal from the justice, are to be tried at the County Quarter Sessions, from which court he is to have no power of appealing; but the plaintiff may prosecute in any way, or in any court of England he pleases.

11. A medical man, who is a proprietor, is exposed, besides forfeiture of license, and pecuniary fines, to be accused and convicted on not less than eight misdemeanours, and is open to actions for damages as heretofore.

12. Finally; if he refuse, or is unable, to pay the fines and consequent expenses of prosecution, he is to be committed to the House of Correction for months, and to be kept to hard labour at the *tread mill*!!!

This bill, I have said, is amended, and some of the penal causes modified. The last enactment is altered, and the committal and tread-mill omitted. But enough remains to show, that no confidence in the medical character, or medical skill, exists in that branch of the legislature which has passed this measure.

In fact, if it pass into a law, no medical gentleman, who values his reputation, can become either the proprietor of, or professional attendant on any lunatic asylum, charitable establishment, or private house; and those who now are thus engaged, must, by necessity, soon relinquish the charge.

I am, Sir, yours, &c.

EXCUBITOR.

April 14, 1828.

THE LANCET.

Vol. II.] LONDON, SATURDAY, MAY 3. [1827-8.

LECTURES

ON THE

THEORY AND PRACTICE OF MIDWIFERY

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

Lecture XXVI.

Of the Extraction of the Fœtus by Craniotomy.

Of all the operations of midwifery, there is none, perhaps, more easily performed, than that of perforation; and many a life, I fear, has fallen a sacrifice to this facility of execution. Of all the operations of our art, however, there is none more dreadful, not to say more awful; for call it embryotomy, craniotomy, or by whatever elegant term you please, in this operation a dagger is struck into the head of an innocent child, often still living, and the brains being reduced to a soft pulp, are suffered to escape at the opening. Much evil, and some good, arises, in society, from not calling things by their right names. This practice, however, I am aware, grows out of the nature of man, and cannot be amended. Hellenize then, and Latinize, as much as you please—"suave sonat," but never suffer a polished and classical appellation to bring before your minds an idea of this operation, divested of that salutary horror with which I conceive it ought at all times to be contemplated. Dreadful, however, as the operation is, the safety of the mother sometimes peremptorily requires its performance; and I here lay before you the severe and formidable instruments by which it is accomplished—the *perforator*, the *crotchet*, the *craniotomy forceps*, of which it is sometimes convenient to have two pair, and the *blunt hook*, on all which I now proceed to comment, beginning with the consideration of the perforator.

The instrument, which I here exhibit, the perforator, is designed to be passed through the child's head by a sort of semi-rotatory *boring action*, the same which you would adopt in perforating a piece of board with an awl; the aperture being enlarged afterwards by dilatation, for which purpose the blades, while lying in the opening, are separated from each other. Observe the section on this folded paper. One of the first instruments employed for embryotomic perforation, was a pair of *large scissors*, recommended by Smellie, and after all, perhaps, if armed with shoulders, as here demonstrated, and committed to *cautious and dexterous* hands only, it is one of the best contrivances we can employ, for the cutting edge of the scissors has its advantages. Since the time of Smellie, however, the form of the instrument has been modified, the scissory edge having been removed; and I here show you a specimen of the kind of instrument now received into British practice.

This instrument opens and shuts like scissors, and, like them, is generally formed with a double point. But Mr. Lowdell, of Stamford Street, has, in my opinion, made a considerable improvement in the instrument, and this, too, very simply, by giving it a single point, as here shown, so that it enters the head with more ease and expedition, rendering the operation safer to the mother, and more speedily extinguishing the remains of life in the child. To prevent the blades from entering the cranium too far, about one inch and a quarter from the point, they are formed with a check, or shoulder, beyond which they cannot be pushed.

Some of these instruments are made very light and elegant, qualities of which I do not myself approve. A light perforator is apt to bend in the shank, or break like that on the table; besides, a roughness of appearance well becomes the austere duties which it is designed to discharge. The instrument I now exhibit, for example, is not thick and strong enough in the shanks, for sometimes you have to open heads which are very firmly ossified; and where that is the case, if the head resists much, there is danger, lest the handles should give way. In choosing a perforator, take care that the joint is very firm, otherwise, when the instrument is in action, disruption and dislocation may occur. It is better, too, that the blades at the joint should not touch each other laterally, in order that no part of the vagina may be inclosed and injured there. The instrument exhibited will illustrate my meaning. Except the point, all other parts of the instrument should be smooth and rounded. "Thou shalt do no murder," might, perhaps, with great propriety be engraved on the one blade of the instrument; to the obstetric eulogist, Sir Anthony Carlisle, I commit the choice of a motto for the other blade from the same decalogue.

The next instrument, and which I now hold in my hand, is the craniotomy forceps, of great use in the operation of embriotomy. The ancient accoucheurs were possessed of an instrument called the rostrum anatis, which was, in effect, the craniotomy forceps. In the mutations of fashion, this instrument became obsolete, being superseded by the crotchet, till it was again introduced by my valued predecessor. After laying open the head, Dr. Haighton was accustomed sometimes to make use of a pair of *stone forceps*, armed with teeth. Dr. Davis, of George Street, Hanover Square, who has bestowed a great deal of laudable exertion on the subject of instrumental midwifery, has very much improved the ruder instrument of Haighton, not sufficiently powerful in less skilful hands than his own. Here is a very stout pair of forceps of his contrivance, which has, you may perceive, a great number of teeth on one of the blades; these teeth, however, being faulty, because they are too short and delicate, and apt of consequence to bend and wear away under corrosion, becoming thereby unfit to pierce the bones as intended. Corresponding with these dental processes, you have, on the other blade, apertures into which the teeth are received, as in sockets; and thus when the instrument acts as intended, they pass through the bone, giving you a hold sufficiently secure. This instrument, contrived by Haighton, and much improved by Dr. Davis, has been still further perfected by Mr. Holmes of Old Fish Street, a gentleman who, to omit his other instruments, has produced the best pair of craniotomy forceps that I know of, and which I now always use. You see in his instrument there is no display of elegance, but it is a large, strong, and very powerful implement, not liable, when we are using it, either to bend or break. Of this instrument, the grand perfection lies in the size and strength of the teeth. On one blade there are three large dentiform processes, very like the incisor of a rabbit, if I may be allowed to make such a comparison; and in the other blade are three cavities in apposition with these, into which they pass, after thoroughly piercing the bones, so that there is no danger lest the forceps should slip away. Besides these chisel or scalpriform teeth, there are several which are smaller, designed to give you a hold of the scalp. To me, however, these smaller teeth appear to be unnecessary, for if you have a good hold of the bone, the hold of the scalp, not of much importance, will also be secure. The three large chisel teeth constitute, in my opinion, the great excellence of Holmes's forceps.

There is yet a third instrument, generally used on the Continent, and in this country too, for the extraction of the head after perforation, and which, notwithstanding the contrivance of the craniotomy forceps, cannot, perhaps, be rejected from practice altogether, I mean the crotchet. This instrument, of curved shank, furnished with a large handle, and a hooked extremity, broad and bluntly pointed, is designed to be employed as a blunt hook externally, or within the head, in the way I shall presently explain.

Nor must I omit to mention, while treating of these instruments, another implement, not frequently required, however; the blunt hook, as it is called, now lying on the table before you. Of this instrument I have to remark, that its shank ought to be strong, its handle large, its shorter arm not longer than necessary, to give a secure hold of the axilla and arm, or any other part on which it may be applied. Bluntness is another desirable quality, whence its name; a point is useless, and therefore to be condemned.

Our remarks on the different instruments of embryotomy concluded, we will now, if you please, proceed to consider the operation itself, dividing it for the convenience of observation, into two varieties, that, I mean, in which the want of room is inconsiderable, and that variety in which we have to act upon a pelvis contracted and distorted in high degree; and first of craniotomy, in those cases in which the contraction of the pelvis is less considerable.

If the contraction of the pelvis be slight, and craniotomy be required, those who are in the habit of using the long forceps will probably have first made trial of this powerful instrument before they have recourse to the destruction of the child; and, if it so happen that the long forceps are still applied to the head at a time when craniotomy is proposed, it will be better still to leave the instrument on the cranium, as its operation may afterwards tend to facilitate both the operation itself and the subsequent abstraction of the fœtus. In such cases, I would recommend you to close the blades of the forceps as forcibly as may be, so as to torpify the feelings by producing a sort of coma, the handles of the forceps being afterwards tied very firmly. This done, in commencing the operation, you take the perforator in the right hand, and pass two or three fingers of the left hand up to the sagittal suture, feeling the suture, if possible, and in ordinary cases it may be readily felt. Well, then, conducting the instrument along the fingers, at length you reach the sagittal suture, great care being taken not to touch any other part, and by a semi-rotatory motion you very readily enter the cavity of the cranium. The cranium once entered, without the smallest delay, for the sooner the operation is accomplished the better, lay hold of the two handles of the instrument, and draw them apart from each other, so as to enlarge the laceration, a free opening facilitating the operation greatly. In order to prevent the instrument from escaping when the aperture is dilated, you ought to be very careful, on entering the cranium, to press the blades onward to the *shoulders* of the instrument, so as to bring these shoulders into contact with the scalp and cranial bones, when there will be no danger of its becoming displaced. In general (I believe) one laceration will lay the head open to a sufficient extent; if, however, you are not satisfied with the size of the aperture, you may introduce the instrument a second time, at some little distance from the first opening; and in the same way as before, enlarging by dilatation, you may lay the second opening into the first, forming what is denominated the *crucial laceration*. The great object which you seek here is a free opening into the cranium, and, in using the perforator, of this object you should never be forgetful. The head, then, being laid open in this manner with all practicable promptitude, carry your instrument into the brain, and demolish its structure completely, so that if, unhappily, there be any life remaining in the child, all feeling may be destroyed at once. Let the demolition be complete—let the brain be converted into a perfect pulp. Feel what reluctance you may before you begin this terrible operation—the more the better—but when you have once begun proceed promptly, without flinching—it is too late to look back. In demolishing the brain, it is desirable that you should break up the basis as early as practicable, for this part, I suspect, is more immediately connected with vitality. Cases have happened in which the cranium has been opened, and part of its contents have been removed, the child coming into the world alive, to look, as it were, into the face of the operator, and reproach him with his cruel ignorance, or negligence. The very image of these horrors is enough to make the blood curdle. Never lay the head open, unless there be an absolute need for it; but when you do, when you must craniotomise, let all your operations be effectually performed.

When in this manner you have laid open the head and pulpified the brain, it next becomes your duty to abstract the fœtus. This you may sometimes accomplish with the long forceps; the instrument, however, being very liable to become displaced in consequence of a collapse of the bones, and this more especially if the resistance be considerable. If, however, the difficulty be small, the fœtal head may be extracted in this manner without much difficulty; but if the long forceps lose their place, the head not descending, you must then have recourse to the craniotomic forceps already described.

Before you introduce this instrument, I would have you ascertain with care what is the precise obstacle that precludes the descent of the head. Generally there is, in these cases, a small distortion of the pelvis; let this distortion, then, be clearly detected; commonly it lies near the symphysis pubis, or the acetabulum. Frequently, however, there is a mere want of room from before backwards, the symphysis pubis approaching the back of the pelvis, no distortion accompanying. Well, having ascertained the difficulty, slide up the first two fingers of the left hand; and, of these two fingers, place one within the cavity of the cranium and the other on the outside; and then adjusting the instrument with those two fingers, you lay one blade within the head, and the other externally, so as to get the cranial bones between the blades. Before closing the instrument examine very carefully, for you should not proceed with haste here, and satisfy yourselves that no portion of the mother is included between the blades. You had better ask the woman if you occasion pain, for in these easier cases you will give but little uneasiness if you operate neatly; the absence of pain being a further evidence that you are not including any of the softer parts. Satisfied of this, you then close the blades very firmly, piercing the bones with the dentiform processes of the instrument, so as to render the hold secure. This step of the operation effected, you then draw down, co-operating during the pains, if there be any, as these will be found of powerful co-operation. In drawing, too, it is desirable that the tending of the bearing should lie in a line stretching from the umbilicus to the point of the coccyx and the perineum, (great care being taken not to injure this part,) for, when you are bringing the head through the brim, this line may be considered, practically, as representing the axis of the upper part of the pelvis, and you must direct your efforts accordingly. The ordinary craniotomy forceps will frequently slip away; I should, therefore, recommend you to use those improved by Mr. Holmes; even the best contrived instrument may slip, bringing along with it the portion of bone to which it is fixed; a grave accident, because the edges and points of this piece of bone, if you are off your guard, may lacerate the passage. When, therefore, you are drawing with the craniotomy forceps, I would further recommend you to lay the fingers of the left hand—all the four—in the vagina, in apposition with the instrument, so that, should the forceps slip, your hand alone may suffer, the woman being protected. For the sake of the patient, and for the sake of your own hand also, I would advise you to abstract with caution, always prompt and in readiness to stop short in your effort should the instrument, or bones, seem disposed to give way. But, to proceed.

You will now and then find the head lying so high in the pelvis, that it is no easy task to apply the instrument in any way over the bones; or if you do obtain a hold, the hold is marginal and imperfect, and the forceps are apt to slip away. Now your better practice here, is to have two pair of forceps, and this number I generally carry with me; and applying your first pair somewhat insecurely, you may still draw the head down a part of the way, though you may not be able to extract it altogether. Having accomplished this, you may then take the second pair of forceps, and drawing the bones down with the first instrument you may bring the bones thoroughly within the gripe of the second pair, obtaining, in this manner, a firmer hold, which may enable you to act with power and effect. When the second pair of forceps has been applied, the first may be taken away.

In using the craniotomic forceps, all these minute points are well worth your attention: get a secure hold of the head with the instrument, and guard against its detachment by slipping; be prepared for the escape of the instrument, whether alone, or with a portion of the bones; draw down during the pains, in order that you may have the full advantage of the co-operation of the uterus; and, above all, take care when you apply the instrument, that you include the parts of the cranium only, and not a part of the mother also—a nicety not always unattended with difficulty, inasmuch as it is not always easy to distinguish what parts are of the child, and what are of the mother, more especially when the head lies high up.

The craniotomy forceps failing, you may endeavour to abstract the head with another instrument of no small power; and this other instrument is the *crotchet*, pretty generally known to accoucheurs. Now this instrument, the crotchet, may be applied as formerly demonstrated, either externally or internally; and the latter being the safer, is, on the whole, the better mode. I cannot designate, or mark out to you, any one particular part of the head, as a bearing point, on which the instrument may be placed; but I may observe, that passing it into the cranial aperture with the right hand, and guiding it with the left, you may move it about till it fastens on some part either of the basis cranii, or of those bones which form the other parts of the receptacle for the brain. When you have, in this manner, secured a hold with your crotchet, of course there is always a danger, lest the instrument should slip away either alone, or with part of the bones, and therefore you are to pass your fingers into the vagina before you draw, placing the hand so as receive the point of the instrument if it slip, being continually upon your guard against its slipping, and careful to stop promptly, when you find it disposed to give way. As in using the craniotomy forceps, so here in drawing, let the tendency of your effort be in the axis of the pelvis; ascertain what is the difficulty, if possible, and if there be any uterine pains, take advantage of their co-operation.

Further. In cases where the crotchet does not succeed in withdrawing the bones, there is yet a third expedient to be adopted; and that is, the abstraction of the cranium with the fingers, by means of the scalp and bones. If, as some are, you chance to be strong in the fingers, lay hold of the scalp or skin, which you may find hanging through the pelvis, and by this exert your extractive force. When thus drawn, the scalp, which is sometimes pretty firm, may have the effect of bringing all the bones together; and thus getting them all included within a small compass, you draw down with better success. I have seen an operator succeed in this way, where the craniotomy forceps had been previously tried with little avail. By one or other of these means, then, by the forceps or the crotchet, or the immediate action of the fingers; and especially where there is not much contraction of the pelvis, the head may generally be obstructed, and this frequently with little difficulty. Of these means, the fingers are the safest; and next to these, the forceps; the crotchet is powerful, but not without its dangers.

In these cases of slighter contraction of the pelvis, I would advise you, as your general practice, always to begin the extraction directly after you have laid open the head, and thoroughly pulpified the brain. Sometimes, however, you will find, on trial of all these modes of abstraction, that still the head will not descend; now what is to be done here? Bleed your patient, if in a state of irritation, according to her strength, to the amount of ten or sixteen ounces; give her from thirty to sixty drops, not minims, of the tincture of opium, and let her first repose a little, afterwards taking her pains for a few hours; and, at the end of that time, you may find the head much lower in the pelvis, and, therefore, to be more easily brought away. You are not to despair, in this case, as if the delivery were impracticable. Violence, remember, has no place in scientific midwifery; if you cannot succeed with gentle efforts, wait to see what nature may accomplish. You may the rather wait for the operations of our common preceptress and auxiliary here; because, when the head has been opened, and the brain has been pulpified and discharged, and the bones are become collapsed; in the general, a heavy and dangerous pressure on the softer parts of the mother will cease, and delay, therefore, is not likely to give rise to their further contusion and mortification.

After the cranium has passed the pelvis with difficulty, we sometimes meet with no small obstruction to the passage of the shoulders, more especially if the pelvic bones be more distorted and contracted than ordinary, or if the shoulders be unusually broad. Now this difficulty may be surmounted occasionally, by first laying hold of the remains of the head, and drawing down the shoulders as low as may be, and then, by the action of the fingers, abstracting the arms, a fracture of which is of small importance, as from the previous craniotomy, the child is utterly dead; and thus, in a manner, the arms come through the outlet of the pelvis before the shoulders descend, the difficulty, from the great size of the shoulders, being overcome. If, however, you cannot succeed in an operation of this kind, then you may take the *blunt hook* here laid on the table before you, (an instrument not often required, though sometimes needful,) and grasping the handle in the right hand, while, with the left, you direct it into the axilla, you then, by means of this instrument, draw down the one axilla; afterwards in like manner, fixing it upon the other, and drawing this away, considerable effort being also sometimes required for this purpose. Should you, however, fail with the blunt hook, the only further effective expedient with which I am acquainted, is the detachment of the arm from the trunk, or the evacuation of the contents of the chest, the blunt hook, or a large perforator, being respectively the instrument best adapted to these operations. In dexterous midwifery, however, it rarely happens that measures of this kind are really required.

When talking of craniotomy, you will hear some practitioners speak of the abstraction of the brain, and for this purpose a sort of scoop has been contrived, an instrument, however, which I have not hitherto mentioned. The truth is, that if you follow the two rules before prescribed—in other words, if you are careful first to make the cranial opening capacious—and, secondly, to pulpify the brain completely, by the craniotomy forceps or crotchet, (for either of these instruments, the crotchet more especially, may be employed for the purpose,) the brain will, of itself, become discharged at the aperture, and the scoop may be rejected. It is the great glory of British midwifery, that it is, on the whole, simple; and, in general, in obstetrics, the simpler our modes of procedure, the better.

Thus much then respecting that variety of craniotomy, which is performed in ordinary cases, where there is only a slighter degree of contraction at the brim. All the craniotomic cases, however, be it remembered, are not of this kind. In consultation practice, more especially, you will now and then be called upon to operate, where the pelvis is contracted in a very high degree; so that when the head is laid open, the abstraction may still be attended with no small difficulties. Now operating in these cases, in which the pelvis is contracted and distorted in the higher degrees, you must proceed on the general principles already prescribed, only with some little modification. If it is obvious, as it generally will be in those cases, that you must lay open the head at last, I suppose it will be agreed on all hands, that the operation should be early performed, in order that you yourself may be fresh and unexhausted; in order, also, that your patient may not be exhausted, or otherwise injured, before you begin to operate, so as to be worn out with the unavailing efforts of delivery.

Again, when it is clear you are to lay open the head, you should be careful to open the head very fully, and to pulpify the brain very completely. This is necessary even in ordinary cases, but more especially in those now under consideration, where, unless you have evidently opened the head and fully pulpified the brain, you will not have that complete collapse of the bones, so essential to a ready delivery, for parts of the brain will remain in the cavity of the cranium, and room must, of consequence, be lost. The brain then pulpified thoroughly, and the opening into the cranium being made as capacious as may be, you may then proceed directly to the abstraction of the head, taking advantage of pains if there be any. Should you however be unsuccessful in these attempts, then wait for ten or twenty hours if no dangerous symptoms forbid, and under the efforts of the uterus, the remains of the head may be pushed into the inferior parts of the pelvis, more within reach of your extracting instrument.

In all cases, but more especially if there be unusual difficulty, when you are bringing away the head, the position in which you place this part is of no small importance; and happily it is by no means difficult, but rather easy to place it in the position most convenient for transmission.

I here exhibit to you the basis of the cranium with its facial bones, the other bones being collapsed in consequence of the abstraction of the brain. To this condition the head is reduced when the cranium is laid open, and its contents are taken away. Now, in a case of this kind, in which the cranial texture is completely destroyed, you may bring down the basis of the cranium parallel with the plane of the brim of the pelvis, in the position which I now demonstrate; but you may observe here, that, in this position, the remains of the head, though small in bulk, still occupy much space in the pelvis. It seems, therefore, that if you bring down the basis of the scull parallel with the plane of the brim of the pelvis, advantage is lost; a position of the head more favourable, and very important it is that this should be recollected at the bed-side, is that which I now show you. Place the basis of the scull parallel with the posterior surface of the symphysis pubis, and then, as you may perceive, much less room will be occupied by it. Further, when you place the basis of the scull in this manner, parallel with the symphysis pubis, it is not altogether a matter of indifference which part you draw down, as the most depending, whether the face or the ear, or the occiput of the child, all of which may be brought down into the most dependent position, the basis of the cranium still, as you perceive, retaining its parallelism with the symphysis pubis. If, for example, you draw down the face as the most depending part, you then, of course, have a simultaneous descent of the neck and occiput; observe the apparatus; but if the occiput is the part the most dependent, you will then have a combined descent of the face and neck forming together a mass of no inconsiderable bulk. The descent of the ear produces a sort of intermediate case, into the consideration of which it is unnecessary to enter.

Well, then, it is obvious from these demonstrations, that if the neck and face of the child descend together, the mass transmitted will be larger than that produced by simultaneous descent of the face and occiput, and from all these considerations issues the following rule: when the cranium has been opened, and the brain has been removed, let the basis be laid against the posterior surface of the symphysis, the head being brought down under a presentation of the face, for, in this position, the remains of the cranium will occupy the smallest space in their descent. On the pelvis exhibited, we will illustrate the advantages or evils of the different modes of descent. In difficult cases, you may facilitate the descent, by separately detaching the bones, as much as may be, before you bring the head away; and if you have been waiting some ten or twelve hours after the operation of craniotomy, you may find the parts softened a little by putrescence, and their connexions loosened, so that a detachment may be easily effected, and with the help of the forceps the bones may be very easily abstracted. Care must be taken not to injure the softer parts, when these bones are taken out.

Such then are the nicer points of this dreadful operation; few, indeed, but of great importance. Though craniotomy must be avoided if possible, yet, if early in the labour, it is perfectly evident that you must open the head; the sooner the operation is performed, the better. After the cranium has been opened, and the brain has been pulpified, if the head do not come away easily, wait for a few hours—ten or twelve for example; then resuming your operations, place the basis of the scull parallel with the symphysis pubis, placing the face below so as to bring forth the head under a facial presentation; and then, if you can get away the bones separately, remove carefully as many of them as possible; for, in doing this, you not only reduce the bulk of the head, but facilitate greatly the escape of the pulpified brain.

Of the signs which indicate the need of Craniotomy.

If it be necessary, with caution, to decide in what cases you are to have recourse to the forceps or lever, it is still more necessary to decide with caution, what are the cases in which you may be justified in having recourse to the perforator; and I advise you always duly to investigate the point before you come to your determination, so that, upon reflecting afterwards, you may feel perfectly free from compunction and self-reproach.

By some, perhaps, it might be contended, that we are never justified in having recourse to craniotomy, unless the fœtus be already dead, but this opinion is, I conceive, erroneous. With the dogmas of the divine, it is not in my province to interfere, and I am glad of it; without, therefore, babbling about theology and syringes, I may be permitted to remark, that in British midwifery, the life, nay, the preservation of the patient, from the graver lesions of her person, is to be looked upon as paramount to every consideration relating to the fœtus; and when these require the sacrifice, craniotomy becomes justifiable. Before this operation is adopted, however, it must be admitted on all hands, that an overpower-ing and peremptory necessity, grounded on these conditions, should be clearly established; for I conceive, before the tribunal of reason, this alone can clear the operation from partaking of the nature of murder; and we will, therefore, if you please, proceed to the consideration of those indications by which this necessity is supposed to be demonstrated.

By some, perhaps, it may be contended, that if we have made trial of the forceps or lever, provided we have been unable, with these instruments, to abstract the head, we ought then, without delay, to have recourse to the perforator. To this principle, however, I can by no means accede, for if the accoucheur be prompt, in the administration of the embryospastic instruments, he may sometimes find himself unable to abstract the head in the morning, although, in the evening, by means of the same instruments, a living fœtus may be brought away—a fact, of which I have myself been an ocular witness in more than one instance. It is clear, therefore, when the tractor or forceps fail you, that the perforator should be had recourse to, provided immediate delivery be necessary.

You may sometimes hear it observed, that the perforator should be used, when the pelvis is contracted in a high degree, and that you ought not to use it, if the apertures are of full size; nor is the rule to be altogether neglected. If the pelvis be so contracted, that delivery, without the perforator, is clearly impracticable, then the sooner you employ the instrument the better; but unless the case be extreme, so that the need of the perforator is obvious beyond all doubt, to use the perforator, merely because there is a want of room among the bones, would be a most criminal rashness. The truth is, that in those cases in which the pelvis is contracted in slighter degree only, you can seldom safely decide respecting the use of the perforator, from the mere measurement of the pelvis; first, because unless much exercised in these inquiries, you may err in the measure; and, secondly, because if the head be small and soft, and the womb be active, the fœtus may come away unopened, notwithstanding the deficiency of room. On the whole, therefore, although I would not have you neglect to examine the capacity of the pelvis, yet, unless the contraction be extreme, I would recommend you not to rely on this measurement, in deciding whether you ought or not to have recourse to the perforator. In his work upon midwifery, Capuron relates two cases, in one of which the pelvis measured only three inches between the front and back, in the other, not more than two inches and a half, the full capacity in a well formed pelvis being of four inches. Both these women, however, as Capuron relates the story, became the mothers of living children; and, from the whole account, we may draw this useful information—I mean, that we must never rashly condemn the fœtus, merely because the pelvis of the mother is contracted; the fact indeed ought to influence our judgment, but certainly ought not alone to determine it.

Further, you are not justified in laying open the head merely because, in previous labours, the operation has been performed, and that too repeatedly. Suppose, for example, five or six fœtuses have all been destroyed in previous labours, the pelvis being confessedly narrow. A fact of this kind constitutes, no doubt, a presumptive evidence, that the operation may be again necessary, but the proof is not decisive; nor are you, therefore, justified in making use of the perforator, unless some stronger reason can be given. Various circumstances, in any given delivery afterwards, may facilitate parturition. The labour may be premature, or though of full age, the fœtus may be softer, or much smaller than ordinary, and it may yield of consequence to the forceps or tractor, or even to the unassisted efforts of the uterus; so that, on all these accounts, it would be highly criminal to perforate, merely because the operation had been performed repeatedly on the same woman before.

Some practitioners, with laudable humanity, have maintained, that perforation ought not to be performed unless we have proof that the fœtus is dead in utero; and I do believe, that in many instances, it is not necessary to lay the head open till the fœtus have been subjected to so much compression from the action of the uterus that its vitality is become extinct. Unhappily, however, even if we accede to this rule, it will not be found of easy application, as we are not always able to decide, with absolute certainty, whether the child is dead or not. From the symptoms which I shall presently state, we may, indeed, sometimes ascertain the fact with a high degree of probability; but it often happens, that the child is dead without our knowledge, and frequently, when the fœtus has been pronounced to be dead, it manifests the signs of vigorous life, as soon as it has quitted the vagina. Should we, therefore, grant to the speculator, that the indication for the use of the perforator may be taken from the death of the child, we must still maintain that, in practice, the rule is exceedingly defective, inasmuch as it necessarily partakes of all that uncertainty which belongs to those symptoms by which the death of the fœtus is supposed to be indicated. Not, however, to weary you with the critical enumerations of indications for the use of the perforator, of which I do not approve, I will now lay before you those which I employ in my own practice.

Before the perforator is used, I endeavour to be fully satisfied that the security of the life or person of the patient peremptorily requires the delivery; and I consider that the security of the patient demands delivery, with that degree of certainty which makes it our duty to operate, provided the head have made little or no advance, although the woman have been in active labour for six-and-thirty or eight-and-forty hours after the discharge of the waters; or provided, moreover, however short the labour, the symptoms of danger or damage, enumerated in a former lecture, and to be relieved effectually by delivery only, are beginning to make their appearance.

Again: satisfied that the perforator is necessary, I endeavour further to ascertain that the delivery is not to be accomplished either by the embryospastic instruments or the Cæsarian incisions. If the delivery must at last be effected by the Cæsarian incisions, it must be admitted, on all hands, that craniotomy is unjustifiable, and I shall endeavour, hereafter, to lay down the principles by which we may determine this point. If the delivery may be safely accomplished without our embryotomic operations, by the mere use of the embryospastic instruments—the tractor, I mean, or forceps—then of course, although the fœtus in these difficulties is frequently still-born after all, to craniotomise would be unjustifiable. The safety and practicability of delivery by the forceps or the tractor, in any given case, must depend, not only on the conditions of the delivery, but the dexterity of the operator; and, perhaps, the only certain method of determination in dubious cases, must be taken from our making the essay—gently, dexterously, resolutely, yet cautiously, and with great care, lest we should lacerate or contuse. Well, then, suppose delivery by the Cæsarian incisions to be unnecessary, and by the embryospastic instruments impracticable—suppose, moreover, that the safety of the life, or person of the patient, demand immediate delivery with that degree of certainty on which, in surgery, it is reasonable to act. Under these conditions, it seems to me, that we have made out a clear need for the perforator, and however revolting the operation may be, craniotomy becomes justifiable. Before you open the head, have a second opinion—this is a good check upon temerity; the former need of the operation, the contraction of the brim of the pelvis, and the death of the fœtus, may all be allowed to exert some influence over your decision; but, be it remembered, that from these considerations alone, your determination must not in general be taken.

LECTURES ON CHEMISTRY,

BY

PROFESSOR BRANDE.

Delivered at the Royal Institution of Great Britain.

LECTURE XXXIX.

On Arsenic, Molybdenum, Chrome, Tungsten, Columbium, and Nickel.

It happens, Gentlemen, with *arsenic*, as with most other poisons when taken into the stomach, that it occasions vomiting, and it is no uncommon thing to find persons killed by arsenic, and yet be unable to detect the smallest portion of it after death in the stomach or bowels; this is continually happening; and as you cannot, from the appearances after death, or from the symptoms, certainly determine the nature of the poison used, it becomes requisite to be very careful to collect these portions of matter thrown off by the stomach, in which the arsenic is supposed to be contained. You find that pain, and a sensation of burning throughout the alimentary canal, are complained of by persons who have taken arsenic; but these, although the leading symptoms, would not enable you to determine whether arsenic had been taken or not. This burning sensation throughout the stomach and bowels, is followed by vomiting and purging, and generally there is a quantity of bloody mucus thrown off from the stomach, indicating the degree of irritation going on. Drinks of all kinds are rejected by the stomach, and after a time the person suffers from fainting fits, great thirst, and intense heat of the skin; the pulse becomes small and irregular, and there are violent palpitations and cramps in different parts of the body, especially in the extremities; cold sweats supervene, and an eruption of red and purple spots upon the skin precedes the fatal termination of the case. Delirium is not an usual consequence of poisoning by arsenic, and serves as one of the distinctions from cases of poisoning by opium and other narcotic poisons. The mind is usually clear in cases where arsenic has been taken, almost to the last. After death, all that is found is an inflammatory state of the stomach, red patches of inflammation being found upon its inner or mucous coat, and if you pass your finger over them, and rub off the mucus and coagulable lymph effused, you will find the parts beneath intensely red, usually terminating abruptly at a given point; it also generally happens, I believe, that the blood in the large vessels is found in a fluid state, not coagulated, as it commonly is, after death.

When examining a body to determine if arsenic has been taken, upon looking into the stomach and intestines, you find occasionally a small quantity of a white substance, which you should collect very carefully and examine, and this will generally prove to be arsenic; but, as I have mentioned to you, unless death should occur at an early period, the poison will be vomited off, and there is no chance of finding it either in the stomach or bowels, although the mischief done may have been sufficient to kill the patient. Under these circumstances, medical men and chemists are in the habit of instituting a great variety of accurate, and delicate experiments, as they conceive them to be, upon the contents of the stomach and bowels, and if they get a yellow precipitate with the nitrate of silver and a green precipitate with the sulphate of copper, they immediately come to the conclusion that arsenic is present in the secretions they have examined. But you may be easily deceived in matters of this kind, and unless you get the arsenic and exhibit it by the most unequivocal of all tests, its reduction to the metallic state, you never ought to make up your minds as to its having been exhibited. In a case of poisoning in Cornwall, it was shown that a yellow fluid, such as the infusion of onions, will cause copper to be precipitated of a green colour, which an inexperienced eye might mistake for the green precipitate of the arsenite of copper, and hence lead to the decision that the person had been destroyed by arsenic. Some of the phosphoric salts afford precipitates of a yellow colour, and mistakes might be made in this way. Supposing that you have collected a quantity of matter, which you suspect to contain arsenic, you will proceed in the way directed in our last lecture; you take a portion of it, as you generally have but little to operate on, you put this into a watch glass, and you heat it with a little solution of potash; supposing that you had about one-tenth of a grain of white arsenic, a drop of the solution of potash would be sufficient, and you drop into this a drop or two of the solution of the sulphate of copper, and you will have a green precipitate if there be arsenic present. Another portion of the suspected fluid may be digested with a little ammonia, which will dissolve it, and then add a little nitric acid, which neutralises the ammonia, taking care not to add excess of acid, then dip or drop into the solution a little nitrate of silver, and observe the yellow precipitate which is formed. Take a third portion and mix it with a little *black flux*;* put it into the bottom of a small glass tube, and heat it carefully; if you get a steel-grey sublimate, you may be certain, in conjunction with the other tests, that you have arsenic before you; but in order to make the matter still more sure, cut off the bottom of the tube with a file, and then heat it, holding the tube at about an angle of 45°, in the flame of a spirit lamp; you cause a current of air to pass through the tube, and if you perceive the odour of garlic, you may be sure it is arsenic. If you choose to be more punctilious, hold a piece of copper over the tube, and you will soon have a white coating of arsenic upon the copper. If you can thus proceed with your tests, and ultimately obtain a sublimation of metallic arsenic, there can be no doubt of the nature of the poison; but if you fail to get this, you should place no manner of confidence in the precipitates; and it would be best to collect the precipitates, to heat them with black flux, and you will get the smell of garlic and metallic arsenic, that is to say, supposing you have an opportunity of collecting the precipitate; but in this way you may imagine, that you can only get the arsenic in very small quantity, and therefore you must depend upon the experiment I have mentioned.

I have here precipitated the copper from its solution by potash only, to show you the contrast between the appearance of this green colour produced and the green of the arsenite of copper, and the contrast is very evident; but, at the same time, you must recollect, that if you mix a yellow fluid with the green obtained by the potash, you may get a green similar to the arsenite, and therefore it has been said, that there may be bile in the stomach or in the intestines, and that you may thus have a green similar to the arsenical green, and certainly you may; but if you heat this, and reduce it, you do not get the steel-grey sublimate, which shows the presence of arsenic. For my own part, I never feel satisfied when I read long accounts of boiling the stomach and intestines in water, and of testing these solutions, and of the appearances which they give rise to, and so on, because all this is a very complex affair, and must be done in a variety of vessels, and it generally happens, that those who proceed in this way are not the most expert experimenters. In short, we ought to rest satisfied with nothing short of the most decided and irrefragable proof, which is the production of the metallic arsenic.

Now, arsenic is what is called an acidifiable metal; it does not form any distinct class of salts with other acids; we have no nitrate or sulphate of arsenic; but you may acidify the metal by various means, and then the acid thus formed enters into combination with numerous bases, forming arseniates and arsenites. Molybdenum, chromium, tungsten, and columbium are also acidifiable metals: you have no distinct salts formed with them and other acids, but they enter into various combinations with different bases, and form compounds of some interest and importance.

---

* Best prepared by deflagrating in a crucible a mixture of one part of nitre, and two of powdered tartar; it remains in fusion at a red heat, and thus allows the particles of metal to coalesce into a button.

First, of *molybdenum*; this metal was discovered by Scheele, existing native in two or three combinations, but principally in two; the *molybdate of lead*, called the yellow ore of molybdenum, and the *sulphuret of molybdenum*. Now, you may obtain the *molybdic acid* from either of these ores. The molybdenum itself is a greyish metal, and is very difficult to fuse. If you wish to obtain a molybdate of lead, you mix together a molybdate of potash and nitrate of lead, and you have almost a pure molybdate of lead. If you treat the sulphuret of molybdenum with nitric acid, it abstracts oxygen from the acid, and you have a *molybdous* acid formed, and, if you carry the operation still further, you obtain the molybdic acid. As regards its combinations with oxygen, it appears capable of uniting with three distinct quantities, so as to form the molybdic and molybdous acids, and the oxide of molybdenum. It is represented by the number 48; the sulphuret of molybdenum is composed of 48 metal and 16 sulphur, giving 64 as its equivalent; and the other compounds have never been applied to any use.

Chrome, or *chromium*, is also an acidifiable metal; it is obtained in the metallic state by intensely heating the oxide of chrome with charcoal; it is a grey brittle metal, but of no particular use, or possessing any interest in this state. If it be exposed to the action of heat and air, it is gradually converted into a deep green powder, easily soluble in acids, which is the oxide of chromium. The properties of chrome have been described by Vauquelin, and he gives it the name of chromic, or colouring metal. Here is a specimen of the incrustation of the oxide upon a granite rock, occurring native in France, and this preparation is now produced artificially for some kinds of paints, especially for china and enamel painting. It is a permanent colour, and useful in giving various tints of green in combination with yellow, thus producing colours not to be derived from any other sources. The solution of this oxide in the acid is of a deep green colour. Here is the chloride of chrome, also green; the phosphate and carbonate of chrome, also of the same colour; here you see a solution of the nitrate and sulphate of chrome, and some of these solutions exhibit curious phenomena when received in transmitted or reflected light, appearing of a deep purple in transmitted light, and of a green colour in reflected; and it may, perhaps, be worthy of remark, that this green oxide of chrome is the colouring matter of the emerald; this fact was also discovered by Vauquelin. *Chromic acid* combines with the oxide of iron, and produces a black chromate of iron, which has been found native; also with lead, forming a chromate of lead, which is of a fine red colour, and has been found native in Siberia. If you take these and fuse them with nitre, you find, upon the fused mass, a fine yellow liquor, which is *chromate of potash*; and you have, in fact, a great variety of soluble chromates, formed by adding the chromate of potash to certain soluble saline compounds, of great variety and importance. These salts are, at present, prepared on a large scale for the calico printers, as mordants to cause a precipitation of the various colouring matters upon the fibrin of the calico. Upon the table there is a number of chromates, but only one of any importance to the chemist, which is, the chromate of potash. The insoluble metallic chromates may be formed in the same way as the soluble chromates, namely, by adding the chromate of potash to their saline solutions, and the colour of the precipitate often enables us to judge of the nature of the metal present, and we sometimes avail ourselves of the chromate of potash as a test for the metals. From a solution of lead is obtained a yellow precipitate; from silver, a deep crimson, becoming black on exposure to air; from copper, a dingy green; from iron, brown; and so on. These instances will be sufficient to show you the manner of forming the insoluble chromates, and the great variety of colours produceable by this metal. It is found in great quantity in America, and latterly in France and Germany, and as I before mentioned, it may be obtained by deflagrating the native chromates of lead and iron with nitre.

Tungsten, *wolfram*, or *scheelium*, is a metal of no importance or interest whatever; it is found in native combination with two minerals, crystallised in small green crystals, with the oxide of tin, and in combination with iron and manganese in the massive state. Tungsten is difficult of reduction; it is an acidifiable metal, and enters into combination with certain bases, forming tungstates of iron, manganese, lime, potash, and so on; but these are possessed of no interest.

Columbium was discovered by Mr. Hatchett, in a mineral substance brought from America, and he called it columbium from its origin. Afterwards Ekeberg, in Sweden, discovered *tantalum*, or tantalite, which he so named, from the trouble he had in discovering its combination; but Dr. Wollaston showed, that columbium and tantalum were one and the same metal, and therefore the original name of columbium has been retained. Here is an oxide of columbium, and here a gallate, but it is very difficultly reduceable, and I have nothing further to remark, than the curious property of its protoxide, to which the infusion of galls gives a brown colour. The oxide is soluble in tartaric, citric and oxalic acids. The oxide is a very intractable substance when dry, and is insoluble in any state in the stronger mineral acids; whereas, in the vegetable acids, it dissolves very readily when recently precipitated.

Nickel.—Now nickel is a metal which has attracted great attention. In the first place, as having given rise to some beautifully coloured salts, and next as existing in those singular masses, which occasionally fall from above; whence they come nobody knows, but they have been called meteoric stones.

Nickel occurs native in a variety of combinations, but its arsenical ore is most common. After it has been reduced and fused, it is sold, in general, under the name of *speiss* or cured nickel, which is a very complex compound, containing arsenic, iron, sulphur, copper, cobalt, and other substances; but the procedure for obtaining the pure metal, as far as my experience goes, is a very simple process. It is sufficient to break it down, and heat it in a muffle or reverberatory furnace; in this way you get rid of the arsenic and sulphur; and if you deflagrate the remainder with excess of nitre, you further get rid of arsenic; having done this, you wash the residue, which is an impure oxide of nickel, and digest it in nitric acid; and if you evaporate and redissolve this three or four times, you get a pure crop of crystals of nitrate of nickel; you have only to precipitate a solution of these by any of the alkalies, and you get oxide of nickel, which, heated intensely with a proper flux, as charcoal, gives you the metal nickel. Here is a button of the pure metal, which I obtained in this way; it is of a whitish colour, and magnetic, acting almost as intensely as iron upon the needle.

The salts of nickel, in solution, are commonly of a green colour; there are several of these upon the table, which you can examine after lecture. If to this solution of the sulphate of nickel, you add an alkali, it throws down a pale green precipitate, which is a *hydrated oxide* of nickel; if you collect this and dry it, it remains of a green colour, but it becomes afterwards of a resinous appearance, and brittle. The number representing nickel is 30, and its various salts are constituted of the protoxide 38, and the different acids. Some of the precipitates of nickel have been proposed to be used as paints, but none of them are very durable or permanent. The characters of the compounds, which the oxide forms with the acids, it is not necessary to stop to show you, as they are very like those of copper. If you add to a solution of nickel a small quantity of ammonia, you throw down the hydrated oxide; but if you add the alkali in excess, you redissolve it, and a beautiful blue fluid is produced, which is a solution of the oxide of nickel and ammonia.

Before I proceed further, I will advert to the mode of separating iron from nickel, which is a step you will be required to perform, in the analysis of metallic substances. I have, in this glass, a solution of iron in muriatic acid, and, in another, a solution of nickel in muriatic acid. Suppose I have an alloy of nickel and iron, and I digest it in muriatic acid, I have the counterpart of these solutions; if I add ammonia to the solution, I shall precipitate the iron entirely; it will fall down, and the nickel will be retained in solution. On the other hand the nickel will, as this experiment shows, be redissolved in the excess of ammonia, whilst the oxide of iron is insoluble; and now, if I pour it upon a filter, the oxide of iron will remain upon the filter, and the ammonioret of nickel will pass through.

With respect to the *tests* of nickel, one of the best is the ferrocyanate of potash, which detects the nickel, by producing a greyish cloud in any of its solutions. Here is a very dilute sulphate of nickel: the evidence of the presence of nickel is produced by a pale grey cloud, which falls down, and which is a ferrocyanate of nickel. You can have no difficulty in ascertaining, whether nickel be present or not, because you have precipitated the iron previously by the ammonia; and if the fluid remaining should contain any nickel, you will have a greyish cloud produced upon the addition of the ferrocyanate of potash.

I before mentioned to you the singular fact, that in those masses, which are occasionally seen to descend from the atmosphere, nickel is present with iron; how they are formed we do not know, although a variety of explanations have been offered.

This brings us to the metal *mercury*, which we shall enter upon in the next lecture.

FOREIGN DEPARTMENT.

ON TWO CANALS WHICH FORM A MEDIUM OF COMMUNICATION BETWEEN THE PERITONEUM AND THE CORPORA CAVERNOSA IN THE TORTOISE AND CROCODILE.

The authors of this paper (M. G. St. Hilaire and M. Martin,) after showing that a knowledge of the organisation of reptiles, and more particularly of the tortoise, furnishes a great number of valuable facts, such as may throw light on anatomy and physiology generally, state that the canal called by M. Geoffroy, sen., urethro sexual, is rather small, but very distinct in the tortoise. With respect to the cloaca, there appears a great analogy between the land tortoise and the ornithorynchus, greater even than exists between the land and sea tortoise. A detailed description then follows, of a remarkable arrangement of the sphincters of the rectum of the urethro-sexual canal, and of the cloaca. That of the cloaca is circular, and surrounds the two others, which are united, and form together a figure of 8, the orifice of the rectum being the superior, and that of the urethro-sexual canal the lower opening of the figure.

The Peritoneal Canals.—These canals commence in the cavity of the peritoneum, between the bladder and the oviduct, by rounded openings, which have no valves; they then proceed through a spongy tissue, which is a continuation of the erectile tissue of the clitoris, then on the outer side of the corpora cavernosa, and open into their cavity at a little distance from the base of the gland. In certain species, besides the principal orifice, there exist two smaller openings in the parietes of the canals, by which they also communicate with the corpora cavernosa. In the interior of these canals, no valves are to be found, but occasionally small narrow membranous folds, which admit of being easily injected. The injection passes with facility, either from the corpora cavernosa into the peritoneal canals, or from these canals into the cavernous bodies, and, lastly, from either one or the other into the erectile tissue of the clitoris. These canals are very analogous to two which have been described by M. Cuvier as existing in the ray, and which open by one extremity into the peritoneum, and by the other near the anus. There also appears some analogy between these canals and those described by M. M. Gartner and Blainville, which are found in many mammalia, keeping up a communication between the vagina and the womb.

The existence of these peritoneal canals, i. e. of the canals which, as in the crocodile, form a medium of communication between the cavity of the peritoneum and the cloaca, or the interior of the corpora cavernosa, as in the tortoise, deprives the peritoneum in reptiles, of one of the most remarkable and constant varieties of serous membranes, that of a closed or shut sac. There are still a few other exceptions than those we have already mentioned.

ON THE CAUSE OF THE DIFFERENCE IN THE STRENGTH OF THR RIGHT AND LEFT ARMS.

M. Lecomte lately read before the Institute of France, a paper on the superiority of strength of the right over the left arm. This physician thinks the difference owing to the position of the fœtus in the womb during the latter months of pregnancy. In by far the larger number of cases, the position of the child is such, that its left shoulder, arm, and the whole of the left side, are pressed against the bones of the pelvis; from this pressure, a contraction of the blood-vessels (a kind of atrophy of the left sanguineous system) ensues. The weakness of the left side, then, arises from this congenital disposition. According to M. Lecomte, it is the right side which is the weakest, when the child is placed in the uterus in the contrary direction, which accounts for those who are left handed.

DIVISION OF THE SOFT PALATE.

At a late meeting of the Academy of Medicine, M. Roux stated, that, within the last three years, he had performed the operation for the divided palate twenty-eight times. In the five years preceeding these, he had only performed the operation twelve times, making in the whole, since he first undertook the operation, forty times. Nineteen of the cases were in the most favourable circumstances for the operation, and among these it failed only in six, the parts being left in such a condition as to allow of the operation being repeated. In the remaining twenty-one cases, there was a separation of the hard as well as that of the soft palate; in nine, the operation succeeded; in the others, considerable relief, though not a complete cure, was afforded.

EFFECT OF THE CUPPING-GLASS ON PUNCTURES MADE FOR THE INOCULATION OF COW-POX.

M. Bousquet read to the Academy of Medicine, an account of experiments which he had made to ascertain what effect the application of the cupping-glass would have on the fresh punctures made for the inoculation of the cow-pox. Dr. Barry, of London, had distinctly shown, that a cupping-glass, applied over a poisoned wound, prevented the absorption of the poison ; and M. Itard found, that the cow-pox did not make appearance after the glass had been applied over the puncture. M. B. made the experiment on twenty-six children ; in seven, the cow-pox did not appear on either of the punctures, not even on those where the cupping-glass had not been applied. In the nineteen others, on the contrary, from two hundred punctures, a well formed pustule appeared on one hundred and nineteen, forty-three of which were developed and matured under the action of the glass. M. B. does not, however, conclude from these facts, that the cupping-glass exercises no effect on the absorption of the vaccine virus; he thinks, that if the glass is kept applied for twenty or thirty minutes, the development of the pustule is retarded ; but, he observes, that the action is only kept up as long as the glass is applied.

A conversation followed, in which it was properly observed, that a distinction must be made between poisons and virus, for in the former, the quantity absorbed is of considerable consequence, whereas in the latter, quantity has little to do with the effects which follow.

THE VETERINARY COLLEGE.

To the Editor of The Lancet.

Sir,—It is with considerable reluctance that I take up my pen to reply to a repetition of your calumny on Professor Coleman, which appeared in your last Number, and I am emboldened to hope you will not refuse to give insertion to this, as you have been pleased to offer the pages of The Lancet to any reply the friends of Mr. Coleman would have to make on the observations in question ; not, Sir, that I can at all boast of this honour, nor do I believe he is a friend to me more than any pupil at the College, and I am persuaded that what I have to state will at once convince you, and the enlightened subscribers of your Journal, that the article in question is altogether unfounded, and bottomed on the grossest injustice, unworthy of the enlightened and liberal ideas which The Lancet professes to advocate.

You say, Sir, that at the meeting of the Veterinary Pupils, held on the 6th Feb., only twenty-five attended, though there were at the College nearly one hundred ; and that only fifteen of the said twenty-five signed the paper alluded to. This, Sir, is altogether untrue ; there were only forty-five regular attending pupls at the College, the greater part of whom were present, and thirty-nine signed the resolutions which were sent to your office, and inserted in The Lancet of the 23d ult. ; and I am sure that every pupil at the College would have attended, but the meeting was quite unexpected, and consequently its object unknown, as it only originated amongst the pupils at nine o'clock the previous night.

You have been pleased to allude to the examinations held the following night at the Professor's house ; this is certainly true, and the cause must be obvious to every one, Namely, the lamented and continued illness of Mr. Coleman. Here, again, you are wrong in your assertions ; for, though they were held there, the Professor was taken so ill that he could not attend the board of examiners, of which Sir A. Cooper was President ; and, as a proof that the Committee was not influenced by favour, and that the pupils had nothing in view by the manly and spirited resolutions which they adopted but truth and justice, and to refute your reporter's calumnies, it turns out that one of the most active at the meeting was rejected at the examination the following night.

As to the attendance of the Professor at the stables, the resolutions of the 6th of Februry, went to state, was most valuable and regular when his health would permit, which is well known, and can be attested by every pupil for years back at the College, till his late indisposition obliged him to seek for a short time that indulgence which the most humble had a right to expeet. After this, Sir, is it just or humane to haunt the bed side of a sick man, with such unfounded assertions.

Your remarks seem, also, directed against Mr. Sewell ; I can only say as a pupil, I have profited much by his clinical instructions, and have always found him willing and anxious to give every information required of him.

I have been a subscriber a long time to The Lancet, and derived much valuable information from it ; but I could wish, from my heart, that that space devoted to untrue statements relative to the Veterinary College was occupied with something that would be of advantage to the profession, and I think it a pity that you should pollute your pages bybeing the tool of a disappointed and malicious faction : though your banners may be mingled for a time, you may rest assured they must soon stand upon adverse sides.

I am, Sir, your obedient servant,
A Pupil.
Veterinary College, 17th March, 1827.

P.S. The resolutions of the Pupils signed respectively by thirty-nine, are at the College, and may be seen by you.

[As this letter reached us previously to the "refutation" of Messrs. Griffiths and Co., and as the author still wishes that it should be published, we have deemed it right to comply with his request.—Ed.]

ON DISTORTIONS OF THE FEET AND OTHER PARTS.

BY T. SHELDRAKE, ESQ.

To the Editor of THE LANCET.

SIR,—I do not know whether you are or are not aware, that I have employed more than forty years of my life in curing malformations, distortions, and other defects in the human form, and am entitled to say, with more success than any other person. In the course of my practice, I have cured more than a thousand patients, including, perhaps, every variety of those defects that is susceptible of being cured, without any person having discovered the means by which these cures were effected. The secret was my own, and I should not have kept it so long, but in consequence of the insignificant persons who, in my time, fancied themselves to be at the head of the surgery of that day, endeavouring to force it from me, and convert it to their own purposes, compelling me to act as their servant, and for their benefit.

The consequence of the line of conduct most steadily practised by them was, that I, like the traveller in Æsop's fables, who, when Boreas blew with all his power to force his warm cloak from him, wrapped it more closely about him, and set the storm at defiance; so that my practice still remains unknown; but as I believe that all these intriguers are either passed into another state of existence, or, at least, retired from active life, and the time cannot be very distant when I must follow them; and as I think my discovery has been useful so long, and may be useful much longer, if it be placed in proper hands, I have determined to use the most effectual means that I can devise, to place it in the hands of those gentlemen who are well qualified to practise surgery, and by whom *only* this practice can be adopted with success.

It has occurred to me, that this information may be agreeable to some of your readers, and to ascertain whether it will or will not be so, I send this paper. If you insert it, I shall send others in continuation; if you do not, I have only to apologise for having troubled you with this.

I am, Sir,
Your most obedient servant,
T. SHELDRAKE.

No. 276, Regent Street.

Those distortions which have been the subjects of my attention, may be divided into two kinds; first, spinal curvature, and whatever malformations are connected with those parts of the body which are above the pelvis; and, second, whatever defects are connected with the feet, legs, and thighs. Of the first class no notice will be taken at present.

The second class may, for the purposes of this explanation, be divided into two parts, viz. such as take place before the birth of the child; and, second, of such as take place at uncertain periods during future life, and are produced from a variety of causes.

The most common of this second class, are those in which the feet turn inwards to a greater or less degree; the foot appears to be misshapen, and has acquired, in common language, the name of club foot; it has been very erroneously believed to be occasioned by malformation of bones of the foot, and, therefore, has been held to be incurable. When I come to treat at length on the cure of this defect, I shall state what the real cause is. The limits to which I am confined in the present communication, restrict me to show, that these cases may be most completely and permanently cured.

A lady, who resided in the north of England, had a son born with two distorted feet; she carried him to Edinburgh, and was told by the gentlemen she consulted there, that the defect was quite incurable; she, therefore, made up her mind to bear her misfortune with resignation; but, having accidentally heard that a child in her neighbourhood had been cured of a similar defect by me, she wrote to her brother-in-law, who was at that time a physician in London, to ascertain from me whether I could cure the child, what time it would require to effect the cure, and whether my personal attention was necessary during the whole time that the cure was going on. In consequence of what passed between Dr. —— and me, she brought the child to town, and resided for some time in her brother's house, but afterwards removed into a separate lodging of her own. The child was between two and three years old when I first saw him, and it was two years before he was quite well. Upon this subject it will be proper to say at once, that the few who, before me, condescended to suppose that such defects *might* be cured, advanced an opinion that was quite erroneous; they said, that if such things *could* be cured at all, those cures should not be attempted till the child was two, three, or four years old, because then they would have strength enough to bear the treatment that must be necessary to effect the cure. The very reverse of this is the truth: I have invariably found, that when these cases were placed in my hands, within a few days, and in many cases within a few weeks of the birth, they were generally quite well before the time that children usually walk alone, so that at or after that period, no circumstance remained to show that the feet had ever been defective; but if months, or, as in this case, years were allowed to pass before I was allowed to cure them, years were necessarily employed in effecting the cure. As this fact will be made intelligible when I come to explain the treatment, I shall not pursue it further at present.

It was my practice, when these cases came under my care, to have casts taken in plaster of Paris from the feet in their original state, and other casts from time to time, as I found it necessary during the progress of the case; by following this plan, I had proofs of the progress that I made in the cure. From these casts the annexed drawings were made; the feet were equally deformed. The figure No. 1 represents the left foot as it appeared when looking at the outside of the leg; the position of the foot shows how much it was turned.

No. 2 is a view taken when looking directly at the front of the tibia; it shows the position of the foot better than the preceding figure.

No. 3 is a view of the same leg, taken when looking at the inside of the tibia; it shows the position and form of the sole of the foot.

No. 4 is a view taken when looking at the back of the leg, and shows, more intelligibly than any of the others, the state in which he stood upon his legs.

No. 5 is a front view of the same leg after it was restored to its natural shape; by comparing it with No. 2, the extent of the alteration that was produced may be understood.

No. 6 is a profile view of the inside of the leg, taken after it was restored to its natural state; by comparing it with No. 3, the alteration that was produced in the form will be clearly understood.

The great disadvantage that, in these cases, attends procrastination of the period of beginning the cure, is the great occupation of time that is necessary, afterwards, to complete the cure; I had one patient that I first saw when the child was not six weeks old. The family were of that rank whose will they supposed might be made law upon every occasion; they lived in Devonshire, and disliked to live in London; therefore, so soon as *they* thought the patient was well, but, contrary to my opinion, returned home, and after some months the patient's foot relapsed again. They returned to London, as *they believed*, till the child should be permanently restored to the use of his feet; but their patience again failed, and they returned home: this unwise conduct was repeated, so that the boy was twelve years old before he was quite well. He has since completed his education at Cambridge, and is now in the natural society of his family, a handsome well-made man, without any circumstances remaining that indicate the form in which he was born.

The case was different with respect to the patient who is now under consideration. After he was cured, he was kept in or near London, so that I had frequent opportunities of seeing him: I saw his petticoats laid aside, and replaced by the clothes which are usually worn by boys. I saw him playing in a preparatory school till he was eight years old, and no particular of the original distortion made its appearance; he was then removed into the north, and I have never seen or heard of him since.

I shall add to this another case, which will more strongly confirm the doctrines that have now been advanced upon this subject.

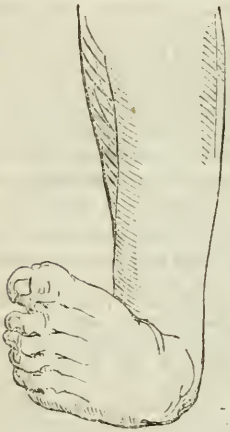
In 1798, a gentleman, who lived in Norwich, came to me about his son who was then between four and five years old; he was born with distorted feet. The parents being told that nothing could be done to remedy the deformity, submitted to their fate; but having seen the child of a gentleman in Yarmouth, whose son I had cured of a similar defect, they were induced to inquire if I could do any thing to assist their son. Both feet were more distorted than any that I had then seen; and as an opinion prevailed from the first that they were irremediable, no attempt had been made to assist him. Half boots were put on, and he was permitted to run about in any way that he could. This case, according to the opinions which prevailed at the time, comprised every circumstance which could render it incurable. The distortion was originally of the worst kind; it had been aggravated by the child walking upon its feet for three or four years, which, according to the same opinions, must have produced malformations in some of the bones of the feet, if they did not exist there originally; and according to another erroneous opinion, the bones were "completely ossified," the deformities therefore irremediable *then*, whatever they might have been at an earlier period of the child's existence.

All these denunciations differed from the opinions which I then entertained: but not having then cured a case so bad as this, I proposed to try what could be done in the limited time of four months, in which so much alteration was made for the better, that it was determined to continue him under my care so much longer, as it was found that he continued to improve; but as a residence in London was irksome to the family, and his mother would not suffer her son to be away from her, they returned to Norwich, and I was engaged to go almost weekly to Norwich, and do whatever was necessary, or could be useful to the patient. This continued six years, at the end of which time, even by that laborious and disadvantageous mode of attendance, every particle of the original deformity was eradicated, and he became a healthy well-made youth, capable of making every exertion which could be made by any other person of his years. When he was of a proper age, he engaged in a banker's concern in the city, beginning, as it is usual in that business, in the station of out-door collecting clerk: his walk was to the west end of the town, and he went through that very great exertion in the same manner as any other person of his years, and nothing in his form, appearance, and action, indicated that his feet had ever been defective. I had frequent opportunities of seeing him for many years, without any alteration in his appearance; but at the present time I know not if he is still living.

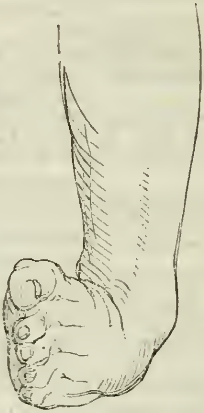
When I first saw him, the forms of his feet were so like the figures which accompany this paper, that I have not thought it necessary to give any other representation of them; but they were even more rigidly fixed in their unnatural state, and therefore much more difficult to cure.

In my next, I propose to give a specimen of this defect that took place several years after the birth, and was likewise cured.

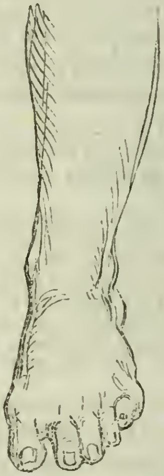
1



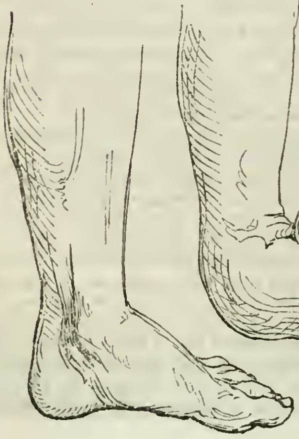
2



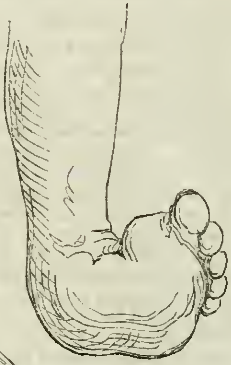
5



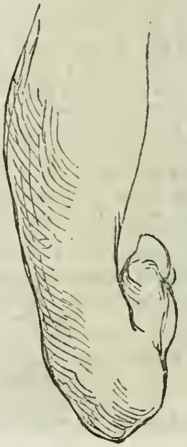
6



3



4



THE LANCET.

London, Saturday, May 3, 1828.

Hospitals are distinguishable into two great classes: the one comprising all those supported by a government, the other, all those which have been founded by benevolent individuals. Both are sometimes of a mixed description, being partly maintained by bequest, by parliamentary grant, by private subscription, and, occasionally, by these several means united; but, in such cases, priority of endowment subjects the institution to the mode of management peculiar to its origin, and, in reference to medical education, all our hospitals, in spirit, are similarly conducted. The first class prevails on the continent, and constitutes the national schools of practical medicine and surgery; the second predominates in this country, and is used for the same purposes. This difference between the directors of hospitals here and abroad, has been followed by very opposite results. The continental hospitals, under the superintendence of their respective governments, besides the relief afforded to the diseased, have been made subservient to the supplying of the state with practitioners for civil and military service. To facilitate the attainment of this object, the officers of these establishments are paid for their duties; and all pretexts for the exaction of fees from pupils are thus removed. The reverse of this system holds in this country. We have few hospitals, exclusively conducted by government, in which professional information may be acquired. Those which are so managed have followed the example of their predecessors on the subject of inquiry; in all the rest it is a matter of mere option with the governors to permit students to attend them at all; and the physicians and surgeons of these institutions being paid but nominal salaries, and invested with the almost exclusive power of regulating the conditions of a pupil's admission, a motive and a privilege exist in this arrangement for the commission of severe abuse. We are, consequently, as yet entirely destitute of what can be properly called national schools of medicine and surgery, our government having made no provision for the practical tuition of these sciences, while the institutions which might supply this deficiency, are, in some measure, beyond legislative control, and, from many causes, rendered useless as places of professional instruction. The injurious consequences of this defect in our policies are numerous. One only of them, the exorbitant fees exacted from pupils for attendance at hospitals, claims our attention at present. The evil, in fact, is precisely of that kind which might be expected from the neglect of our government, and the nature of the establishments in which it is manifested. The founders of hospitals neither intended them for medical education, nor could they well have guarded, even if they wished, against the abuses which have been committed in their conversion to this purpose. The primary object of these charitable individuals undoubtedly was the practical application of medical science to the relief of the sick poor, rather than its tuition to students. In bequeathing their property for this end, Dr. Stevens of Dublin, or Thomas Guy of London, had no notion whatever of the traffic which was to have been subsequently carried on in the wards of their respective hospitals, and could not of course have made any provision against the practice. The circumstances which have rendered this traffic practicable and profitable, did not exist in their day. There were no bylaws confining the cultivation of pathology to particular places, or the study of anatomy to particular times. Family influence had not yet resolved itself into the monopolising and detestable system of Nepotism, which has since taken possession of our public charities. Of such ingenious devices, the growth of modern times, these good men were totally ignorant; and the manner in which they disposed of their property, attests their ignorance of such schemes. Their testamentary documents are extremely simple, providing against none of the contingent abuses which have since occurred: they merely direct certain property to be disposed of in a particular way for a specific purpose. To give force to these orders, executors or governors were necessary; and to qualify the latter for the discharge of a sacred duty, an act of incorporation was required. The spirit both of the wills and legislative enactments, simply empowers the governors to carry the intentions of the testators into execution in the most economical and efficient manner. By the former, the medical attendance, and the price to be paid for it in the endowed establishments, are specified; by the latter, no discretionary power is conceded to the governors to dispense with these directions. Neither has authority been conferred on Mr. Harrison, the treasurer of Guy's Hospital, to erect theatres and museums on the foundation of that institution, for the private advantage of the surgeons; or on the governors of Bartholomew's Hospital to erect similar buildings with the funds of that charity, for the private advantage of Mr. Abernethy. Nor are Messrs. Colles and Cusack of Dublin, empowered to convert the superfluous apartments of Stevens's Hospital into a medical barrack for their pupils; on the contrary, the price of the medical attendance is fixed by the testators, who, from the low rate at which they settled it, were obviously of opinion, that an appointment to one of their institutions, like virtue, would prove its own reward, without the profits arising from the sale of pathology. Lest this should not be the case, and that the surgeons and physicians might be at a loss by the acceptance of the office, they considerately allowed them carriage hire, as the only remuneration which they were to receive directly from the charities. This they considered quite sufficient, well knowing that an appointment to a metropolitan hospital must, from the patronage and other advantages which the situation confers, amply recompense for the services of its officers. Had the founders of these hospitals been aware that thousands might be annually added to their incomes, by even a moderate rate of admission into their wards, how the pulse of philanthropy would have beaten in their bosoms at such intelligence, and their testaments secured a revenue so conducive to an extension of their humane intentions. But of this secret they were unfortunately ignorant, and have consequently afforded an opportunity to more selfish men for the alienation of an income from those ends to which, in justice, it should be applied, as we have shown, from the spirit of the wills and incorporation of the governors. The latter, too, in the commencement of the custom, were, in all probability, unaware of the extent to which the permission of receiving fees would be carried. They conceived, no doubt, that the liberty might be a compensation to the officers for their trouble, and advantageous to the hospitals, as supplying them with a necessary grade of subordinate attendants. Though their motives may justify their conduct, it has led to the worst consequences; and had they only consulted the nature of their office, they must have perceived that they possessed no right to permit surgeons to realise fortunes by the profits of hospitals, or that if any such practice was permitted, the proceeds of it should be expended on the institutions in which they were collected. One wrong step, however, in the policies of a public body, as in the conduct of an individual, often leads to a series of errors. The surgeons of these establishments being "given a yard, took an ell;" and circumstances which subsequently occurred favoured their extension of power. The demand for medical officers produced by the late war and the increase of population, showed them how much could be made by a well-organised system of college and hospital taxation. No artifice for the cultivation of this fertile field was consequently left unattempted; nor are the public capable of appreciating the vast sums which have been realised by the success of these schemes. The examiners of colleges became hospital surgeons; their sons, nephews, and friends, were elected to similar offices: the family dynasties thus formed shot their branches among the governors of our charities, until that complicated system, confining students to particular times and places for the acquisition of professional knowledge and brooding over British medicine and surgery, like a night-mare, was produced. The various steps in the process by which the grievances, to which we have specially directed public attention on this occasion, has been gradually evolved, have been thus superficially pointed out; and it must be obvious to every reflecting observer, that the cause of the evil does not so much lie in the nature or political condition of our charities, compared with those of other countries, as in the selfish advantage which was taken of the opportunities which they unfortunately afforded for the purposes of misrule and oppression. These institutions might undoubtedly, and with much advantage to their own interests, be made substitutes for the better constituted schools of practical medicine and surgery on the Continent, if the governors of them only performed their duty with conscientious zeal for the promotion of charity and science. That they have not done so, we do not refer them for proofs to the foreign precedents, the facts, or the arguments here adduced; our own country supplies ample evidence of the errors of their conduct, and illustration of the truths which we have advanced. We allude to the hospital of Sir Patrick Dun in Dublin, and the Royal Infirmary in Edinburgh. In the former, by the intervention of government, the fees of admission were reduced to an easily available standard, and are, we believe, in part appropriated to the use of the institution; in the latter, the governors, impressed with the necessity of rendering it an available school of medicine, and seeing the interests of the charity in a just light, also fixed the price of attendance at five pounds ten per annum, which is appropriated to the establishment. Now in institutions of precisely a similar character, designed for the accomplishment of the same objects, attended by the same description of students, and superintended by medical officers in the same profession and rank of life, we conceive that the opposite policies pursued in these hospitals, and the others of which we have been speaking, cannot both, unless right and wrong can co-exist in the same proposition, be correct.

The report of a contemplated change, in the usual period of graduation, in the University of Edinburgh this season, reminds us of noticing some absurd and mischievous regulations connected with that august and unmeaning ceremony. We allude to the custom, and its consequences, of detaining students there three months after the course of lectures has terminated, and after most of them have passed their examinations, for the purpose of being *doctorated* in the legitimate form. It is unnecessary to offer a single remark on the inutility of such pageants; they are, in every respect, unworthy of science and its professors. It requires no adventitious aid, from the hands of an undertaker or a master of ceremonies, to impress its votaries with a sense of its dignity; upon those who are most capable of appreciating its severe and simple majesty, these melodramatic artifices are wasted; to those who are not, they have much the same effect as that produced by a fancy-ball or a masquerade. The grounds, upon which the idle spectacle under consideration has been defended, are, that there may be time for examining the candidates a second time in public, for their composition of answers to particular cases proposed by the professors, for impugning theses, and for that portion of the inceptive graduates denominated "non-botanists," to attend Dr. Graham's prelections, for a month or so, on botany. These are the professed objects of the detention of students for three months in Edinburgh (and when were colleges or corporations without feasible reasons for their conduct?) the true objects of the arrangement may be found in the patriotic desire of the professors, to serve the interest of the "gude toon," by putting some extra pounds in the pockets of its shop and lodging keepers. That these are the real ends proposed in enforcing the measure, we have the indirect testimony, by an examination of the reasons assigned for its support, and the direct evidence both oral and written, of one of the parties, Dr. Duncan, jun., to the same effect, in his now forgotten defence of the University of Edinburgh. As to time for the examination, the candidates, no matter what their number might be, could readily be examined in a fortnight, and each be permitted to depart, as he passed the awful tribunal. The second examination is proved to be a mere pretext, by the fact of no pupil being known to have been rejected at this mock investigation. To attach the slightest importance to the composition of cases propounded by the professors, as a criterion of the writer's capability to compose in the Latin language, or to practise his profession, is but to trifle with the discernment of every observer, who happens to be aware that these cases are often, and may always be made up by a grinder. The impugning and defence of theses are, for similar reasons, mere mockeries; the graduate's degree being actually engrossed and signed by the various authorities, at the time that these sham-battles are in progress in the class-rooms. To save appearances, can be the only motive for deferring the examination of the non-botanists, until they have attended one month on Dr. Graham's course, and even this end is but poorly preserved by the means adopted. Every one knows that a pupil cannot learn botany in a month, so as to be able to stand an examination in that science; but all arguments on this head, are superseded by the knowledge of the fact, that pupils are rarely examined in botany to any extent, and, we may say, never rejected for their ignorance of Linnæus or Smith. If, therefore, it be necessary to take out Dr. Graham's ticket, as ticket-taking is the fashion, why, in the name of heaven, let pupils throw him his sop; but let them not be inconvenienced by such frivolous pretences, by which the common sense of the public cannot be longer deceived, or the students themselves served. Admitting, however, that the presumed objects of the arrangement acted upon, were as important as they are nugatory, they are far outweighed by the disadvantages consequent on the present system. Many pupils are naturally anxious, after perhaps a confinement of some years to return home, and others on account of business, at the earliest moment after the conclusion of their academical studies. With others, the expense of residing in Edinburgh is a consideration, and one certainly of a rational kind, as it obviously serves no useful purpose. This sacrifice of time, expense, and business, is grounded, as we have shown, upon no arguments of just or necessary expediency; and concluded by a ceremony ludicrous in itself, and also adding to the items of expense. The affectation of compelling the graduates to appear in gowns one day of their academic existence, and that the last, is the more ridiculous in the University of Edinburgh, the discipline of which does not require its students "penulam portare," as in other Colleges; and when the usage is even dispensed with by many of the professors, while in the actual exercise of their functions. Yet for this solitary instance of adhering to an antiquated usage, the graduates are obliged to pay one guinea for the use of the cloak to the principal porter, who keeps a sort of wardrobe " to let" for this absurd purpose. We notice this petty exaction, not so much on account of the sum paid by the student, as to protest against the practice of colleges in general throwing the support of their servants on the pupil. The professors are the party benefited, and they should consequently pay their door and ticket-keepers ; or the town council, patrons of the university, and representatives of the city, which, according to Dr. Duncan, jun. is so much served by the presence of a medical school, should either pay these individuals, or at least see that the imposition did not fall on the students. The professors might, in fact, as well demand that their butlers and coachmen should be paid by the pupils. Dr. Allison, we are happy to understand, has been zealous for some time in his endeavours to persuade the Senatus to dispense with the fooleries which have just been pointed out ; and whether owing to his just remonstrances or not, the day for graduation is stated to be fixed for the 12th of July this season, instead of 2d of August. It is more probable, however, that the Senatus has found more imperative reasons for a gradual concession to public opinion, than Dr. Alison's, in the number of their graduates for this year, and in the opposition with which they are threatened by the London University, or the impotent attempt of the Irish College of Physicians to realise, by their new regulations, the plan of degrees being granted by the University of Dublin in four years, as proposed last summer in this Journal. Adversity is a stern monitress, and we have no doubt that the discipline of past experience will, in time, work a salutary change in the conduct of the Senatus, who have so long rioted in the abuses of monopoly.

We beg to direct the attention of the reader to the following valuable communication from Dr. Bushe, in which it will be seen that *another cure* of carotid aneurism has been effected by tying the vessel on the distal side of ths tumour.

A Case where the Right Carotid Artery was successfully Tied, on the distal side of a large Aneurismal Tumour. By George Bushe, M.D., of the Royal College of Surgeons in Ireland, and Assistant Surgeon to the Forces.*

Mary Covis, æt. 36, in March, 1826, observed a pulsating tumour about the size of a small hen's egg, in the upper part of the lower third of the right side of the neck, corresponding to the situation of the carotid artery, which, to the present period, (Sept. 2d, 1827) has progressively enlarged. A prominent tumour now extends from the clavicle on the right side, upwards to near the os hyoides, pressing on the trachea, and bearing it off to the opposite side, and passing under the sterno-mastoid muscle (which is stretched over it) to nearly an inch beyond its outer border. The integuments of this side of the neck, particularly in front of the tumour, are thin, shining, and loaded with varicose veins. The tumour is firm at its circumference, but soft in its centre, and, by pressure, its size can be diminished ; it pulsates strongly, the throbs being synchronous with those of the left ventricle of the heart. The stethoscope indicates it to be purely aneurismal, and, by this instrument, the left side of the heart appears to be acting on an increased quantity of blood, with more force than natural. The poor woman is much emaciated, and her deglutition and respiration, which have been much impaired for some months, are now almost annihilated.

---

* Some person, signing himself " A Surgeon of Chatham," sent a superficial account of this case to the Editor of The Lancet, written ten days after the operation, in which he stated, that he was induced to do so, fearing that the despotism which reigns in the Medical Department of the Army, might prevent my tendering it to the public ; therefore, I feel compelled to inform that Gentleman, that if he will look to the records of medicine and surgery, he will find, that some of our military medical officers have, since the appointment of the present Director General, by the publication of their experience, contributed not a little to the improvement of our art, and that so far from there being a wish in the department to crush merit, every opportunity is afforded the most junior officer to advance himself (as far as military regulations will permit) by laudable exertions.

6. Dr. Clarke, physician to the forces; staff-surgeons Burton, Clarke, and Daun, with other officers of the medical staff, and most of the neighbouring practitioners, assembled this day; and, after considering the case, were of opinion that an operation would be fruitless, in consequence of the advanced stage of the disease, and moreover, from the magnitude of the tumour, it would be impossible to find the carotid artery.

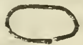
11. This morning, my medical friends wrote to me saying, "That as Covis had not swallowed any thing for the last nine days, her respiration was becoming more alarming, and her voice had almost failed her, added to her own supplications and the entreaties of her friends, they wished that I might now attempt to secure the carotid on the distal side of the aneurism." Accordingly, at three o'clock, P.M., I proceeded as follows:—The patient being placed on a table, with her head and shoulders slightly elevated, I endeavoured to gain as much space as possible, by bending her neck to the opposite side; but this I found totally impracticable, from the dreadful suffering and sense of immediate suffocation she experienced on the slightest attempt to accomplish this end; therefore, with her head rather inclined to the diseased side, I commenced an incision at the angle of the jaw, (which was very prominent,) and carried it obliquely downwards and forwards for two inches, in a direction corresponding to the anterior edge of the sterno-mastoid muscle; by which the external jugular vein was exposed, crossing the centre of the wound; and fearing troublesome hæmorrhage from its division, I included it within two ligatures, and then cut between them; the cervical fascia and platysma being dissected off, the anterior edge of the sterno-mastoid was readily brought into view, by the side of which lay a tortuous plexus of dilated veins; these being pushed off with the handle of the knife, I endeavoured to divaricate the lips of the wound with brass retractors, but from the tense state of the sterno-mastoid muscle, I found it almost impossible, and the slightest attempt produced much pain and more laboured respiration, with swelling of the cervical veins, and, from these difficulties, added to the great depth at which the carotid lay, in consequence of the magnitude of the tumour forcing all the parts out of their natural situation, I found it necessary to divide the integuments on the upper part of the tumour to the extent of an inch, and by this expedient I was enabled to lacerate the cellular tissue in the neighbourhood of the hyoides, which bone I at length reached, and found that it was situated between one and a half and two inches from the surface; then, by a little manipulation, I succeeded in pushing the tumour somewhat downwards, and to the opposite side; thus exposing the sheath of the vessels, which, when I had removed the descendens noni to the outer side, was opened in the usual manner; but, as far as I could judge in the deep and bloody cavity, with the great impediment of an enormous internal jugular vein. The portion of the artery immediately above the aneurism was dilated, and not more than half an inch of its extremity appeared sound, on which, with a common silver probe, I placed a single silk ligature. The wound was lightly dressed, and the patient put to bed, not having been more than fifteen minutes on the table. Before I tied the ligature, I allowed many of the gentlemen present to examine if the artery was really included; as I feared a difference of opinion might exist as to my veracity, a short time before having read in THE LANCET a lecture of Mr. Liston's, in which he scouted the idea of Mr. Wardrop's ever having placed a ligature on the carotid, beyond an aneurismal sac.

Immediately on the tightening of the ligature, Dr. Clark observed to me, that the tumour was more soft and less prominent than before the operation; and this, to those who heard the observation, and myself, was obvious enough; but, if I recollect well, a similar change was observed in the case operated on by Mr. Lambert. In the commencement of the case it may be read, that the poor woman had not swallowed any thing for nine days, that her respiration was particularly distressing, and that her voice had almost failed her; but the reader will not be a little surprised when I say, that before the wound was dressed, she swallowed nearly ten ounces of wine and water, and such was her relief, that she actually thanked me for the benefit I had conferred on her, and, if allowed, would have prolonged the conversation.

So far I have copied verbatim from notes taken as the circumstances occurred; but the operation being safely executed, a continuation of the details, after this manner, can be no more interesting, and as long narrations never fail to exhaust the most studious, I have thought proper to condense the remainder of this case. Until the 14th day she required four small bleedings, to keep down arterial action, and ease pain of the right side of the heart; gentle enemata were employed to regulate her bowels; her respiration and deglutition rapidly improved; her food consisted of strong beef tea and jelly, and she had easy nights, without the slightest tendency to orthopnœa, from which she had suffered much previous to the operation; the tumour rapidly decreased, and its pulsations became more weak. The ligature was cast off on the 19th day,* and the wound was healed on the 27th, at which period she left her bed, the tumour being reduced to one half its bulk, and almost free from pulsation.

At the present time, April 19th, she is in perfect health; there is scarcely a remnant of the tumour, the inordinate action of the heart has ceased, and her respiration and deglutition are natural.

I shall now conclude this brief paper with a few concise observations, which perhaps may not be useless.—Dilatation of the vessel may have been the first morbid change in the above case; but when I saw the woman, there was a sac communicating with the artery, as described by Scarpa. The carotid was undoubtedly secured on the distal side of the tumour; and I never tied, or saw an artery tied, on the cardiac side of an aneurism, where the cure was more perfect. I have not seen any of Mr. Wardrop's cases, nor that of Mr. Lambert, but I have read of them all in THE LANCET; and I feel convinced that the Editor of that periodical has performed a public good, in recommending the ligature of arteries on the distal side of aneurisms, in cases where it is impossible to follow the precepts of J. Hunter. For the last six months I have kept this case from the public eye, that I might speak firmly and without contradiction as to its termination; and though it is foreign to my occupation in life, and my desire also, to litigate on any subject, professional or otherwise, yet I cannot refrain from stating that, in my opinion, Dr. James Johnson has not acted judiciously in ridiculing a foreign journalist because he had offered praise to English surgeons for the advancement they had made in this department of their art; and if heretofore Dr. Johnson could find no successful operation on the principle of Deschamps, let him profit by this, and in future learn to be more guarded when criticising matters of serious importance to the advancement of professional knowledge and the well-being of mankind.

As every fact that can tend to prove or disprove an unsettled point must be considered more or less valuable, it may not be useless to subjoin, as an appendix to this case, a concise account of a patient who, in the summer of 1823, was admitted into the Whitworth Medical Hospital, Dublin, under the care of Dr. Cuming. His complaint, on admission, was registered as paralysis of the right arm; but a large tumour being discovered in the axilla, the late Professor Todd was called to see the patient; and, after careful examination, he gave it as his opinion that it was an aneurism, which, from its magnitude, had lost its pulsation; but, to settle the point, he punctured it, and florid blood followed the insertion of a probe. When passed inwards for about three inches, the nature of the case being decided, the man was removed to the Richmond Surgical Hospital; where, from an attack of erysipelas consequent on the puncture, he died in a few days. Mr. Todd requested that I might examine the body, and, from notes made after the dissection, I abstract the following:—"The aneurism, which was of large size, occupied the right axilla; the sac, in many places, was almost absorbed, and adhered firmly to the upper and outer part of this cavity; when opened, it contained large quantities of laminated fibrine, and, in its centre, was a cavity holding about eight ounces of coagulated blood; communicating with the cavity, there was an opening of this size  in the axillary artery, below which the vessel was obliterated for the space of half an inch, corresponding to the situation where the sac so firmly adhered."—Here, then, was a case where the aneurism was undergoing a spontaneous cure, in consequence of the pressure of the tumour having obliterated the artery on its distal side; and I look upon it as a valuable fact, towards confirming the utility of reviving the operation of Deschamps; and so much was I impressed with this opinion, that before Mr. Wardrop published his first essay, I recommended the operation in a case of large carotid aneurism, in a public hospital; but my chance was to be laughed at. However, when I again meet the two surgeons who so wantonly ridiculed me, it will be my turn to laugh at them.

Chatham, April 23d, 1828.

---

* This period will no doubt appear long, but when I secure vessels for aneurism, I never employ the force recommended by the late Dr. Jones, as I am convinced the division of the two inner tunics is not necessary for the effusion of a sufficient quantity of lymph to become the medium of adhesion; and I have but little doubt, that if surgeons would use less force on the application of these ligatures secondary hæmorrhage would be a less uncommon consequence of operations for aneurisms. The period is not far distant when I may submit this subject more fully to the public.

WESTMINSTER MEDICAL SOCIETY,

April 26, 1828.

Last Meeting of the 19*th Session.*

Dr. SOMERVILLE in the Chair.

DISCUSSION ON PHTHISIS.

DR. MILLIGAN introduced the subject of Phthisis Pulmonalis, which he defined as consisting of certain phenomena referrible to the development of tubercles in the lungs, which tubercles may remain quiescent for a long period, or become softened and coughed up, leaving a cavity. The indications of cure, Dr. Milligan considered, were, to promote the resolution of the tubercles, and to allay inflammation; the remedial measures he recommended were, a combination of tincture of nux vomica, iodine, and digitalis, a vegetable and milk diet, daily exercise, warm clothing, a temperature of 60° to 68°, a residence in the south of France or Italy during the winter months. If the patient have pain in the chest or hæmoptoe, then, Dr. M. observed, blood-letting may be had recourse to; but it should be used cautiously, and the local abstraction of blood, by cupping or leeches, is preferable to general blood-letting.

Dr. Milligan next proposed the following questions for the consideration of the Society:—Is phthisis curable,—is it an hereditary disease; and, if so, can we avert it? When tuberculous matter is deposited, can it be resolved, or can we prevent its further progress, so as to prolong life to an indefinite period? Is hæmoptoe a cause or consequence of phthisis? Lastly, Is the expectoration of pus necessarily fatal? The questions, as respects the sanability of phthisis, its hereditary nature, and the possibility of obtaining a resolution of tuberculous matter, were answered by Dr. M. in the affirmative. Hæmoptoe he considered rather as a symptom than a cause of phthisis, and purulent expectoration as not necessarily fatal. Several cases were related in confirmation of the latter opinion.

Dr. BARRY remarked that phthisis, according to the definition given, does not begin until the softening of the tubercle takes place. The nature of tubercle, and the manner of its formation, were important subjects for consideration; he believed that the greyish granule which is first seen is consequent upon inflammation. Dr. Barry contended that there are no facts on record which prove the absorption of tuberculous matter; believing that the deposit was a consequence of inflammation, he would depend on a cautious use of the lancet; in respect to local blood-letting, he considered it to be, in many cases, decidedly injurious; and he appealed to the experience of Dr. Clark of Rome (who was present), whether he had not seen hæmoptoe induced by the application of leeches to the chest.

Mr. HUNT inquired whether pulmonary tubercles are not found to be, in many instances, congenital.

Dr. A. T. THOMSON combated the opinion of Dr. Barry, that the deposit of tuberculous matter is the result of inflammatory action; asking why, if it really were so, we did not see tuberculous matter in a great number of cases where the most unequivocal signs of inflammation have prevailed. Dr. T. related the particulars of a case occurring in a member of his own family, who had all the symptoms of a confirmed phthisis, but, under a voyage to Madeira, recovered.

Mr. LAMBERT thought that the circumstances of tubercles being found in the lungs of the fœtus, and also of their presence in numerous instances where no signs of inflammatory action had ever existed, were in themselves sufficient evidence of the fallacy of the doctrine which referred them to inflammation. Mr. L. wished to learn the opinion of the Society on the contagiousness of phthisis.

Dr. GREGORY denied that tubercles had ever been found in the lungs of the fœtus, or in any instance where the signs of inflammation had not existed.

Dr. JOHNSTONE related the particulars of a case of tubercular phthisis occurring in a medical man, where, after death, a large cavity was found in the lungs, which had become lined, and the disease evidently was in the progress towards cure.

Dr. BARRY now mitigated his former assertions, by avowing that he did not consider inflammation to be essentially necessary in all cases to the production of tuberculous matter; but he thought it was always the cause of the development of the tubercles.

Mr. BENNETT argued that it is proved tuberculous matter is not the product of inflammation, by its being found in the fœtus, by its not being met with at the latter periods of life, by the lung being sound in the vicinity of the tubercle, and by these bodies being found in animals not prone to inflammation. He thought it highly probable that tubercles were parasitic animals; that they had an animalcular origin, commencing as hydatids, according to the opinion of Dr. Baron. Mr. B. further remarked, that in Paris, where cows and horses are often badly kept, it is not unusual for these animals to die of tubercular phthisis.

There were a few other observations, which fell from members in different parts of the debate, which are important, and we may here condense them.—Dr. Thompson spoke of a case in which, as he believed, the tincture of iodine had prevented the development of tubercles: the patient was a delicate boy, eighteen years of age; he had a scrofulous diathesis, and many of his family had died of tubercular phthisis; the iodine was exhibited in consequence of bronchocele; and although the patient had previously all the symptoms which had been present with the other members of his family, and had been the forerunners of fatal disease; yet, under the use of the medicine, his general health improved, and he became a stout man. The tincture of iodine was given, to the extent of thirty-five minims, three times a day; and it was readily detected in the urine, by means of starch. Mr. Hunt, having seen many cases of threatened phthisis yield to the exhibition of tonics, regarded the doctrine of Dr. Barry as highly injurious. Dr. Milligan said he had not exhibited the tincture of nux vomica in any case of phthisis, but had given it in one case of bronchial affection with great success; and Mr. Bingham, on this point, observed, that as the medicine in question is almost a specific in dysentery, some analogy might perhaps be found in the two diseases, phthisis and dysentery, which would serve to explain the modus agendi of the nux vomica. In reference to Dr. Barry's assertion, that leeches applied in the immediate vicinity of an inflamed organ, acted injuriously by drawing blood to the part, a Member stated that he was in the constant habit of applying leeches to the inside of the eyelid in cases of acute inflammation of the conjunctiva.

At the conclusion of the debate, Dr. Somerville addressed the meeting. He took a brief retrospect of the formation and progress of the Society; commented, in terms of congratulation, on its present flourishing condition, and the amicable manner in which the debates of the present session had been conducted; and concluded by announcing that the Society had now closed its meetings until next October.

Dr. Somerville left the chair amidst loud applause.

LONDON MEDICAL SOCIETY.

April 28, 1828.

Dr. Haslam, President, in the Chair.

DISCUSSION ON THE MEANS OF SUPPLYING SUBJECTS FOR ANATOMICAL PURPOSES.

In the last report of the proceedings of this Society, it was announced that a committee had been appointed, for the purpose of framing a petition to be presented to the House of Lords, complaining of the impediments which now oppose the cultivation of anatomical science.

This evening, a petition was read, drawn up by Dr. Shearman and Dr. Burne, two of the committee; it was nearly similar to the one agreed upon for the Commons, of which we gave a copy last week. It seemed, however, to be the general opinion of the Society, that petitioning the Lords at the present moment was supererogatory, inasmuch as the House of Commons have appointed a Committee, with full powers to investigate the subject. Under these circumstances, therefore, it was argued that it would be better to await the decision of the Committee, and then, if an adequate remedy were not proposed, to petition both Houses of Parliament.

It was eventually determined, that the petition should be withdrawn for the present; but an animated discussion was kept up, during the remainder of the evening, on that part of the penal law which consigns the body of the murderer to dissection. It was very ably argued by various members, that so long as the present clause remains, condemning the murderer to dissection, the public will never consent to the appropriation even of unclaimed bodies, to anatomical purposes; and, for this reason, that dissection being now made by law a part of the punishment inflicted on the most vile offender against God or man, the public naturally regard it as a stigma, which they will not permit to be affixed to the unoffending poor. Mr. Kingdon very justly remarked, that the clause alluded to, is the "pivot" on which all our grievances turn; and, that it is imperatively necessary the law should be repealed as a preliminary measure.

MR. ABERNETHY'S CIRCULAR.

" *Addressed to the Governors of St. Bartholomew's Hospital, by Mr. Abernethy.*

My Lords and Gentlemen,

When the Governors accepted my resignation of the office of surgeon at their last Midsummer court, they did me the honour of voting me their thanks for my past services, and expressed their desire, that I should be requested to continue my lectures as heretofore, and also that I should be elected a governor. The latter subject was, however, in conformity to custom, referred to the consideration of the Committee, which subsequently declared, that it could not recommend me as a governor, because I was a lecturer.

The alleged reason must, I think, appear invalid to every unbiassed person. I was a lecturer before any theatre was built in your hospital, and continued to lecture for nearly forty years, perfectly free and independent of the governors. In the year 1826, the governors thought it right to elect the lecturer of the medical school at their annual midsummer meeting; and the Committee, on that occasion, recommended, "that Mr. Abernethy be continued lecturer." Surely this cannot be deemed an election; and, being entirely unsolicited on my part, it cannot convert my former freedom into present bondage. In the following year, Aug. 1827, the Committee consigned the appointment of lecturer to the medical officers, and thereby annulled the supposition of their deriving such appointment from the governors, and consequently of the lecturers being accounted officers of the hospital.

It is a custom of the hospital, that if a governor accept an office belonging to that establishment, and receive a charge and salary, he cannot then possess and exercise the privileges of a governor. The lecturers neither receive charge nor salary, and therefore cannot be accounted officers of the hospital.

The reason assigned by the Committee for not recommending me as a governor appearing invalid, and the governors having, at their last Midsummer court, accepted the usual donation which has hitherto procured for the retiring medical officers the honour of being elected a governor, it is intended to be proposed and seconded, by governors of the highest respectability, that I should be elected a governor at your next general court, to be holden on the 23d inst., at twelve o'clock precisely. I beg leave to solicit your suffrages on this occasion, assuring you that my only view in wishing to obtain this honour, is that I may possess an opportunity of continuing my endeavours to promote the prosperity of your hospital, and of similar institutions.

The assigned, and apparently invalid, reason of the Committee for not proposing me as a governor, does not appear to be the real one. The Committee first took upon itself to investigate the truth of calumnies published against me in a most scandalous periodical pamphlet, called THE LANCET; it, however, neither condemned nor acquitted me, but has left me a suspected character. This conduct, on the part of your Committee, gives me, I think, a just claim to solicit the governors to hear my defence; and, if it can be made to appear that I have, in any instance, acted in a disingenuous or self-interested manner, I am willing to be expelled from your hospital with every degree of insult and injury that indignation or anger could inflict; but if it should appear that I have steadily pursued a directly opposite line of conduct, then, I trust, that the governors will not deny me the only reward which it is in their power to bestow for more than forty years of devotion to the interests of your hospital, and of the medical profession.

I have the honour to be,
My Lords and Gentlemen,
Your much obliged and very
obedient servant,
JOHN ABERNETHY.
Bedford Row, 21st April, 1828."

HOLE AND CORNER SURGERY AT GUY'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—I am a hospital surgeon who, a few days since, arrived in London to make a short stay, and as private business unexpectedly called me hither, I did not seek introduction to any of your hospital surgeons; but learning that to-day was an operating day at Guy's Hospital, I repaired there this morning, and in the waiting room saw a notice, that there was to be an operation at one o'clock, which I heard was to be performed by Mr. A. Key; when the hour approached, the pupils began to enter the operating theatre, and I followed, (I should hope with that modesty which becomes a stranger), but, to my surprise, my steps were suddenly shortened by the rude interference of a sturdy porter; and I was compelled to withdraw. Now, Mr. Editor, it has fallen to my lot to have performed almost all the capital operations of surgery; as those for stone, aneurism, hernia, &c. in a public hospital and private life, and I have always made it a rule to invite those medical gentlemen whom I knew, and admit those who wished to see me operate; and, Sir, I am fully convinced that it becomes every hospital surgeon to allow his professional brethren the gratification, (if they consider it in that light,) of witnessing his skill and dexterity; and in London and other large towns, the hospital surgeons should recollect, that strangers are often passing through, who would wish to devote an hour in the week they may be enabled to remain, in contrasting practice and forming opinions, of men holding high official appointments. By affording this letter a place in your journal, you will oblige

Your humble servant,
G. B.

Tuesday, April 29th, 1828.

P.S. Should Mr. Key, Bransby Cooper, or other officers of this Hospital, bend their steps at any period towards the scene of action I may be engaged in, they shall meet with a more gentlemanly reception than I received in their hospital.

DR. FORBES AND MR. GUTHRIE.

To the Editor of THE LANCET.

SIR,—In your last Number, Dr. Forbes has stated, in his letter of the 15th of April, that the facts connected with the alteration of the admission ticket for the Westminster Eye Infirmary, "might possibly be known only to Mr. Guthrie and himself," and from this infers, that the resolution of the Committee attributing incorrectness of statement to himself, may, probably, be founded in error: this seems plausible enough, but *Dr. Forbes well knows it is not true*, as was proved by the following affidavit, which was laid before the Committee, and corroborated in the presence of Dr. Forbes, by the senior pupils attending the Institution at the period in question.

I am, Sir,
Your humble servant,
J. D. TEBBS.

April 29, 1828.

(Copy.)

5, Stafford Place, Pimlico,
March 10, 1828.

My dear Sir,—To the questions you have submitted to me, I beg to give the following answers:

Ques. 1st. At what time did I change my hours of attendance at the Infirmary?

Ans. On the 2d of January, 1827.

Ques. 2d. Did Dr. Forbes make any alteration in the hours of attendance in consequence?

Ans. Yes, from the same date he always came at half past eleven.

Ques. 3d. Were the patients regularly informed of the change?

Ans. For at least a fortnight, (and I feel pretty certain during the whole month of December,) I mentioned it frequently on each Infirmary morning to both patients and pupils, requesting them to disseminate it also, and I have heard you do the same. I likewise, by your order, wrote notices to the same effect, which were pasted on the doors of the waiting rooms, and not removed for some weeks after the alteration.

Ques. 4th. Did you ask me whether any change should be made in the admission letters?

Ans. I perfectly remember asking you what had better be done about them, as we had but recently had a fresh supply (about 500, I think) printed. You replied, "Those need not be wasted; they will do if the word twelve be written in the margin, and ten be erased." After a few mornings, half past eleven was substituted for twelve, Dr. Forbes having stated that he could not attend at the latter hour, as it would interfere with his other engagements. From the commencement of January till the end of May, when I left the Infirmary, I never failed to make the written alteration, and scarcely a letter was written during that period for any patient but by myself, as the books will testify.

I remain, my dear Sir,
Yours very faithfully,
J. D. TEBBS.

To G. J. Guthrie, Esq.
2, Berkeley Street, Piccadilly.

Middlesex.

I hereby make affidavit that the whole of this letter is true.

J. D. TEBBS.
5, Stafford Place, Pimlico.

Sworn at the Police Office, Great Marlborough Street, this 11th day of March, 1828, before me.

(Signed) J. E. CONANT.

EDINBURGH VETERINARY SCHOOL.

THE veterinary lectures, by Mr. Dick, under the patronage of the Highland Society of Scotland, being concluded for this session, seven of the practical students presented themselves for examination, on Wednesday last. Several eminent medical gentlemen of this city kindly afforded their aid, in superintending and conducting the business of the day, and, from the mode of examination adopted, they were unanimously enabled to express their high satisfaction at the proficiency of the students, and to recommend them strongly to public favour. Besides the Committee, charged with the superintendence of the Veterinary School, with Mr. Macdonald of Staffa, principal secretary, and Mr. Gordon, assistant-secretary, the following directors and members were present:—Sir John Hope of Pinkie, Bart.; Sir R. K. Dick of Prestonfield, Bart.; Sir David Maxwell of Cardones, Bart.; the very reverend Principal Baird; G. M. Grant, Esq. of Ballindalloch; J. Corse Scott, Esq. of Sinton; Commissioner Ferrier; A. Young, Esq. of Harburn; R. C. Rattray, Esq.; and A. Fergusson, Esq. of Woodhill. Before separating, Mr. Wood, in the name of his professional brethren and himself, took occasion to notice, in very flattering terms, their sense of Mr. Dick's exertions and success in imparting knowledge to his pupils, and their conviction of the immense advantage, which must accrue from such an establishment as the Edinburgh Veterinary School.

ON VISION, BY T. WILLIAMS, ESQ.

To the Editor of THE LANCET.

SIR,—An essay appeared in the last Number* of THE LANCET, on the subject of vision, in reference to which, the author would remark, that the results of all his experiments are evidently accordant with optical principles, but he then studiously avoided noticing the rationale of his data, it being his exclusive intention to establish positions on decisive experiments. His main object was to deduce physiological arguments from optical facts—facts demonstrable to the illiterate and the wise; and arguments, not more calculated to bias the mind of the optician than that of the student unskilled in the science. But, if a theoretical explanation be not deemed superfluous, it will be inserted, when required, in any appropriate publication. The operation of well known scientific principles is not always detected, and therefore not always adduced, in explanation of natural phenomena. The following quotation from Nicholson's Journal (quarto series) will afford a striking example.

"Every attentive observer must have taken notice, that light is of as much consequence to artificial vision as magnifying power. It may, therefore, afford matter of surprise, that the most variable of all adjustments of the eye, viz., that of aperture, should never be introduced into our artificial combinations. Distant woods, and other land objects, are invisible to a high magnifying power *for want of light*, when the same object may be distinctly seen with a lower. By means of an artificial iris, which an ingenious artist will find little difficulty in contriving, this disadvantage in telescopes might be obviated," &c. &c.

Now, the writer of this ought to have known, that it is absolutely impossible to correct this defect in the powerful telescope, for the very cause of its great power is the cause of the disadvantage he would attempt to obviate, viz., the low refractive power of the object-glass. The small aperture of the instrument, so far from being the cause, has an opposite tendency, and no degree of light, however obtained, would effect the desired improvement. This is well worthy the attention of the physiologist; it will enable him to conceive the important conditions on which the higher classes of animals possess the power of extensive vision. If the refractive powers of the human eye had been equal to that of the minor animals, objects might have been seen nearer, which would have been no material advantage, while the power of distant vision would have been greatly diminished. Again, if the refractive powers of the eyes of the minor animals were identical with those of the higher classes, a needless power of distant vision had been granted, and one positively essential denied, viz., that of seeing to seize their prey or eat their food, which, when sufficiently near, would not only have been but dimly seen, but also such approximating objects would tend to confuse others more remote. Thus defective might have been the structure of the *natural* camera obscura, had it been possible for nature to slight her own laws, and such is the important default, we often observe in those which are made with regard to the rules of art, as imposed by the fallible dictates of reason.

T. WILLIAMS.

ST. BARTHOLOMEW'S HOSPITAL.

LARGE POLYPUS, GROWING FROM THE WHOLE CIRCUMFERENCE OF THE OS UTERI.

SARAH LLOYD, aged 41, a stout healthy looking woman, was admitted into the Hospital, March 12, 1828, under the care of Mr. Lawrence. Six months ago, she was delivered by the forceps of a still born, full sized child. During delivery, the accoucheur, who is an intelligent practitioner in the country, observed for the first time a polypus in the vagina, so large that he at first mistook it for the head of the child.

The tumour has since gradually increased, being attended with a sensation of weight and bearing down, and with mucous discharge, sometimes mixed with blood. There has not been much pain, and the constitution has been but little affected. The catamenial discharge has ceased.

At the time of admission, a tumour nearly as large as a child's head, protruded from the vagina, into which it could be completely returned by moderate pressure. It was a firm and nearly insensible mass, of a somewhat pyriform shape, with a surface for the most part smooth, but at some points a little knotted, deep red, and plentifully bedewed with mucus. On passing the finger up the vagina, the neck of the tumour was felt as large as the wrist; its texture was firm, and the patient complained of pain when it was pressed. In the recumbent position, the tumour remained in the vagina;

---

* In the article by the same author, p. 70, of Number 242, the following errata occur:—

Second paragragh, for "usual," read *visual*.
Third ——— for "seem," read *seemed*.
Seventh ——— for "bases," read *lenses*.

but it protruded externally, and occasioned increased pain when the patient rose and walked about. There was copious discharge of thin mucus from the vagina; but no hæmorrhage had ever taken place. The fæces and urine were voided without difficulty; the general health was not impaired. Mr. Lawrence requested Dr. Gooch to see the patient, and after the most careful examination, neither of these gentlemen could feel any portion of the os tincæ. They both concurred in opinion as to the propriety of removing the tumour by ligature.

The patient was ordered to confine herself to the horizontal posture, and the bowels were kept open by the occasional use of saline aperients. On the 25th of March, a strong silk ligature was passed around the root of the tumour, by means of a double canula, and drawn tightly; it caused a little pain, which increased towards the evening, when a dose of laudanum was given with relief. The ligature was drawn tight every day; it broke on the 28th, and was immediately replaced by a stronger one. The surface of the tumour assumed a dark livid, and then a black sloughy appearance, and produced a copious fœtid discharge. There was severe pain shooting up the loins, heat of skin, thirst, restlessness, furred tongue, and nausea. The hypogastric region and abdomen were free from pain and tenderness; the bowels, which were costive, were freely moved by the use of mild glysters, and the pain was much alleviated by small and repeated doses of Dover's powder. A lotion of the chloruret of soda applied to the tumour completely corrected the fœtor. On the seventh day after the application of the ligature, violent hæmorrhage suddenly came on from the vagina, and a very large quantity of blood was lost, proving nearly fatal. Cold cloths were applied externally, and a solution of alum was thrown up the vagina. Brandy, wine, and ammonia, were freely administered, and the heat of body was restored. She continued in an extremely feeble state for about 48 hours; she then recovered considerably. The pain and sense of bearing down, which she likened to labour pains, continued; she was occasionally sick, and the bowels were moved with difficulty; there was, however, no tension, pain, or tenderness of the abdomen. The tumour grew more livid, and its surface presented an ash-coloured gangrenous aspect; its bulk was much reduced, and there was a considerable discharge from it.

On the 3d of April, Mr. Lawrence thought it advisable to remove a portion of the tumour, but as he feared it was not completely deprived of its vitality, he first made a slight incision at its lower part; a quantity of dark coloured blood immediately flowed out, and confirmed his suspicions. Alum lotion was applied, and the bleeding soon stopped. The poor woman grew more feeble, and sank at last on the 8th of April, fifteen days after the application of the ligature.

Examination twenty hours after death.

On laying open the cavity of the abdomen, not the least evidence of peritoneal inflammation could be discovered. The symphysis pubis was divided, and the uterus and its appendages taken out. The uterus was of its natural size; its neck was elongated, and formed a continuous surface with the root of the tumour. Viewed externally, no portion of the os tincæ could be discovered. The ulceration which had been produced by the ligature had not extended very deep through the dense substance composing the neck of the tumour. Through the peritoneum, which is reflected from the posterior surface of the uterus to the rectum, was a ragged opening, about an inch in length, and opposite to this, and in the back part of the uterus, was a small superficial ulceration. The surrounding peritoneum, and that lining the cavity of the pelvis, were healthy. The cavity of the uterus was found to communicate externally by a small opening at the inferior part of the tumour, and on making a perpendicular incision through the centre of the uterus and tumour, the root of the latter was found attached to the whole circumference of the os uteri, and completely incorporated with its cervix. The tumour consisted of a hard compact substance, intersected by membranous septa, presenting a whitish coloured aspect.

On Saturday last, Mr. Lawrence performed the operation of lithotomy on a little boy about four years old. Blizard's knife was used, and there was some difficulty in passing it into the bladder, in consequence of its beak being too long for the small groove of the staff. The stone was about the size of a bean, very friable, and in extracting, some portions of it were broken off in the bladder; these were removed, and the bladder washed out with luke warm water. The little patient is doing remarkably well.

EXTRAORDINARY CASE OF DEATH, CAUSED BY INANITION THROUGH SCIRRHUS AND CONSTRICTION OF THE ŒSOPHAGUS.

[*From a Correspondent at Colchester.*]

Elizabeth Chapman, ætat. 38, had been under the care of the surgeons of Bartholomew's Hospital* for some time, and died in three days after leaving. She was inspected at her own request, for satisfaction to her friends. She had neither passage by stool, nor upwards, for fourteen weeks previous to her death.

---

* Our reporter informs us, that this woman was in the Hospital some months since. She remained there about six weeks,

The body was opened by Mr. Smith, assistant-surgeon to J. Barker, Esq., Colchester, under his superintendence. Upon laying open the thorax, the lungs were found much shrunk and inflamed; they were not more than a quarter their natural size; a little coloured fluid was found in the right side of the chest; adhesions had formed between the pleura costalis and pulmonalis.

The œsophagus was found in a thickened, contracted, and schirrous state, for about two inches in length, at a distance of about an inch from the heart's giving off the descending aorta; the passage, at this place, would scarcely admit of the smallest silver probe.

The stomach was nearly empty, and pretty much inflamed; the gall-bladder was full of dark unhealthy bile, almost pitch black; the liver, in general, healthy, excepting about two inches; on the right side of the gall-bladder were found several gall-stones embedded in the substance of the liver, some of which protruded beyond the external surface; the largest was about the size of a bean.

The intestines exhibited a general state of inflammation, with several gangrenous spots; the colon contained an immense number of scybala, some of them entirely blocking up the alvine passage, being of the diameter of the intestinal canal; they were so hard, as to be with difficulty broken down by the fingers.

ST. THOMAS'S HOSPITAL.

SINGULAR INSTANCE OF VARICOSE ENLARGEMENT OF THE SUPERFICIAL ABDOMINAL VEINS.

John Edwards, ætat. 24, a glazier, of sallow complexion, and of middle stature, was admitted into the hospital on the 27th of March, under the care of the junior surgeon, on account of an ulcer on the right leg.

The account which the man gave was, that he had typhus fever about five years previously, and that as soon as he was convalescent, and began to take exercise, his legs swelled, the veins became much dilated and tortuous, and ulceration soon ensued. The ulcer, on account of which he was admitted, appears to have been of a superficial kind; it is now, April 28, quite healed, and our attention was only directed to this case, in consequence of the singularly varicosed condition of the superficial abdominal veins.

The veins along each rectus muscle are so much enlarged as to be clearly perceptible at some distance; and they are exceedingly tortuous. In each inguinal region, the veins are so much distended as to form a tumour of considerable size; on the left side the swelling is as large as a hen's egg. The veins of each leg and thigh are in a similar varicose condition; the left leg is still œdematous, and over the head of the fibula, the integuments are evidently disposed to ulcerate. The man's health is tolerably good, but the varices become so much enlarged and painful on exercise that he is precluded from pursuing his ordinary employment.

The treatment which has been adopted since the patient's admission, has consisted in the administration of Plummer's pill at night, and an occasional dose of "*Cherry Brandy*."* The ulcer, as we before stated, was speedily healed, under the use of poultice and simple dressings, and to the left leg a saturnine lotion is now applied.

The man is at present in Edward's ward, and the case is well worthy of personal inspection. It has been proposed to take a cast of the abdominal veins, but it has not yet been effected.

AMPUTATION OF THE THIGH BY MR. GREEN.

On the 18th of April, Mr. J. H. Green amputated the thigh, in consequence of disease of the knee-joint. The patient was a girl of florid complexion, 17 years of age, and the affection was of many years standing; the history which she gave was that of repeated attacks of inflammation in the joint. The leg was considerably flexed, and partial anchylosis had taken place; she complained of little pain, and her general health was not much disturbed; but, as the limb was totally useless, in consequence of her being unable to bring the foot to the ground, at her own earnest solicitation it was removed. The common circular operation was performed, and the girl, up to the present period, April 24, is doing well.

---

and was under the care of Mr. Earle. She was unable to swallow either solids or liquids; strong broths were thrown up the rectum; and her bowels, which were very inactive, were moved every two or three days by injections.—Ed.

* This is a Hospital cant term for the Haust. Sennæ Comp. as "Darby and Joan" is for the acid and alkaline mixture, given in a state of effervescence. What will our married readers say to the latter simile?

AMPUTATION OF THE ARM BY MR. TRAVERS.

On Friday last, April 25, Mr. Travers removed the arm above the elbow, in consequence of severe injury to the elbow joint, comprising dislocation of the radius and ulna forwards, and fracture of the olecranon at its base, with an extensive contused wound. The patient was a middle-aged sailor; the accident occurred on the 9th of April, and he was admitted into the hospital on the same day: attempts were made to save the limb, but the wound eventually presented a sloughy aspect, and the constitutional derangement became so considerable that an operation was rendered imperative.

In the performance of the operation, there was nothing remarkable, except that it was exceedingly well executed.

GUY'S HOSPITAL.

CASE OF SIMULTANEOUS FRACTURE OF BOTH PATELLÆ, RESULTING FROM THE ACTION OF THE EXTENSOR MUSCLES.

James Mansfield was admitted into Guy's Hospital on Sunday, April 20th, 1828, in consequence of his having received the injuries in question.

The patient (of middle stature, and muscular) stated, that on Wednesday, April 16th, he was wheeling a loaded barrow, the wheel of which became disengaged from its place, and he was suddenly thrown forwards. In an attempt to erect his body, to prevent falling upon his face, his knees cracked, and instantly bent under him, and he fell to the ground. He was found to be incapable of rising, or of standing when raised; he was, in consequence, taken home, and put under the care of a gentleman at Camberwell, at which place the accident happened. Considerable tumefaction followed the injury, and a great number of leeches were applied. No attempt was made at the time to reduce the fractured bones, and on the fourth day after the accident he was conveyed to the Hospital. The dresser immediately adjusted the patella straps, and under the use of these, the fractured portions were brought as nearly into apposition as possible; the spirit wash was constantly applied. The limbs were laid on straight splints, the legs were extended, and the thighs were very much bent upon the body. The separation of the fractured portions of the left patella was very trivial, whilst of the right knee it it was very considerable. The patient is, however, doing exceedingly well.

23d. The tumefaction has very much subsided, and the fractured portions of the left patella are in apposition. The effusion about the right knee still remains to such an extent, that the separate portions are about an inch asunder. The use of the spirit lotion has been dispensed with in the left knee, and is now only applied to the right. The thighs were a little more bent upon the body, and the shoulders raised with pillows to flex the pelvis. To day he was visited by Sir Astley Cooper, who expressed himself pleased with the manner in which the patient had been treated by the dresser.*

28. The patient is going on perfectly well.

OPERATION OF LITHOTOMY BY MR. KEY—THE STRAIGHT STAFF.

The operation of lithotomy was performed by Mr. Key, on Tuesday last, upon a little boy about three years of age, whose case was briefly adverted to in our last Number.

The instruments used on *this* occasion were but three in number: the straight knife, straight staff, and straight forceps. The whole of the operation, however, was not quite *straight*-forward work; the external incision was very fairly made; the knife afterwards carried onward, and the staff withdrawn. Mr. Key then passed his finger into the wound, but after a slight and gentle examination withdrew it, and having ascertained that he had not opened the bladder, he reintroduced the staff, and again putting his finger into the wound, carried the knife along it, and made an incision downwards and outwards. The forceps were introduced, and a calculus, of about the size of a nutmeg, extracted without difficulty.

The operation was completed in about two minutes; Mr. Key, throughout, manifesting the greatest coolness and self-possession; we observed, however, that the blood momentarily forsook his cheek, when he addressed the pupils after the operation, stating, that the staff, in the first instance, had slipped from the calculus, and that, in the first incision, he had failed to open the bladder.

Mr. Key subsequently remarked, that the staff was too short.

ST. GEORGE'S HOSPITAL.

OPERATION OF LITHOTOMY, BY MR. KEATE.

Mr. Keate performed the operation of lithotomy, on Thursday the 24th, upon a little boy. The *bistouri cachee* was used on this occasion, and a calculus, of about the size of a sparrow's egg, was extracted; the operation was very dexterously performed, not more than one minute being occupied in accomplishing it.

---

* Although it was the *seventh* day from the accident, the worthy baronet did not recommend the parts to be *freely moved*; he has probably altered his views since the celebrated "flint case."

On the same day, Mr. Brodie "did" the operation of castration, also that of amputation of the thigh, and of the leg; in the former case on account of scrofulous disease of the knee-joint, and, in the latter, for disease of the ancle.

CASE OF MR. ROBERT KEATE.

We are gratified in being enabled to state that phlebotomising has had a most salutary effect in reducing the "constitutional irritation" of this little patient. The fits are less violent, and of shorter duration; the serum of the blood withdrawn contained a large portion of *bile*—there was but little firmness or solidity in the mass.

WESTMINSTER HOSPITAL.

STRANGULATED FEMORAL HERNIA, GANGRENE, AND RUPTURE OF THE INTESTINES.

Ann Cooke, ætat. 55, was admitted into this hospital on Thursday evening, April 24, with strangulated femoral hernia, which had been down for several days. According to her statement, she has been subject to hernia for the last ten years; and, on *Thursday week*, she was seized with violent sickness, coughing, &c., which continued for upwards of four hours, during which time she says, that she perceived the hernia had descended into her left groin, and was greatly increased in size. As soon as she was admitted, Mr. Smith, the house-surgeon, had her placed in a warm bath, which not proving of any avail, Mr. Guthrie was sent for, and before his arrival another bath was used, which did not prove more effectual than the former. Mr. Guthrie saw her at nine o'clock, and made use of the taxis without success; considerable pressure having been made upon the tumour, without producing much pain, he deferred operating that evening, observing that the symptoms were not very urgent.

April 25. Mr. Guthrie saw her at nine this morning, and ordered her another bath, which did not prove of any more effect than the former. At twelve he saw her again, and performed the

Operation.

Mr. Guthrie divided the integuments and coats of the sac, in the usual manner; there was considerable difficulty, however, in finding the intestine; when found, it was observed to be of a very dark colour, owing, as the operator stated, to mortification having taken place. After some careful, though tedious dissections, the stricture was divided, and the intestine was returned; Mr. Guthrie then introduced his finger through the ring, but he hastily withdrew it, and a large quantity of *fæcal matter* immediately escaped, to the no small discomfiture and amazement of the operator, who, addressing the pupils, said "He thought that he had used too much force." After the operation, the patient felt herself much relieved.

26. She has slept very little, and has had no motion per anum. A small quantity of fæcal matter has escaped from the wound; pulse 88. She was ordered an enema, composed of gruel and oleum ricini, every two hours. Tongue very much furred.

27. Abdomen rather swollen and painful; hirudines xviii. ordered to be applied to it; her pulse to day is 82; she has had several other motions per anum, and there is still a tenderness of the abdomen, also a slight discharge through the wound.

28. Much the same as yesterday. Pulse about 90.

29. The patient continues to go on very well; her pulse to-day is about 86. A lotion to be applied to the wound, composed of the chloride of soda ʒij.; water half a pint.

EPIGRAM

*On the Patient who suddenly decamped from Guy's Hospital, and passed over to St. Thomas's.**

Rash, thoughtless man! ah, whither dost thou fly!
If death appal thee, why *such haste to die*?

Bath, April 28th, 1828.

TO CORRESPONDENTS.

We shall insert Dr. Mackintosh's communication "On the cause of the effusion in the disease termed hydrocephalus," in an early Number.

The ungentlemanly and brutal conduct of a lecturer on anatomy, towards his house-pupils, deserves exposure.

Other Correspondents in our next.

---

* Vide Lancet, No. 241, p. 49.

THE LANCET.

Vol. II.] LONDON, SATURDAY, MAY 10. [1827-8.

LECTURES

ON THE

THEORY AND PRACTICE OF MIDWIFERY,

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

Lecture XXVII.

Of the Indication of the Death of the Fœtus.

When instruments become necessary, the perforator more especially, it is always desirable to know whether the fœtus be or not alive, and we will therefore proceed to remark a little on the diagnostics by which this point is decided.

You will sometimes find in labours, that the cuticle is coming away from the head in large flakes, an occurrence, however, by no means frequent, or if frequent, not, I think, often observed. Now, if you perceive the cuticle separating from the scalp in the same manner as it desquamates from dead bodies in the dissecting room, you may always suspect that the fœtal vitality is extinct. Though the desquamation of the cuticle, however, is a strong presumptive argument in affirmation of the death of the fœtus, it certainly is not demonstrative; for cases have been related, and, among the rest, one by Dr. Orme, in which the cuticle has separated, in consequence of cutaneous disease, the children being alive notwithstanding; so rare, however, are these cases, that I should feel disposed in practice to look on them as of no account, were it not that human life is at stake. Again, when the child is dead, I find in general that this may, after a time, be ascertained by the dislocation of the bones of the cranium, and their complete detachment from each other, so that the cranial contexture seems to be thoroughly broken up. In cases of this kind, you feel all the bones at liberty, and floating, as it were, in the mollified brain. Hunter used to compare the head in this condition to a bag of shells. Mere mobility of the bones without displacement, and solution of union, is no proof whatever of death. Children on this evidence declared to be still, have, to my knowledge, begun to cry lustily immediately on entering the world. I repeat it, therefore, to demonstrate death, the bones must be detached and afloat.

By laborious and other labours, it sometimes happens, that the umbilical chord lies within reach of the fingers, descending along with the abdomen in the crural presentation, and, in presentations of the vertex, occasionally hanging down with the head. Well, in these cases, when the chord descends, if its pulsations are distinguishable, we may certainly infer that the fœtus is alive, for this pulsation arises from the beat of the heart; but if the chord be cold, and brown, and flaccid, and destitute of pulsation, you may then, I think, be satisfied that the fœtal life is extinct. Remember, at the same time, that where the chord comes down, a temporary suspension of the pulsation for a few minutes may arise from syncope, and that such temporary suspension is no certain proof of death; no certain proof of that complete extinction of vitality, which renders resuscitation by the tracheal pipe or warm bath hopeless. By the condition of the chord, death is demonstrated in those cases only in which this part is found to be soft, and cold, and brown, or, for half an hour or an hour together, totally destitute of pulsation. These, then, are the three principal evidences on which I rely, in endeavouring to ascertain the decease of the fœtus—a desquamation of the cuticle, a complete solution of the connexion between the cranial bones, and, for 30 or 40 minutes together, a total cessation of pulsation in the umbilical chord; and of the three indications enumerated, to me it appears that the second will, in practice, be found of greatest value, I mean the total disruption of the osseous structure of the cranium.

Of the death of the fœtus, there are, too, other signs, which must not be passed without notice, although on them but little reliance can be placed. By your patient, you may sometimes be told that the fœtus must be dead; for, "I have not felt it for a day or two." Now, be it remembered always, that the child may not be felt for hours, or days, or even for weeks together, and yet, nevertheless, it may be vigorously alive when born; certainly, so far alive, as to be resuscitated by the tracheal pipe or warm bath. Do not be deceived, therefore, into a notion that the fœtus is dead, merely because it has not been felt spurning or cutting the uterus. By some it might be supposed that the child is dead, in those cases in which you cannot feel the pulsation in the fontanel. This might be made a very pretty subject for obstetric disputation; but when you are become more experienced in practice, you will not, I think, feel inclined to give much attention to this sign. If a child be prone to hydrocephalic, or affections of the convulsive kind, the pulsations of the fontanels may sometimes after birth be felt more distinctly than the beat of the radial artery; but, in health, even in vigorous children, the cerebral pulsation may not be clearly distinguished, and how can we then, in prudence, venture to infer the death of the fœtus, merely because the pulsatioin is indistinguishable at a time when the head is lying at the brim of the pelvis. Again: a strong proof of death is taken from the issue of a fetid discharge from the uterus, and yet you ought not to consider this sign as decisive, for these discharges are now and then observed, when the child is alive. Nor is it a certain proof that the child is dead, when, under the vertex presentation, you find the meconium is making its escape, the discharge being detected by the stain which it imparts to the fingers; for although this discharge, in many cases, arises from death and paralysis of the sphincter, yet, in two vertical presentations, I have observed a discharge of the meconium, though the fœtus was vigorously alive.

If the scalp is *emphysematous*, or the abdomen be tympanitic, this is a very strong presumption that the child is dead; and peritoneal tympanitis, easily discovered in crural presentations, is not very uncommon in its occurrence. So that it is not from the emphysema of the scalp, the discharge of the meconium, the fœtid discharges from the uterus, the quiet of the fontanel, or the quiet of the child, but rather from the desquamation of the uterus, the cessation of the pulsation in the umbilical chord, and, above all, from the total breaking up of the bony structure of the cranium, that the death of the fœtus may be most certainly inferred.

If a woman have been repeatedly delivered by the use of the lever, the forceps, or the perforator, the children being stillborn, she may sometimes ask you whether there is anything to be done in the way of preventing a repetition of this mournful operation, so as to facilitate her labour, or to preserve the life of some few of her children, or even of a single child? To this interrogatory, you may answer in the affirmative; for there is something very simple, and very effective, which may be attempted, and not without frequent success. And this something, consists in the induction of premature delivery; before the woman has reached the nine months, at the end of the fifth, sixth, seventh, or eighth months, for example, or even earlier in gestation. If our object in the induction, be simply to facilitate the parturition, by urging the labour when the child is small in its size, flexible, and of easy compression, the sooner we perform the operation the better. But if our object be, as generally, to obtain a living child, then we ought not to induce premature delivery till seven months and a fortnight of the frequency are completed; fœtuses born at this age, are frequently reared; but fœtuses born before this age of pregnancy, more frequently die than survive; their stomach and bowels are too weak to bear the milk; and with gastric, cephalic, or other affections, they are frequently carried off.

The difficulties with which you have to contend, in endeavouring to save children by the induction of premature delivery, are principally the following: when labour occurs before the full term of nine months, not infrequently the children lie preternaturally; the number of preternatural presentations, in the opinion of some, exceeding the natural. These preternatural presentations are often the cause of stillbirth; for if the arm present, or the presentation be of the feet or breech, or of mixed character, the contraction of the pelvis delays the birth of the head and shoulders, and the fœtus perishes in consequence of pressure on the chord, at a time when respiration is prevented, not to dwell upon the risk of fractures of the extremities, or ruptures and dislocation of the neck. Nor is the preternatural presentation the sole, though a principal, difficulty. A woman may be wrong in her reckoning; she may suppose that she is seven months advanced in her pregnancy, when, in truth, she is not advanced beyond the sixth; or, it may be, that she may think her pregnancy is of eight months only, when, in reality, it is of nine; and the fœtus, of consequence, may be too large to make its way unopened through the pelvis. When, too, the labour has been frequently induced prematurely, the uterus sometimes forms a habit of spontaneously expelling the fœtus, and thus labour of itself supervening, before the close of seven months and a fortnight; the fœtus may be so young and feeble, that it has not strength for the rearing.

It seems, therefore, that the induction of premature delivery, as a remedy for contractions at the brim, is not without its disadvantages; for remedies, like ourselves, have their defects as well as excellencies; optimus ille qui minimis negetur, but still, with all its faults about it, the practice is of great value; and there are now living in society, individuals whose heads have, in this manner, been preserved from the perforator.

Of the Cæsarian Incisions.

In British practice sometimes, and on the continent more frequently, delivery being impracticable by the natural passages, the abdomen and uterus are both laid open by extensive incision, and the ovum is abstracted through the aperture; the operation being, I conceive, denominated the incisory or Cæsarian, on account of the extensive use of the knife which it requires.

To perform the Cæsarian incisions, as indeed most of the higher operations of surgery, some intrepidity is necessary, and some little share of intellect is required; but, as all the parts of the operation are brought fairly under the eye, their execution is by no means difficult. Before the incisions are made, the bladder ought, by all means, to be evacuated; and it is desirable, too, that the bowels, sometimes loaded in the end of pregnancy, be thoroughly cleared of their contents. Women possessing perhaps a larger share of passive courage than men, we may, I believe, generally trust to their fortitude; and I deem it, therefore, unnecessary to alarm by the use of ligatures, though a steady assistant, of firm nerves, ought to stand on either side in readiness to secure the patient, should her resolution fail.

Different operators may give a preference to different positions of the body; for myself, I should wish the patient to be quietly transferred to the edge of the bed, to rest there in the recumbent position, with the head and shoulders a little elevated, and the legs lying forth beyond the bedstead, so as to hang upon the floor. The body then being placed in the most commodious position, the surgeon, with a large sharp-edged scalpel, may make a longitudinal incision of six inches, through the abdominal coverings, in the inferior half of them below the navel—I mean, where there is choice, to the left of the linia alba. This incision should be made on the inner edge of the rectus, the parts divided, in its progress towards the cavity of the peritoneum, being the integuments, the adipose membrane, the sheath of the rectus in front, the flesh of the muscle, the sheath of the rectus behind, and the membrane which gives a lining to the cavity of the abdomen. These incisions completed, the uterus is brought fully under view, of a dusky rosy tint; and through its substance a further incision of six inches is made, in correspondence with the former; the peritoneum, the muscle, and the membrane which invests the womb internally, and secretes the catamenia, being the part which is cut through. By this division of the uterus, the ovum being exposed, the accoucheur lays open the membranes by rupture, and reaching and grasping the feet of the fœtus, he abstracts it by turning, proceeding immediately to withdraw the other fœtuses, should there chance to be a plurality, and concluding this part of the operation, with the immediate removal of the secundines. When the muscular fibres of the uterus are divided by the knife, they immediately retract. When the ovum is abstracted, the whole of the uterus collapses, and retreats into the pelvis, the intestines, under the expiratory movements, bursting forth at the opening; and the operator now completes the process, by replacing the viscera, removing the clots, closing the abdominal wound by gastroraphy, and afterwards covering the parts with some light and simple dressing. Suture of the uterus has not been hitherto in general employed. Agreeably to the suggestion of Lizars, a dexterous and intrepid surgeon, who by his graphic illustrations of anatomy has secured longeval reputation, the temperature of the apartment should be about 90° of Fahrenheit's thermometer, not many degrees below the temperature of the internal parts of the body.

The operations of Lizars have shown, that extensive divisions of the abdominal coverings are not necessarily fatal. In the hope of unlocking the abdomen for surgical operation, I have myself endeavoured to prove, that extensive divisions of the peritoneum are not, in general, followed by fatal results. A record of the facts and experiments on which this opinion is grounded, you will find in my physiological Researches. Although, therefore, I would have you avoid an unnecessary division of integument in performing the Cæsarian incisions, I advise you to make them of the full length of six inches, as a shorter aperture would probably give rise to difficulty in the abstraction of the fœtus, without securing to the patient a countervailing advantage.

By some practitioners, we have been advised to place the Cæsarian incisions transversely, so that they may stretch between the linea alba and the sides of the abdomen. To omit, however, less weighty objections to this method of operating, I may remark, that the transverse incisions must lead the scalpel into the side of the uterus, where the large vessels are seated, whence, after the completion of the operation, a fatal internal hæmorrhage is to be apprehended;

nor must we forget, that by the transverse operation, the epigastric artery would be divided; so that, on both accounts, the longitudinal incision, generally adopted, seems, on the whole, to be the better of the two. Under these distortions of the pelvis, which create a need for the Cæsarian incisions, the uterus, usually thrown from its natural bearings, frequently lies so much to the right, or left, side of the linea alba, that the operator is compelled to place his incisions accordingly. It has been observed, however, that where there is choice, we should rather make our incisions to the left of the linea alba than the right, because, by so doing, we avoid the risk of wounding occasionally the ligamentum rotundum pervious, and of hereby perhaps producing a troublesome venous hæmorrhagy. The linea alba expanding, in common with the rest of the abdominal covering, in consequence of the enlargement of the uterus, may become dilated to double its original width; the breadth, in the living woman, being sometimes very easily ascertained by her making an attempt to rise from the recumbent to the sedentary position; for the muscles at this time becoming as hard as a piece of cartilage, their inner margins, and the interposed space, may be examined without difficulty. In operating upon dogs and rabbits, I have frequently divided the linea alba with impunity. After the operation of paracentesis, the aperture, through the linea alba, usually heals with facility. Surgeons, however, are not unreasonably averse from tendinous wounds prone to mortification, and we are advised, therefore, not to place our incisions in the centre of the abdomen, but over the rectus muscle, near its inner edge, so as to include the muscular flesh in the wound; and thus bring into co-operation, during the subsequent healing, those active living parts of which the muscle is composed. Remember, then, the breadth of the linea alba; remember, too, the situation of the epigastric artery, and the large capacity of those arteries which lie in the sides of the uterus; and, in your anxiety to keep clear of the linea, take care that you do not get so far from the margin of the rectus that you incur the risk of injuring these parts. A pregnancy of nine months, I believe, doubles the breadth of the rectus; in determining the situation of the epigastric, remember this.

Some might think, perhaps, that in removing the fœtus by the Cæsarian incisions, we ought to make the openings above the navel, instead of below. To this opinion, however, I can by no means accede; for, if we make the incisions above the navel, the intestines will protrude more copiously; the region of the placenta will most probably be divided, and, on the abstraction of the ovum, the womb, collapsing into the pelvis, will sink below our reach, disappearing beneath the intestines, which fall over it. Place the incisions, therefore, below the navel; by this collocation, you may avoid these impediments.

When closing the abdomen of animals, I have generally passed the suture completely through the abdominal coverings, so as to include the peritoneum; nor have I been led to suspect, that any ill consequences have necessarily resulted from this practice. In operating on the human subject, however, we are advised not to include the peritoneum in the stitches, and though I am not sure that much danger would result from the suture of this membrane, I deem it safer, in the present state of our knowledge, to observe the precaution recommended.

One observation more, and I conclude this part of our subject: if you intercept the contact between the semen and the rudiments you ensure sterility. My reasons for this opinion you will find in the Transactions of the Medico-Chirurgical Society for May, 1819. On the Continent, the same woman has been twice subjected to the Cæsarian operation. Mr. Barlow's patient, in this country, recovered, and might have become pregnant again. To preclude the possibility, therefore, of a second need for the incisions, before closing the abdomen, the operator, I conceive, ought to remove a portion, say one line, of the fallopian tube, right and left, so as to intercept its calibre—the larger blood-vessels being avoided. Mere division of the tube might be sufficient to produce sterility, but the further removal of a portion of the tube appears to be the surer practice. I recommend this precaution, therefore, as an improvement of the operation.

To the fœtus, the Cæsarian incisions are, it should seem, unattended with danger; though, in more than one-half of the British operations, the children have been abstracted still-born: death, however, being rather attributable to the delay of the operation than to any effects produced by the operation itself. But although, in these cases, the danger to the fœtus is small, if any, it is admitted, on all hands, that the peril to the mother is extreme; and, without staying to declaim on a subject so well fitted for babbling and eloquence, it may, perhaps, be worth our while to consider, what are the causes from which the danger arises, and what are the means whereby they may be superseded or alleviated. That the British surgeons understand, as they ought to do, the use of their hands and fingers, will, I presume, be admitted by all; that they are, further, acquainted with those laws of the injured parts which, understood and brought into operation, constitute the best instruments in the armamentarium, can scarcely be denied; it is remarkable, however, notwithstanding these qualifications of our countrymen, that the success of the continent has greatly exceeded that of our own islands; and as we may not, I think, in candour impute this to superior chirurgical knowledge, we must look to other causes to which this foreign felicity may be ascribed. From the masterly work of a man of great powers, (Dr. Hull of Manchester) it appears, that although but few women in this country have recovered from the operation, yet in those continental operations which have been put upon record, amounting in number to between two and three hundred, more than one-half the women have survived. That glorious liberty of the press, which we may hope will be consummated by the admission of reporters into our bed-chambers, to note down and publish the secrets of the couch and pillow, may, perhaps, in part, account for this apparent want of success in this land of license and Esau-like fraternization. In England, should an operation fail, it is not very likely to remain concealed; but during the preceding centuries, on the continent, the darkness and smallness of the printing-house afforded facilities for silence, of which the unsuccessful operator was very likely to avail himself, even when his intentions were by no means dishonest; and thus, without reproach to our very able neighbours, it may be presumed, that from the circumstances of society, the failures and the successes of this operation may not have been recorded with equal fidelity; not to add, that some of these operations, so called Cæsarian, have perhaps, after all, been in reality of other nature. Nor is this all.—Should our planet meanwhile escape some of its former catastrophes, posterity will, probably, learn with surprise, some thousand years hence, what have been the opinions relating to these points, maintained by their predecessors. They may learn with surprise, not unmingled with indiscreet levity, that a large and religious body of their civilised forefathers had been of an opinion, not to be presumptuously touched, that if one of the children of our great Parent were permitted to perish in utero, without the administration of water and words, in consequence of an original and unexpiated moral taint, derived from our common horticultural ancestor, eternal perdition would very probably be its portion. Happy, however, as *we* are in another and a better system of opinions, *we* are not at all surprised to hear that by many, such a notion has been deemed both wholesome and tenable; and some tender mothers, who, with safety to themselves, might perhaps have been delivered by the natural passages, in this hope of securing to their children the baptismal advantages, have, with constitution on the whole healthy enough, been induced to submit, in preference, to an extraction of the fœtus, early in the labour, by means of the Cæsarian incisions.

Of British midwifery, however, it is a fixed rule not to remove the fœtus by the Cæsarian incisions, provided it may be abstracted by the natural passages; and hence our operations have usually been performed on women of broken constitutions, the subjects of malacosteon, generally, if not always, of itself a fatal disease. An able and resolute surgeon, Mr. Barlow, of Blackburn, had occasion to operate on a woman of vigorous habit, obstructed in consequence of previous fracture of the pelvis; and in this case, with which we have been favoured in his valuable essays, the woman resumed her domestic occupation in the course of a fortnight afterwards. And hence, perhaps, without illiberal derogation from continental merit, the greater success of the operation beyond our seas may rather be attributed to the silence the press, and to the misnomer of the operation; it may be, also, to the better condition of the patient, on whom the operation has been performed, than to any superior surgical skill exerted in its performance. But to proceed.

The dangers which attend the Cæsarian incisions, so frequently destructive to those who are compelled to submit to them, are I conceive, of various kinds, and may well deserve a little consideration from us. And first it may be observed, that the operation being alarming, the surgeon feels averse to urge its adoption, and the patient herself, terrified perhaps, can scarcely give her unforced consent till the collapse of her strength, and the protraction of the labour convinces her that there is no other hope. On both these accounts, the first especially, it frequently happens that contusion and exhaustion precede the operation; the fœtus, too, being already dead, in consequence of the pressure to which it is subjected under the action of the uterus; in a word, such irreparable mischief is sometimes done before the operation can be adopted, that if, by a fiat, as it were, the fœtus might be extricated, without incision, from the receptacle where it is incarcerated, it would then be too late to preserve either the mother or her offspring. Now this source of danger is the rather deserving of our consideration, because, by early operation, it may in good measure be avoided; and, I think, we may lay it down as an axiom in operations of this kind, that if to be performed at all, they ought to be executed without needless delay, as soon as the cordial assent of the patient may be obtained. Again.

If in the full flush and petulance of health, you were to receive a severe blow upon the abdomen, or if, from other cause, the stomach or intestines were to become ruptured, with falling countenance and failing limbs, you would immediately take your stand in silence upon the brink of the grave, and there begin to consider of what clay you are made. And thus it is, that among the dangers of the Cæsarian operation, we must not omit to enumerate the narcotic effects resulting from injuries inflicted: two wounds, each of six inches, and which it is necessary to make, at least in the ordinary modes of operating. By Mr. Charles Bell we have been advised to make a small opening into the uterine cavity, afterwards dilating the orifice by the action of the fingers, in the same manner as the os uteri is sometimes laid open, when it becomes necessary to remove the ovum from the womb. This dilatation, as Bell justly observes, is likely to prove of more easy accomplishment, because the substance of the uterus is, perhaps, naturally of a somewhat obsequious and yielding kind, and it is not altogether impossible that this method of procedure may be found desirable, not only in those cases in which the placenta chances to cohere to that part of the womb which corresponds with the abdominal incision, but in every instance in which the Cæsarian delivery is requisite. This proposal, however, requires reconsideration. Contusions and lacerations might not without reason be apprehended. By dilating in this manner, we should diminish the extent of the uterine incision. *A priori* it seems probable that this would be an advantage; but in medicine, as in Pyrrhonism, nothing is sure.

For large bleedings to occur in consequence of the Cæsarian operation, it is not common; yet when the placenta has been deposited on that part of the uterus which is divided by the knife, as the uterine vessels are always very capacious in the region of the afterbirth, much internal bleeding may be expected. To meet this danger, Bell has proposed dilation in place of uterine incision; and I may observe here, by the way, that if with proper ligatures we could remove the womb altogether, in the manner already mentioned, this risk of internal bleeding would be cleared away at once. Further.

Much of the danger of the Cæsarian incisions must, I fear, be ascribed to a cause, over which, in the present state of our knowledge, we have but little control; I mean the cachexy of malacosteon. Mr. Marlow's patient, of fractured pelvis and healthy habit, recovered. The Cæsarian deliveries of the continent, performed on healthier constitutions than those of our own patients, have been attended, it may be, with corresponding success; but the British practitioner, pertinacious of his rule, using the incisory delivering in those cases only, where, by the natural passages, delivery is impracticable, in general finds himself compelled to operate in cases already desperate from malacosteon, as, unless there be fracture, it rarely happens that the pelvis, from any other cause than malacosteon, is contracted in that degree, which alone justifies the operation. After medicine and surgery have accomplished so much, however, I would fain persuade myself that they will not ultimately fail us here; and there is reason to hope, therefore, that, in the further progress of our knowledge, this cause of danger, in the operation, may admit of alleviation. Again.

When gentlemen are asked what is the cause of death after the Cæsarian delivery, they not infrequently tell us, that it is a diffused peritonitis; and when I first turned my attention to the profession, I used not infrequently to hear, that, like wild-fire, an inflammation commencing in a spot of the peritoneum, might be expected to spread rapidly over its whole surface. When, however, we have not the good sense and prudence to close our eyes and ears to what is passing round us—experience, troublesome and presumptuous experience, has sometimes the insolence to contradict, without qualification, our most favourite opinions; and I suspect, that something of this kind will be found to occur in the cases under consideration. That the risk of diffused peritonitis, from local injuries of the peritoneum, has been greatly exaggerated, I have endeavoured to show, in a small paper, printed in the Physiological Researches, and from the adverse opinions of my contemporaries on this point, I confidently appeal to posterity. In some future age, when our hearts and their petty passions are quiet in the dust, this opinion, not merely the plaything of a medical society, but whether right or wrong, of great importance to our race in all future ages, will probably be decided by accumulated experience—may I not add, in the affirmative. To this dijudication, I think it better to commit it; and I beg leave to subjoin, without rudeness, the suggestion of a very elegant writer, the Chesterfield of his day—contentinsi del giudizio del tempo il quale per essere padre della verità è giudice senza passione suol dare delle scritture giusta sentenza.

Knowing but little, with certainty, respecting the Cæsarian incisions, I do not venture to decide whether this peritonitis is, or not, a frequent cause of death, but I may add, that all my analogous experience is decidedly opposed to this doctrine, nor do I think that it ought to be received into your medical creed, without further corroboration. In philosophy, however, doubt is no crime, and in order to place yourselves on the safe side, after the abdominal operations, sedulously watch for the expected peritonitis; and should it occur, let it be treated upon ordinary principles.

Mr. Lizars, recollecting that peritoneal inflammation, when the abdomen is laid open, may be produced by the coldness of the atmosphere, with laudable forethought, took the precaution of raising the temperature of the apartment, in which he performed his operations, to an elevation ranging between 80 and 90° of Fahrenheit's thermometer; and this practice, to the best of my judgment, seems to be well-deserving of imitation. That the oxygen of the atmosphere may operate as a peritonitic stimulus, was, I think, maintained by Monro; but this opinion, though plausible, has not been satisfactorily established.

Dr. Haighton, inflating through the tunica vaginalis, the peritoneal sac of the dog, so as to produce an artificial tympanites, found, in more than one experiment, that the air was gradually absorbed, not one symptom of peritonitis becoming manifest. Should it be proved hereafter, that the access of air contributes, in any important degree, to augment the risk of the Cæsarian delivery, it would be by no means difficult to disembarrass it of this danger, for, with a proper apparatus, we might avail ourselves of a proposition made by a gentleman, whose name is unknown to me, and operate beneath the surface of water, the heat of which might be brought to correspond with that of the internal part of the body. And thus much, then, respecting the dangers of this operation. But to proceed.

In speculative moments I have sometimes felt inclined to persuade myself, the dangers of the Cæsarian operation might, perhaps, be considerably diminished by the total removal of the uterus. Rabbits are tender animals, and, bearing many fœtuses, have wombs, after delivery, of great proportion and bulk, indeed nearly large enough to fill the hollow of the hand.—If the Cæsarian operation be performed on the rabbit in the ordinary way, unless I am much mistaken, it will be found that the animal, generally, perishes in consequence. But in four rabbits, recently delivered, I made an opening above the symphysis pubis; and raising the wombs from the abdomen, I elevated them above the aperture, the animal lying in the recumbent position, stretched out at full length. This accomplished, I took a ligature, with a needle on its centre, and carrying the point from behind forwards, I passed it completely through the vagina, afterwards cutting the needle away in this manner, so as to leave two strong ligatures hanging forth from the aperture. Having applied my ligatures, I tied one on the right side, and the other on the left, respectively, over the fallopian tube, drawing the threads very firmly, so as completely to cut off all communication with the vagina; and this part of the operation carefully performed, I took a knife and completely removed the wombs, cutting, for this purpose, very close upon the ligatures, afterwards replacing the parts; this done, after closing the abdominal wound by suture, I drew forward the ligatures through the wound, till I brought the raw surface, left by the removal of the wombs, in contact with the abdominal incision internally. By means of the ligature, the wound of the vagina, and adjacent parts, which must otherwise have been of great extent, being drawn together into a very narrow compass, became not broader than a sixpence, and I trusted that this might promptly contract adhesion with the inner surface of the abdomen. Beyond my hopes the operation succeeded; of the four rabbits three recovered, the fourth dying in consequence of the ligatures slipping from their place. Experiments of this kind, made upon different animals, are much wanted, for the importance of the subject renders multiplication and variety desirable here. Let us think maturely upon facts like these. In performing the Cæsarian delivery on the human body, perhaps this method of operating may hereafter prove an eminent and valuable improvement. Beware, however, of temerity—see what may be done on the dead body—gather facts—form inferences — write little — meditate much. Perhaps you may do something for obstetric surgery here. Let it be remembered, that in securing the vagina and removing the uterus, we are substituting a wound, well secured and of smaller extent, for one that is larger and not secured by ligature at all. Some months after delivery, when shrunk in bulk, the inverted uterus has been repeatedly extirpated with success—once by myself. Webber, of Yarmouth, successfully extirpated an inverted puerperal uterus, within a few days after delivery. All this is encouraging. Beware of rashness—beware of pusillanimity—think.

LECTURES ON CHEMISTRY,

BY

PROFESSOR BRANDE.

Delivered at the Royal Institution of Great Britain.

LECTURE XL.

On Mercury, and its Compounds.

THE next metal on our list is *mercury*, which is an important metal in many respects, but especially on account of its extensive use as a medicine. I shall occupy your time this morning in stating to you, the native sources of the metal, the mode of obtaining it in its pure state, and the principal combinations which it forms with other substances.

The most productive source of the metal is the sulphuret, or the mineral called *cinnabar*, but it does also occur in the pure state in the mines, where the sulphuret is found in small globules; but you must not allow yourselves to be deceived by the dealers in minerals, who pretend to sell you specimens of the native metal, since nothing is more easy than to sprinkle a little mercury over a piece of cinnabar and to collect it in the crevices of the stone. You may easily understand, however, that it may occur native in this state, and in some of the mines a considerable quantity of fluid mercury is collected, by placing vessels so as to catch the drippings of the metal from the rocks. The native sulphuret, or cinnabar, notwithstanding its extreme density and its state of high aggregation, is frequently crystallised and transparent. The mercury is obtained by distilling the sulpburet with iron, or lime, or by a careful kind of roasting of the sulphuret; and if it be roasted, with exposure to air, the mercury is volatilised and condensed in long pipes, and in this way it is obtained in large quantities. There is only one other native compound of mercury, which is more a matter of interest to the medical man than the chemist, and that is the native calomel, or a true chloride of mercury.

With the metal itself you are already familiarly acquainted; it is of a brilliant white colour, having much of the appearance of silver, and, from its being fluid at ordinary temperature, it was called *quicksilver*, *argentum virum*, and, at present, *hydrargyrum*; it is solid, and malleable at 40°, and, at about 670°, it boils, and becomes converted into vapour. The weight of the metal is 200, and it enters into combination with oxygen in two proportions, forming a *protoxide* and a *peroxide*.

The *protoxide* of mercury is composed of one proportional and one, giving 208 as its equivalent; it may be obtained by precipitating the nitrate of mercury with an alkali, or from a mixture of calomel and lime water; but it is difficult to procure the black, or the protoxide, in a pure state, and it is singular in this respect, that it holds its oxygen by a weaker affinity than the peroxide, that contains two proportionals of oxygen, which is contrary to the general rule. It is nearly insoluble in water, but soluble in the acids, forming a peculiar class of salts, and this oxide assumes a crystalline form. If you digest the metal in excess of nitric acid, you obtain a solution, from which, by the addition of an alkali, you may procure the *peroxide*, which will be thrown down of a yellow colour, and will become red on exposure to heat. It is composed of one proportional mercury 200, and two proportionals of oxygen 16, so that its equivalent is 216. It enters into combination with various acids, and forms a class of salts which are all acid. If you take either of these acids, and apply heat to them, the ultimate effect is to reduce them both again to the metallic form; and you formerly heard, that it was from this substance that Dr. Priestley first obtained oxygen.

We shall now pass on to the compounds which mercury forms with *chlorine*. When mercury is exposed to chlorine in excess, a *perchloride* of mercury is formed, and if you triturate the perchloride with metallic mercury, it is converted into a *protochloride* of mercury. Here is the perchloride made by the direct action of the chlorine upon mercury, and here is the protochloride obtained by triturating it with the perchloride, and by applying heat.

In obtaining the *protochloride*, or *calomel*, for medical purposes, the pharmacopœia directs, the trituration of corrosive sublimate with fluid mercury, and that it afterwards be sublimed three times. Formerly the sublimation was repeated fourteen or fifteen times, and it was imagined that the sublimation gave the calomel blandness, or mildness, and hence it was called *mercurius dulcis*; at one part of the operation it was called *dracomitigatus*, giving the name of *draco* to the corrosive sublimate; it was also called *aquila alba*, or the white eagle, but *calomel* is the term by which it is now generally distinguished, and it is a very unobjectionable one for common purposes. In one of the pharmacopœias, it was called *hydrargyrum muriatum mitius*, and corrosive sublimate was called *hydrargyrum muriatum*; so that if, by any chance, you left out the word *mitius*, the one substance was used for the other, and this was done in one of the old editions.

It is very inconvenient to alter pharmaceutical terms according to the changes in chemical nomenclature, and, as physicians in practice have not come to accord on this particular, I can see no objection to the term *calomel* for the one substance, and *corrosive sublimate* for the other, pharmaceutically speaking. Chemically speaking, we call the latter, the *perchloridum hydrargyri*, and the former, the *protochloridum hydrargyri*. Instead of which, some persons call them the *muriate* and the *oxymuriate*, which is decidedly improper, because there is no evidence whatever of muriatic acid being contained in these substances; they are chlorides and not muriates of mercury.

One of the best methods with which I am acquainted for obtaining *calomel*, consists, first, in forming a protosulphate of mercury, by boiling mercury in sulphuric acid and adding excess of metal, and heating the protosulphate with common salt. This process furnishes calomel in considerable quantity, and, if properly conducted, corrosive sublimate is not formed. On this table you see I have set down the sulphate of mercury 248, and common salt 60, which are their equivalent numbers, to show you the weights of the materials required. The consumption of calomel in this country being very considerable, and a large quantity of it being exported to the East Indies, it becomes an object to obtain it as pure as possible. Now, if we take these materials as dry as possible, and triturate them thoroughly together until the globules disappear, and then submit the mixture to heat, we obtain calomel, which should be washed in large quantities of distilled water, and afterwards be ground to a fine impalpable powder. Now, common salt contains 36 parts of chlorine, which combines with 200 parts of mercury to form 236 of calomel; and the sulphuric acid combines with the oxide of sodium to form sulphate of soda; thus, you see the importance of a table of this kind, of proportionals and numbers, to the manufacturing chemist; because if the manufacturer finds, that from 200 parts of mercury and 60 of common salt, he gets less than 236 parts of calomel, he may be sure that there is something faulty in the preparation. It is manufactured in large quantities at Apothecaries' Hall, and, by the contrivance of Mr. Hennell for subliming it, we can get within five or six pounds of the proper quantity. If you sublime in small vessels they get very hot, and calomel is deposited in a crystalline state; but if you use spacious subliming vessels, made of good conducting materials, and there is nothing better than sheet iron, you will find that the calomel, as it rises, falls down in an impalpable powder, like a shower of snow, and it then requires nothing more than washing it and levigating it, to obtain it in a state of minute division, and it is one of the great secrets of the sublimation to have a large vessel. Messrs. Howard and Jewell, of Stratford, took out a patent for the sublimation of calomel; in their process the calomel was at once received into water. This is a very good mode of obtaining it, but not better than the one I described to you.

Calomel, when recently prepared, is perfectly white and tasteless, but if kept some time it acquires a buff colour, which, however, is not of any importance, as far as its efficacy is concerned, provided always, that it be in very fine powder. Its specific gravity is 7.2; it is insoluble in water, and not poisonous, to use the term in its common acceptation. With regard to its composition, that is evident, from the statement which has been made; it is composed of one proportional metal 200, and one proportional chlorine 36, giving 236 as its equivalent, or representative number.

Now in this preparation you have taken the protosulphate of mercury, and common salt, and triturated them together, and the consequence was the production of the protochloride of mercury; but if you substitute for the protosulphate, the *per*sulphate, or oxysulphate of mercury, you will then obtain the *perchloride* of *mercury*, or *corrosive sublimate*. You take two proportionals of common salt, or 120 parts by weight, and one proportional of the oxysulphate of mercury 296, to produce 272 parts of corrosive sublimate, so that *mutatis mutandis*, the theory of the formation is the same. It may be obtained by applying chlorine directly to the metal with heat, as you see here. [The experiment was made, and a considerable quantity of corrosive sublimate obtained in the retort.] This substance is of a brilliant white appearance when recently made; its taste is nauseously acid and exceedingly poisonous: it dissolves in twenty parts of water at 60°, and in its own weight of boiling water; but chemical authors differ on this point. It is soluble in muriatic acid, but decomposable by alkalies and many other metals; potash, soda, and lime, readily decompose it.

It may be worth while to call your attention to the decomposition of these two substances, *calomel* and *corrosive sublimate*; in order to explain to you the manner in which the decomposition *actually* takes place, to show you its difference from the manner in which it was formerly *supposed* to take place. Before the discovery of chlorine, it was imagined that calomel was a combination of muriatic acid and black oxide of mercury, and that corrosive sublimate was a combination of muriatic acid with the red oxide, and nothing seemed clearer than this. Now here in this glass is a solution of corrosive sublimate, and in another vessel there is calomel. Potash, soda, or lime, may be taken for their decomposition, and you observe that the one throws down a black powder, and the other a hydrated peroxide of mercury. Now it has been said here, that the alkali takes away the muriatic acid from the black oxide, and that in the other case it takes it from the red oxide, separating the oxides in their pure or free state. Now here are two tables which will show you the real explanation of this decomposition. Here we have calomel and potash acting upon each other, and the produce is black oxide of mercury, that is to say, the mercury of the calomel combines with the oxygen of the potash, forming a black or protoxide of mercury, and the chlorine of the calomel combines with the potassium to form a chloride of potassium.

Now of the triple salts of mercury; there is a triple salt of ammonia and mercury, which is to be obtained by mixing a solution of corrosive sublimate with a solution of sal ammoniac, and precipitating the mixture by potash; a white powder falls down, which is called a *white precipitate*, and in the Pharmacopœia *hydrargyrum precipitatum album*, although, in fact, it is a triple salt, a muriate of ammonia, and mercury; it is used in medicine as an external application. These two chlorides of mercury are important, medically speaking, and you will recollect, that in the protochloride, or calomel, the mercury is combined with one proportional of metal and one of chlorine, and in the perchloride or corrosive sublimate, with one proportion of metal and two of chlorine; and that you may convert the corrosive sublimate into calomel, by adding to it an additional quantity of mercury.

Iodine and mercury combine, and form a proto and periodide of mercury. The periodide of mercury assumes a beautiful red colour, and it has been proposed to use it as a paint, but, like the other iodides, it is unfit for this purpose, since it does not retain its colour. They are compounds of one proportional and one, and of one and two, so that their equivalents are 325 and 450.

Respecting the action of acids upon mercury generally; if you boil mercury in sulphuric or nitric acids, but take the nitric especially; if you boil mercury in excess of nitric acid, the mercury becomes peroxidised, and you get a dense solution of peroxide of mercury in nitric acid, forming a *pernitrate* of mercury; but if you take a large quantity of mercury, and a small quantity of acid, and allow them to act slowly upon each other, when cold, you get a solution of the protoxide in nitric acid, or, in other words, a *protonitrate of mercury*; and you may judge of the state of oxidisement of the solutions, by adding potash or soda, which gives a grey precipitate in the first case, and a red precipitate in the other. You find some chemists not content with two oxides of mercury, but describing a half dozen more, and the fact is, that if you choose to mix the two, you will get an indefinite number of oxides. These are of no great importance, excepting as entering into combination with other preparations. The pernitrate is of a fine red colour, and requires some nicety in its preparation; it generally retains some traces of nitric acid, which it is difficult to get rid of entirely. It is exceedingly caustic, and is used as a stimulating application to sores.

Sulphur and mercury combine, and produce a black or a persulphuret, and a red, or a protosulphuret of mercury.

With regard to the *protosulphuret*, this has long been known in medicine under the name of *Æthiop's mineral*; it may be readily obtained, by passing a stream of sulphuretted hydrogen through a solution of dilute nitrate of mercury. The *persulphuret*, or *cinnabar*, is found native, and is one of the sources from which the mercury is obtained. It is used in the arts by the manufacturers of good sealing wax, to give it the red colour; the common colouring is red lead; and the consequence is, that it turns brown or black when heated. Sulphuric acid and mercury form, when boiled together, a *persulphate of mercury*, and by triturating it with mercury, it becomes converted into a *protosulphate*. When the persulphate of mercury is put into warm water, it is divided into two parts; the one part is held in solution, which is a *bipersulphate*, and the other falls down in a yellow powder, and is a *subpersulphate*; this I mention to you, as it is one of the preparations of mercury, which used formerly to be called *turpeth mineral*, and it is only within a few years, that the list of minerals has been properly diminished; formerly, they abounded to a dangerous extent. It is violently emetic and purgative, notwithstanding it was called by the mild name of the mercurial alterative. It may be obtained, by pouring some water upon the persulphate, and this sort of decomposition the salts of mercury are very subject to, which throws considerable difficulty in the way of explaining them, and adds considerably to the intricacy of their chemical history.

The remaining combinations of mercury, need not to detain more than a minute or two. *Phosphorus* unites with mercury, and forms a phosphuret; and a proto and perphosphate are formed, by union with the phosphoric acid. The phosphate of mercury became, at one time, a fashionable preparation, because some physicians said that phosphoric acid was a favourite acid employed by nature in the composition of our bodies; and they became very fond of giving phosphate of mercury, phosphate of soda, and others, under the impression of phosphoric acid being particularly favourable to the system, the absurdity of which I need not advert to. There is one salt still to advert to, which is the prussiate, or the *cyanuret of mercury*; this is obtained by boiling the red oxide of mercury with prussian blue, filtering the solution, and then setting it aside to cool. On cooling, it deposits a quantity of white crystals, which are cyanuret of mercury, composed of one proportional of mercury, and two proportionals of cyanogen; so that I ought rather to have said, that it is a *bicyanuret* than a cyanuret. When this cyanuret is heated, it is decomposed, cyanogen is given out, and from this substance Gay Lussac obtained the singular gas, and his investigations of which terminated in the very important discovery of cyanogen. If you distil the cyanuret of mercury with muriatic acid, you obtain a chloride of mercury, and a hydrocyanuret of mercury.

There is an experiment, which once made a great noise in the chemical world—namely, the *metallisation of ammonia*; it was imagined, that under certain circumstances, ammonia was capable of assuming the form of a metal; ammonia, you know, is a compound of nitrogen and hydrogen; and if true that it could assume the metallic form, we should have some insight into the composition of metals; as it might then be said, that they were either compounds of nitrogen and hydrogen, or oxides of these bodies. The experiment was made by electrifying a globule of mercury upon a piece of sal ammoniac, or by pouring an amalgam of potassium and mercury upon a piece of sal ammoniac, and rubbing the mass with a little solution of ammonia. You will observe what will happen; the ammonia loses its fluidity, puffs up, assumes the consistence of butter, and appears to take on the crystalline character. Now it appears, from recent experiments, that this is nothing more than mercury mechanically mixed with ammonia, that they are puffed up together, forming a sort of soap-suds of ammonia and mercury, and that there is no further approach to metallisation on the part of the ammonia. If you collect this substance and heat it, the ammonia flies off, and the mercury reassumes its liquid form.

In the next lecture, we shall proceed to the consideration of the metals *silver* and *gold*.

FOREIGN DEPARTMENT.

ON THE LATERAL DEPRESSION OF THE PARIETES OF THE CHEST.

BY BARON DUPUYTREN.

(*Report. d'Anatomie, Tom.* v., *p.* 198.)

I PUBLISHED, in one of the preceding Numbers of the *Repertoire*,[*] a species of displacement of the femur, which is congenital, and which, I believe, has never been described by any other surgeon.[†] I am now going to describe a deformity of the chest, still more common and important than the other malformation; in fact, scarcely a month elapses without several instances of it coming under my notice. This deformity consists in a depression of the sides of the chest, a proportional projection of the sternum and abdomen anteriorly, and the vertebral column posteriorly. In children of scrofulous and other cachectic constitutions, affected with this deformity, the sternum projects like a keel; the vertebral column presents quite a bump, whilst the sides are not only flattened, but depressed. This deformity exists to such a degree, sometimes, that the two sides of the chest may be embraced with the fingers of one hand. The transverse diameter of the chest is thus considerably diminished, whilst the antero-posterior is enlarged. The function of the organs contained in the chest become impaired, manifested by oppression and catching of the voice, and great anxiety. These symptoms are greatly increased on taking the slightest exercise, just as in cases of disease of the heart, for which complaint this affection is sometimes taken. During sleep respiration, impeded by the malformation of the chest and swelling of the tonsils, is performed with the mouth open, and attended with considerable noise. Sleep is frequently disturbed with painful dreams, all relating to the state of the respiration, and is often interrupted by cries and starts.

---

[*] Vide THE LANCET, Vol. xi., p. 441.

[†] I have been astonished on re-perusing the paper, in which this kind of dislocation is mentioned, to observe the indication of one fact overlooked, viz., that the congenital dislocation of the femur, which, in the greater number of cases, exists on both sides at one time, is found, in some individuals, on one side only. Among the twenty cases of this disease which I observed, the dislocation existed on one side only in two or three individuals. I have, at this moment, before me, a young child with congenital dislocation on the right side only, and what renders the case still more interesting is, that the child has a sister affected with the same disease on the right side. I will avail myself of this opportunity of remarking, that since the publication of the paper on *Congenital Dislocation of the Femur*, I have seen five or six other instances of this malformation. I saw one with Dr. Louyer Villermay, where the exquisite pain pointed out to our notice the seat of the mischief.

The above symptoms may exist to such a degree as to prevent the development of the vital functions, and produce death at the time of birth. If death do not take place so soon, nutrition will be disturbed, and the children become lean and emaciated. A curious circumstance also attending this complaint is, that new-born children experience great difficulty in sucking at the breast.

The deformity is generally accompanied with a considerable swelling of the tonsils, the connexion of which, with the depression of the chest, I am ignorant of. It is evident that this swelling must add to the difficulties which patients experience during respiration, and it is sometimes so great, that I have been obliged to remove a portion of the tonsils.

Pulmonary catarrh is not less frequently a complication of the depression of the parietes of the chest than the tumefaction of the tonsils. The catarrh is, in fact, always a curious complication of the deformity, especially when the amygdalæ are much swollen. But of all the complaints which may supervene on this affection, croup is the most dangerous.

The examination of the bodies of several children who have died either of the complaint itself, or of some other whilst they were labouring under this, induces my colleague, M. Breschet, to think that there is an imperfect development of the skeleton, the bones of the cranium being separated at the period when they ought to be united, the continuance of the epiphyses, a swelling of the extremities of the long bones, the different distortions of the bodies of the bones, and the want of consistence in their tissue like bones which have been immersed in dilute nitric acid, these are the general appearances which the osseous system presents. The lungs of course accommodate themselves to the size of the chest.

In these cases, as in all the deformities of the bone dependent on scrofula or rachitis, a generous diet, and as much exercise as the patient can endure, without producing difficulty of respiration, are essential means of cure. To these must be added local means, the most efficacious of which, are those which strengthen the extensor muscles of the arm and shoulder, and also pressure on the forepart of the sternum. The kind of exercise which I recommend, is the lifting of a weight for many hours a day. The weight is suspended to a rope, that passes through two pulleys; the extremity of the rope, which is to be laid hold of, ought to be attached to the middle of a lever, which is seized by the two hands, whilst the other extremity supports a weight proportioned to the strength of the individual about to raise it. The person standing upright, and even lifting himself on the point of his feet to reach the lever, placed at the extremity of the rope, seizes it with both hands, and thus employing the muscles of the forearms, the arms, the neck, and the chest, to bend at the same time the head, the chest, and the body, and to incline them towards the ground, he raises the weight suspended at the other extremity of the rope, and employs alternately the flexors to raise the weight and the extensors to balance the body. If it be true, of which indeed there can be little doubt, that there exist between the bones and muscles relations of conformation and of action, so that the latter always tend to act on the former, and to keep them to their primitive and constant form, it is certain that the exercise which we have just described, by directing the efforts of the muscles, and the bones of the chest must gradually improve the form of the parietes of this cavity.

To this kind of exercise must be added pressure on the chest, from before to behind; the combination of these two means, with proper regimen and treatment, have been sufficient to cure malformations of this sort, which have been before judged incurable. Machines, for the exercise of this pressure, have uniformly caused great pain, and I therefore recommend that it should be made, by placing the back of the child against a wall, and pressing against the sternum with the palm of the hand as often, and with as great a degree of force, as the strength of the person admits of. I have several times observed with much curiosity, the immediate effects of this plan; they are flattening of the prominent part of the sternum, projection of the ribs externally, return of the chest to the natural form, stronger respiration. This pressure ought to be used 10 times, or even 100 times, a day, if possible, and its efficacy is proportioned to the continuance of the pressure, and its frequent repetition.

SURGICAL CLINIC OF THE HOTEL DIEU.*

BY M. BRESCHET.

On Ranula.

M. Dupuytren thinks that the best mode of obtaining the radical cure of ranula, would be to keep the aperture, made into the tumour, constantly open, by means of a foreign body introduced and kept in the cyst; on the same principle as in the operation for fistula lachrymalis. To effect this object, it is necessary to use a small silver instrument, composed of a hollow cylinder, which allows of the escape of the saliva. The cylinder should be four lines in length, and about two in breadth, and terminated at each extremity by a small ovoid plate, slightly concave on its free surface, and convex on the surface, which adheres to the cylinder, and looking towards that of the other extremity; one of these small plates should be placed inside the sac, and the other should correspond to it externally, that is to say, in the cavity of the mouth. M. Dupuytren used this instrument for the first time in the Hotel Dieu on a young soldier, who had been troubled for some months with a small oblong tumour under his tongue, which slowly increased in size, not causing, however, any pain, but which greatly impeded the motions of the tongue and deglutition.

M. Dupuytren performed the operation in the following manner:—An opening was made in the small sac with a curved scissors; there escaped a clear viscid fluid; the operator then introduced the instrument into the cavity of the tumour by the opening which he had made, so that one of the plates was free in the mouth. From this time the tumour gradually diminished, and fifteen days after the operation the patient left the hospital perfectly cured. He could speak, eat, and, in fact, could execute with the tongue every possible motion without any impediment. M. Dupuytren conceiving that this instrument presented some imperfections, made some slight modifications in its construction. He saw that the canal of the cylinder was useless, because the saliva might escape very easily between the lips of the opening and the circumference of the cylinder; moreover, food collecting in the canal of the cylinder, obstructed it and finally obliterated it. The small plate situated externally was too large, its raised edge irritated the inferior surface of the tongue, which was continually placed at the upper part of the mouth. For these reasons he altered the instrument in the following manner:—the edges of the plates were curved in the contrary way, so that the concavities looked towards each other; their lengths were diminished, and they were made elliptical, so that he diminished both the thickness and the extent of the cylinder, which made its dimensions three lines in length, and one or one and a half in thickness. This instrument may be made of silver, or platinum; and this last metal appears to be the most convenient, because it is less easily altered by the animal fluids.

M. Dupuytren has obtained, with this sort of instrument uniform success. It may be conceived, that if the tumour were very large, if its parietes were thick, it will be convenient, before applying the instrument, to make a large opening into the sac, sometimes even of excising a portion of it, and of not passing the instrument until the wound has almost cicatrised. This method, which is both easy and ingenious, does not at all resemble any which have been proposed; not excepting setons, bougies, or canulas; for by all these means, the use of which is difficult, embarrassing, sometimes even insupportable, the only object is to make a fistula; and experiment shows, that as soon as the foreign bodies are withdrawn, the fistula is obliterated, and the complaint again returns.

EXAMINATION OF THE EYES OF A PERSON AFFECTED WITH AMAUROSIS.*

Professor Heusinger found, on examining the eyes of a person affected with amaurosis, that both optic nerves were in a state of atrophy, and that the eyes were well formed, and presented the natural consistence. On puncturing the sclerotic, which was done with care, a considerable quantity of a yellow-coloured humour escaped; it communicated a yellow tint to the water, and coagulated on the addition of alcohol. The choroid and retina were natural, the vitreous humour had completely disappeared; the lens was yellow and opaque.

The most remarkable part of the examination was, the discovery of three translucid vesicles, of a pyriform shape, and the size of a pea, adhering to the outer surface of the retina. These contained a fluid similar to that which escaped on opening the sclerotic, and M. Husinger thinks, that the fluid, which first escaped, was contained in similar vesicles. According to M. H., they were formed by Jacob's membrane. Both eyes presented exactly the same appearances.

---

* Répertoire Genéral d'Anatomie.

* Heusinger's Zeitschrift, für die Physik. Tom. i.

DIABETES.

"Experto crede."

To the Editor of The Lancet.

Sir,—In your admirable columns, (Lancet, vol. vi. p. 408,) a case of diabetes is detailed, from Magendie's Journal de Physiologie, illustrative of the efficacy of venesection.

More recent discussions on that interesting and vitally important subject, by Drs. Ayre and Barry, of London; the former advocating its local abstraction, (cupping,) and the latter an exclusively animal diet, induce me, at this distance, to take up my pen, to offer a few practical remarks and observations, on the pathology and therapeutics of diabetes.

That diabetes, generally speaking, is a functional, (constitutional,) and by no means an organic affection of the kidneys, is tolerably obvious, from the deranged, not to say vitiated, state of the alimentary passages, which both precede and accompany it; the emaciation and debility consequent thereon, and the dissections, such at least as I have myself witnessed after death. Chylification, it is well known, is the commencement, and excretion (intestinal, urinary, and cuticular) the completion of digestion; the latter proving defective or redundant, as one or the other of these valued excretions fails to perform its proper function in the economy. Heightened by predisposition or habit, perchance the kidneys, from a sympathy peculiar to them, are prone to deficient or excessive secretion, as dysuria and diabetes amply testify. The intestines and skin also have these predispositions—as constipation and diarrhœa, (dysentery being somewhat of an organic affection,) and a parched skin and profuse sweatings, no less testify. These important passages, neither elegantly nor classically expressed, "outlets" (bearing organic affection) prove obedient to the mighty work of digestion; hence an imperfect chylification is wont, as might be expected, to derange and vitiate them. Fermentation, depravity of secretion, and a want of tone, constituting dyspepsia, are common to the alimentary passages, and a fertile source, primarily, of diabetes. In conjunction with my friend, the late amiable and scientific Dr. Watt of Glasgow, many years ago, I first witnessed the effects of venesection, to any extent at least, in diabetes; and it is but due to science to say, that I remarked at the time, and have had it amply confirmed since, that without marked attention to the digestive organs, and fæcal excretion afterwards, the patients were addicted to relapse; which, ultimately, in some instances, proved fatal. The human fabric, be it impressed upon the practitioner's mind, will seem to rally, at times, under venesection, when its powers manifestly are verging to destruction. In the diabetes of extreme youth, or old age, little benefit, if any, will be derived from local or general bloodletting; for the vital powers, in the one case, are not established, and, in the other, perhaps are too feeble to carry on the great business of circulation. Nor have I found "exclusively a diet of animal food" at all suitable, on such occasions, from its acknowledged disposition to generate a species of repletion, (both sanguineous and excrementitious,) fertile of cerebral, and hepatic affection in the aged (as apoplexy and palsy); and of pulmonary affection, on approaches to manhood, which phthisis confirms beyond the possibility of a doubt. In the cases of diabetes alluded to, a want of tone is apparent in the kidneys, and alimentary passages throughout, which the undue distension of, by fermentation, has tended not a little to establish. From no inconsiderable experience, I can affirm, that here the cortex cinchonæ lancifoliæ, fresh, and finely powdered, will be found to prove most eminently efficacious. In confirmed cases, however, it is needful, at the same time, to blister the sacrum, with a view to counteract the morbid action of the kidneys, and even essential to correct and secure a regular action of the intestinal passages. The quantity of bark should not exceed ʒss. or ℈ij. in a sufficiency of any simple vehicle, (say water or skim-milk,) three or four times a day; and the subsequent form of pill, I have found to prove the best accompaniment.

℞ *Pil. colocynth. c.*
—— *hydrarg.*
Pulv. Jacob. ää gr. xv. ad ℈i. M. ft. pil. duodecim: one, two, or three of which, may be had recourse to at bed time daily.

Regard must be had to temperate regimen, thorough ventilation, cold ablutions, and exercise in the open air daily. If morbid secretion (rather than mere fermentation, and want of tone in the stomach and alimentary passages) prove a chief source of diabetes, which a bad digestion and vitiated intestinal excretion had long foretold, characterised, as they had been, by a foul coated tongue, pyrosis, gastrodynia, constipation, or occasional diarrhœa; we must be careful, under such circumstances, to prepare the patient for the specific (i. e. tonic) operation of the cinchona. The preparation to which I allude, is to correct a morbid state of secretion, whether of the stomach, liver, or alimentary passages, by mild mercurial, antimonial, aperient remedies (such, for example, as pil. hydrarg., pulv. Jacob., magnes. sulph., soda carbonat. &c.); aided, it is important to remark, by judicious regimen, a tranquil tone of mind, (for mind proves a fertile source, primarily, of dyspepsia,) frequent cold spongings of the chest and abdomen, sufficient ventilation, and exercise in the open air, daily. Heat being a powerfully exciting cause of fermentation throughout the alimentary passages, and fermentation a fertile source of indigestion, I have ever found these cold ablutions of the chest and abdomen beneficial, to say the least of them, under dyspepsia. I am moreover firmly of belief, that a deteriorated atmosphere, the result of insufficient ventilation, tends greatly to derange and vitiate the secretions and excretions of the body, on the perfection of which, we depend for health and longevity.

Another, and by no means unimportant consideration in diabetes, and I conclude. I allude to the temperature,—heat, more properly speaking, of the patient. Such patients, from time immemorial, have been kept warm, when, in fact, night or day, they can scarcely be kept too cool, if we study at all their convalescence. Reposing on beds of down, and wrapping in flannels, have proved most prejudicial, not to say fatal, to them. The same might be said of warm bathings, of tepid spirituous potations, and of forced, as I would define it, rather than excessive, venery. That inordinate thirst, which prevails in diabetes and dropsy under opposite states of the kidneys, is fostered greatly by habit, and ought not to be given way to, if we expect to restore either healthy action or secretion of the alimentary passages, the skin, or the kidneys. Our errors in practice arise, very many of them at least, from insufficiently distinguishing in our modes of treatment, at any rate, between functional and organic affection, which require, not unfrequently, a marked and opposite mode of practice, and this I would impress upon the practitioner's mind, in his treatment of diabetes.

In a word, it is plain that venesection, cupping, and "an exclusively animal diet," are but ill-adapted, either for the prevention or cure of diabetes; consequently, for mere relief's sake, we must not wield such doubtful, not to say dangerous, weapons—seeing that we have at command more temperate, efficacious, and permanent measures.

Had leisure and space, Mr. Editor, permitted, I meant, briefly and practically, to have taken a review of the pathology and therapeutics of erysipelas,* in my mind, generally speaking, a functional and constitutional affection; and it must be confessed, so admirably under the influence of judicious internal treatment, and cool temperature.

I remain, Sir,
respectfully yours,
W. Horsley, M. D.
North Shields, April 15, 1828.

A NEW METHOD OF TREATING BURNS AND SCALDS.

BY MICHAEL WARD, M.D., S.R.C.C.I., MANCHESTER.

> " ——— si quid novisti rectius istis
> Candidus imperti; si non, his utere mecum."

To the Editor of The Lancet.

Being anxious to publish an account of a new method of treating burns and scalds as extensively and with as little delay as possible, for which purposes your plan of publishing weekly seems well adapted, I beg leave to transmit it to you, and to request it may appear in your next number if convenient.

The circumstances which led to its adoption, together with a detailed account of the cases in which it has been practised, with the effect in every instance of immediately (I had almost said instantly) removing the intolerable pain and smarting which are invariably experienced by this miserable class of patients, will be sent, with your permission, to be inserted in a future number. In the mean time it might probably be the means of relieving the sufferings of many who are thus afflicted, considering the frequent occurrence of cases of this description, (which of all others, perhaps, are most calculated to excite horror and commiseration,) if the editors of the different medical journals, and other periodical publications, would insert a copy of this paper in their respective works and papers, the sooner the better.

The preparation to be used, and the method of using it, I shall now proceed to describe; and it is peculiarly fortunate where the quantity required in many of the worst and most distressing cases will necessarily be considerable, and where every moment is so precious, that it possesses the properties of being cheap, always at hand, and as easily applied by any person who may happen to be present at the time of the accident, as by the most skilful surgeon; circumstances which are of the highest importance, on account of the rapid progress which the inflammation thus excited constantly makes. But to proceed.

---

* In Number 211, p. 759, of The Lancet, you have very properly and reasonably made a distinction between phlegmonous inflammation and erysipelas, and supported the efficacy of incisions in the former severe cases, recommended upon such high authority as that of a Lawrence, with which I cordially agree, having witnessed myself, in my surgical experience, decisive benefits from the judicious use of them—" veritas vincit."

We will suppose the clothes of some person, no matter how old or young, to have taken fire, and to have continued burning sometime before the fire could be extinguished; or, secondly, that one or more human beings have escaped or been rescued from a house, a factory, or other building in flames, but not until they had sustained considerable, perhaps irreparable injury from the fire; or, thirdly, that one or more persons have been exposed to the action of fire by an explosion of gunpowder, inflammable air in a coal mine, or any other cause; or, lastly, that some unfortunate individual has fallen into a vessel of boiling liquor in a brewhouse or distillery; accidents which are well known to be as frequent as they are dreadful. In all these cases, (and of course in all those of the same nature, but of less extent and magnitude,) the first object will be, (after having laid the patient upon a bed or sofa,) without a moment's loss of time to take off the clothes and apply bread flour, by means of a common kitchen dredger, plentifully, and as expeditiously as possible, to the whole of the burned or scalded surface, and this being properly and sufficiently done, carefully applying clean dry linen cloths immediately over the flour, and such bed clothes or other coverings as may be required to keep the patient comfortably warm, but not too hot. And in all cases of either burns or scalds studiously avoiding the application of liquids of every kind whatever, including oil; and liniments, ointments, and salves, containing oils; all of which are extremely pernicious, and, in effect, add fuel to the fire, and must, therefore, I repeat, be carefully avoided, and totally discarded from practice in every instance of this nature.

These are the directions to be observed at the first dredging or sprinkling with flour, so far as regards the external treatment of the case; and supposing it to produce the effect of instantly removing the pain, which has hitherto been the uniform result of its application, the next or second object will be, if the patient feel inclined to sleep, and has no immediate occasion for food, for him to endeavour to do so, either until the pain return, or an inclination for nourishment be expressed; that emergency which occurs first is of course to be first attended to. If the former, (i. e. the return of pain,) we must commence by carefully removing the linen coverings or bandages from those parts where the pain is the most considerable, without attempting to remove any of the flour previously applied, (except such portions of it, if any, as do not adhere to the subjacent parts, which will be easily done, if a sufficient quantity of flour, which can scarcely be too copious, were applied in the first instance,) and then proceed as before to apply flour equably and copiously to the painful parts, by means of the dredger, which is the easiest and best method of effecting it, if the holes in the lid be sufficiently numerous and large to allow the flour to pass with the requisite facility. It would also be a good general rule, particularly at the first and several of the succeeding dredgings or sprinklings, to continue the process for a certain time, (longer or shorter according to the extent of the violence, and the degree of pain complained of,) after the parts become easy, (with a view to keep them in that state as long as possible,) and steadily to persevere in it either until the last mentioned object be attained, or the parts affected shall have received a coating or covering of this invaluable article of from a quarter, to nearly half an inch in thickness, and then apply the bandages, &c. as before; and, secondly, not to disturb those places which still continue easy in consequence of having undergone one or more sprinklings or dustings, until the return of pain or uneasiness shall indicate the necessity of repeating it. And in this manner we must proceed the first two or three weeks, or until that period shall arrive when it will be necessary to make some addition to the flour. The plan which I have adopted, and have found to answer, is this; to begin by adding one part of the calamina preparata to three of flour, (intimately united,) gradually increasing the proportion of the calamine, according to the effect produced, until equal parts, and at length towards the close of the healing process, the prepared calamine alone, was the only preparation employed, excepting a little of the ceratum calaminæ (brown cerat, with which an additional quantity of the prepared calamine, to that directed in the Pharmacopœia had been mixed,) spread very thin upon linen and laid over the powder, to prevent the relaxing properties of the oil from retarding the healing of the ulcers, which are usually formed in bad cases of this kind, and sometimes are very tedious and difficult to heal, though less so, I believe, under this management than any other.

Having now described the external or local treatment with a minuteness which may appear to some unnecessary, unless the distress and anguish to which this unfortunate class of patients are exposed, and the novelty, utility, and importance of the practice inculcated, (which is partly intended for general and popular use, in order to avoid the delay which is so often fatal in these cases,) prove a justification, it will be proper to make a few observations on the internal treatment with regard to diet and medicines, should any of the latter be required, which, I trust, will be found to be equally consistent with sound theory and ratiocination, as the former have been proved to be simple, yet beneficial and salutary in practice. At present, however, I am compelled to defer my remarks upon these and other topics connected with the subject, to a future, yet I hope an early number of your journal; only observing, that with regard to diet, every reasonable indulgence should be granted consistent with propriety, to the wishes of the patient, so long as the tongue be clean, and the natural and vital functions are properly performed; avoiding, of course, the heavier and stronger kinds of animal food, pie crust, fermented and spirituous liquors, spices, &c. for some time at first, and substituting milk diet and puddings, with broth, soup, &c., and occasionally a little chicken or fish at dinner. With regard to medicines, they should, I think, generally speaking, be given very sparingly, and with great caution, particularly anodynes and opiates, which can seldom, I conceive, be useful, even in severe cases, supposing them to be doing well under the local treatment here recommended. If sleep cannot otherwise be obtained, especially if the case be hopeless, opiates, (Dover's powder, pulvis ipecac. comp. would, perhaps, in some cases, be preferable to the tinctura opii,) given in proper doses every four or six hours, rather than in one large dose at bed time, until sleep be procured, might probably have a good effect. Or if the skin of one or both arms, or legs, or thighs, or of a sufficiently large surface of some other convenient part of the body should have escaped being injured, the use of the opiate friction every two, three, or four hours, might probably be efficacious in procuring sleep, either alone, or in conjunction with the usual means*.

As aperients, those that operate gently are the best, such as a little castor oil, or a tea-spoonfull or two of the electuary of senna, with a little rhubarb or jalap and supertartrate of potash; with either of which, a draught of the imperial drink may be taken occasionally to prevent costiveness.

REMARKS.

It will now be proper to say something in vindication of the strong terms which have been employed in recommending the free and plentiful use of flour as being infinitely preferable to all others, as a local application in cases of burns and scalds, from whatever cause, or in whatever way arising. Indeed, supposing its effects to be similar in the hands of others, to those which accompanied its use in the three cases (one burn and two scalds) in which it has been employed by myself, (and I see no reason to the contrary,) they will be of the most pleasing and gratifying description imaginable; a just idea of which, will be best conveyed in the words of the patients themselves; (accompanied by corresponding actions, which must have been seen to be duly appreciated.)

"Oh! how cool and comfortable it is," "I have no pain now," "it is quite gone," were the immediate and spontaneous expressions of my first patient, (whose arm was scalded from above the elbow to the finger's ends,) which were often repeated in a loud and rapturous tone of voice and manner, the instant (almost before) the flour could be said to be fairly in contact with the parts affected. Nor did the pain return till several hours had elapsed, and was then only slight, and was speedily removed by repeating the use of the flour dredger (first removing the linen roller); which method of treatment was continued, at first three times, and afterwards, twice a day for three days, when scarcely any appearance of the accident remained, and the patient returned to her usual business.

In this manner was an accident, which if it had been treated in the usual way, would have been attended with great pain and inconvenience for several weeks, completely cured in three days.

In the other two cases, the one a burn, the other a scald; both of which happened to Mrs. D——, the effects were equally favourable and decisive in demonstrating the happy consequences resulting from the practice which it is the object of this communication to inculcate. It is also remarkable, that the expressions of Mrs. D—— were exactly similar to those already quoted as having been used by Hannah Pearson, (who was the subject of the first case,) with this addition, frequently repeated at the first and subsequent sprinklings or dustings, viz. that the powder (she did not know it was flour) which was applied to her foot and instep which were severely scalded, (more so from the difficulty experienced in removing the shoe and stocking,) and afterwards to her thumb, which was burnt, was worth a guinea a grain; so instantaneous were its effects in removing the pain.*

---

* See "Facts establishing the Efficacy of the Opiate Friction in Spasmodic and Febrile Diseases." Also "Outlines of a Plan to investigate the Nature, Causes, and Method of Cure of Hydrophobia and Tetanus. By Michael Ward, M.D. Member of the Royal College of Surgeons in London, late Surgeon to the Manchester Infirmary, Dispensary, &c." Sold by Burgess and Hill, Windmill Street, London.

Nor is there any thing incredible or mysterious in this, if we reflect a moment upon the modus operandi, which is, I conceive, equally simple and intelligible; viz. that by its instantaneous operation as an absorbent powder, in allaying the irritation, and partly by its coldness, diminishing the temperature of the inflamed parts, it immediately arrests the rapid progress of the inflammation, and forms a fit medium or covering to prevent the access of the atmospheric air to a part of the body, which is, at all times, peculiarly susceptible of its action, (especially upon a large and extended surface of it,) but which is now rendered a thousand times more susceptible than before, by causes which are too obvious to mention. Hence arises that distressing tremour, (or rather rigor,) which so often occurs even in slight cases of this kind, but infinitely more so where the injury sustained is severe and extensive. From hence also I infer, that even in cases where all hope, or, at least, expectation of the patient's recovery must be futile; the speedy, free, and plentiful application of flour to the burnt or scalded parts, will, I trust, indeed I have no doubt, smooth the passage of these unfortunate and miserable objects to the grave.

Now, if this representation be just, and I pledge myself to prove its accuracy, I should be unpardonable were I to withhold the facts, which have occurred to me, from the public. Nay, more, I should be inexcusable, if I did not, by every proper and justifiable method in my power, endeavour to spread the knowledge of them as speedily as possible, to the inhabitants generally, and the faculty in particular, (whose attendance on all occasions of this kind—the experienced and judicious part of them I mean—will be desirable, and on many indispensable,) not merely in Great Britain and Ireland, but to those residing in every part of the globe.

Nor will this be deemed enthusiasm by any humane person, who has heard in a single instance, as I have in many, the groans, and witnessed the misery and anguish which are endured in bad cases of the kind here treated of; on the contrary, I am greatly mistaken if he do not coincide with me in the opinion, that whatever has a tendency even to alleviate, much more to remove, the sufferings of this pitiable class of patients, (no matter by what means; indeed, the more simple and easily attainable the better,) is justly entitled to the attention, not only of the profession, but of the community at large. How far the scheme now proposed can be considered as coming under this denomination, experience must decide; and to this I think I may, with some degree of confidence, appeal. At all events, should its merit be such as to stand this test, and I shall be greatly surprised if it do not, the remedy being cheap, always at hand, and as easily applied by any person who may happen to be present at the time of the accident, as by the most skilful surgeon, will have a corresponding and powerful influence in favour of its adoption.

I shall conclude this hasty sketch, by observing that, on no occasion, can the maxim, "non progredi est regredi," be more appropriate. Indeed, the success would be greatly promoted, by the influence which such a sentiment is calculated to produce, in hastening the prompt and effectual application of the remedy, as soon as possible after the accident.

I have the honour to be,
Yours obediently,
Michael Ward, M.D.S.R.C.C.L., &c.&c.
Manchester, April 1828.

THE ZOOLOGICAL SOCIETY.

This Society is steadily advancing towards the full attainment of the objects for which it was instituted. Both the managerie and the museum have received almost daily important accessions from the liberality of friends and supporters. A collection of the skins of *mammalia* and *birds*, from Singapore, has been presented by Mr. Colebrooke; another assemblage of *mammalia*, *reptiles*, and *fishes*, from Madagascar and New Holland, by Mr. Telfair; a collection formed in Mexico, by Capt. Lyon; and another, containing much of the zoological produce of the late overland expedition to the Arctic Regions, under the command of Capt. Franklin, has been presented by Dr. Richardson. Capt. Percy has furnished the Society with a specimen of that very rare and curious animal, the *chlamyphorus truncatus*, which was previously unknown to European naturalists.

---

* Another curious coincidence was, that the three cases which afforded me so many opportunities of submitting this method of treating burns and scalds to the test, took place in two different families, with whom I resided at the times when the accidents happened, otherwise (though I wish not to enhance the benefits which may result from the discovery, if so it may be called) having declined the practice of surgery, except in consultations, no such opportunity might, in all probability, have occurred to me.

THE LANCET.

London, Saturday, May 10, 1828.

If reason had as much influence as the feelings and passions of men in determining their conduct and opinions, the expediency of facilitating, or, at any rate, the impolicy of throwing obstacles in the way of human dissections, would long ago have been a conceded question. But it is a mistake very commonly committed by men who are better dialecticians than observers of human nature, to suppose that general assent to a proposition is a necessary, or even an obvious corollary from the proof of its reasonableness. All the steps in such a proof may be undeniably correct; the inferences may be most accurately deduced from these steps, and yet the public, however unable to refute or gainsay the truth of the premises, may doggedly refuse to acquiesce in the soundness of the conclusion. It is undeniable, and nobody attempts to deny, that the health and lives of individuals are frequently preserved by the application of medical science. It is undeniable, and no one capable of forming an opinion on the subject denies, that anatomy is the basis of medical science, and that a man who attempts to practise medicine or surgery without a thorough knowledge of anatomy, is a scourge, instead of a benefactor, to his fellow citizens. It is equally undeniable, and it is, in point of fact, no less universally admitted, that dissection of the human body furnishes the sole means of acquiring a knowledge of anatomy. What is the reasonable inference from these propositions? That dissection of the human body should by all practicable means be encouraged. But the feelings and sentiments of the community are so strongly opposed to this reasonable inference, that dissection has not only not been encouraged in this country, but is viewed with aversion by a great portion of the people, and appears, from a recent decision, to be even punishable as a misdemeanour in all cases, except those in which the law inflicts it as a mark of infamy.

Upon the absurdity and impolicy of that provision of our law, which has created an artificial prejudice against dissection in this country, we have already submitted some observations to our readers, and we repeat, that unless this provision be repealed, little benefit is likely to arise from any attempts that may be made to remove the obstacles which impede the acquisition of anatomical knowledge. But how are we to deal with the natural feeling, or, if it deserve to be so termed, with the natural prejudice, against dissection, which is entertained by the people of this country in common with other nations? It would be as useless as it would be impolitic, to attempt to legislate, against this feeling, and therefore we say, respect it. We would lay it down as the basis of any legislative measure that may be adopted with a view of facilitating anatomical studies, that, however desirable the frequency of human dissections may be for the purposes of science, no attempt should in any case be made to promote them in opposition to, or in violation of, the feelings of surviving relatives and friends. Taking this principle as a basis of legislation on the subject, it will follow that we should deem it inexpedient to encourage individuals, or any set of individuals, in leaving their own bodies for dissection. The ground upon which we object to such a practice is, that it tends to violate the feelings of survivors; and it is the feelings of survivors, and of survivors only, which the legislature is called upon to respect. A man may himself be totally indifferent as to the way in which his body may be disposed of after death, or he may be desirous that his body should contribute as far as possible to the advancement of science, but his surviving relatives may not be equally indifferent, or equally philosophical, and he has no more right, morally, to violate the feelings of those relatives, than the legislature has, politically, to violate the feelings of the community. On the other hand, however averse an individual may be in his life time to the dissection of his body after death, if he has no surviving relatives to respect this prejudice, and give effect to his wishes, no reason can be urged against the dissection of such a person's body, nor could public feeling possibly be outraged by it, when dissection shall cease, as we trust it soon will cease, to be regarded in any case as a mark of infamy.

But, though the legislature is bound to respect the natural aversion to dissection in the breasts of surviving relatives and friends, it may be necessary to inquire how far this feeling has been exasperated in this country by adventitious causes. There are two circumstances which have contributed greatly to increase the aversion to dissection beyond its natural limits, and to give to it much of the same artificial character which belongs to the prejudice against dissection, arising from its association with crime. The circumstances to which we allude are, first, the exhumation of bodies, which may be regarded at present as the principal source of supply ; and, secondly, the absence of the rites of sepulture, in cases where bodies are dissected, which have not been previously interred. Body-snatching, as it is called, is a misdemeanour at common law, and is in itself an offence so disgusting and so revolting to the feelings of the surviving relatives of the deceased, that nothing can be said in palliation of it, even by those who are compelled to encourage and screen the offenders. Let the legitimate source of supply for our dissecting-rooms, which is to be found in the application of unclaimed bodies, be sanctioned by the legislature, and this offence will cease with the temptation to commit it. In that case it might even be expedient to subject body-snatchers and all their aiders and abettors to transportation for fourteen years. Such a measure would tend to allay any apprehension in the public mind as to the consequences which might otherwise be supposed likely to follow from a direct legislative sanction to human dissections. It should also be distinctly provided, that all unclaimed bodies should be decently interred at the expense of the parties for whose benefit they have undergone dissection. This provision would reconcile the public to the temporary appropriation of such bodies to scientific purposes, and would remove the only objection which could be urged against the measure upon religious grounds. It may be satisfactory to those who might entertain doubts as to the propriety of a remedial measure of this kind, on the ground of its supposed interference with the ordinances of the church, to know that, in the opinion of a right reverend prelate, who was recently applied to by one of the surgeons of St. Thomas's Hospital, there exist no objections of a religious nature to the adoption of the proposed plan. The right reverend prelate went so far as to express his belief, that the great body of the clergy would be ready, with a view of facilitating so desirable a measure, to wave their ordinary fees on the interment of unclaimed bodies, which had been previously dissected, and he declared that, for his own part, he should have no objection to direct that his body might, before burial, undergo the process of anatomical dissection.

To what extent the Parliamentary Committee intend to carry their inquiries, we have, at present, no means of ascertaining ; but we should augur little good from the result of their investigations, if they content themselves with such evidence, as may be given by members of the Council of the College of Surgeons. The junta in Lincoln's Inn Fields are so far from really participating in the desire of the great body of the profession, to obtain facilities for the pursuit of anatomical knowledge, that they have uniformly acted upon the principle of contracting those facilities to a scale apportioned to their own greediness and cupidity. It is not the wish of this body that subjects should be cheap, because they are sensible, that when the present disgusting mode of supplying dissecting-rooms shall be got rid of, and other obstacles to free competition in the teaching of anatomy shall be effectually removed, their own monopoly must cease. The mockery of petitioning Parliament to adopt measures for facilitating the study of anatomy, may impose upon those who know nothing of the internal constitution of the Council, and of the machinery by which their proceedings are directed and controlled, but it is well understood and appreciated by the profession. Great as are the difficulties opposed to the study of anatomy by the present state of the law, it may be truly said that they fall short of those which have been created by the corrupt cupidity of the Council of the College of Surgeons. With what pretence, we will ask, can these men approach the legislature, with assurances of their zeal for the promotion of anatomical science, when lucre, filthy lucre, is the pivot of all their deliberations, and the sole object they have had in view in framing all their regulations? They refused to receive the certificates of any teachers of anatomy in the metropolis, except THEMSELVES, until they were compelled by the indignant remonstrances of the profession to accept them. They still refuse to receive the certificates of provincial teachers of anatomy, or certificates of attendance on any course of anatomical lectures delivered in the summer. Our own lectures, exclaim these disinterested votaries of science, are delivered in the winter; and when the thermometer stands at above 50° Fahrenheit, we cannot admit the possibility of acquiring an accurate knowledge of anatomy at such a temperature.

When the Committee, moved for by Mr. WARBURTON, was appointed, it was strongly recommended by the Secretary for the Home Department, that the inquiry should be conducted with extreme delicacy and caution. That a good deal of caution might be necessary, in framing a bill for facilitating human dissections, we can readily understand, but we do not exactly see the expediency of recommending extreme delicacy and caution to a committee of inquiry. The object of the Committee is, we presume, to ascertain the truth; and this object cannot be attained, if they forbear to inquire. Extreme delicacy, as it seems to us, might well be dispensed with in a parliamentary committee. Truth is a coy mistress, and is not to be won without patient assiduity, but she never yields to a lover, who is too shy to look her in the face.

LONDON MEDICAL SOCIETY.

May 5, 1828.

Dr. HASLAM, President, in the Chair.

SINGULAR INSTANCE OF WOUND OF THE ABDOMEN—FRACTURE OF THE CERVIX FEMORIS.

AFTER some ordinary business had been transacted, Mr. Shearly introduced to the notice of the Society a man who had suffered severe injury to the abdomen and loss of the penis, from an incised wound. The accident occurred on board a whaler, the man slipping, owing to the greasy state of the deck, and falling forward with great force upon a large knife, used for the purpose of cutting up the blubber. According to the man's statement, the penis was completely amputated, and a wound was inflicted upon the abdomen, through which the intestines protruded. Surgical aid was immediately procured, and in the course of a few weeks he was restored to health.

Having stripped himself for examination, it was observed, that there was a cicatrix extending entirely across the lower part of the abdomen; the penis was closely shorn off. Several questions were proposed to the man with a view of ascertaining whether he had the power of retaining his urine, and also whether he experienced any venereal desire; to the former questions he answered in the affirmative; and in reply to the latter, he said, that when in the company of females he felt a desire, and was conscious of a turgescence of the small "relic of former greatness;" further, that he often had nocturnal emissions.

The President remarked, that a man, who some years ago fell under his notice, had entirely lost the penis, and he was in consequence supplied with an ivory succedaneum; the fellow, however, with this instrument, was so libidinous amongst the females, that it was necessary to exclude him from a workhouse of which he was an inmate.

Mr. Amesbury now requested that the minutes of the last *ordinary* meeting should be read, which having been complied with, Mr. Amesbury entered at once, *in medias res*, at this favourite (and we fear our readers will deem, hackneyed and almost threadbare,) subject—fracture of the neck of the thigh-bone. It may be worth while, however, to state, that on a former evening, Mr. Amesbury brought two preparations, taken from the same subject, an old woman, who was reported to have had fracture of the cervix femoris on each side. The first accident occurred two or three years ago, and the woman was then in Bartholomew's Hospital, under the care of Mr. Lawrence; with the second injury, she was an inmate of a workhouse, as a patient of Mr. Field, and fell under the observation of Mr. Amesbury shortly after the injury, which proved fatal at the expiration of six weeks.

It was contended by various members on the former evening of discussion, that the thigh bone which had sustained the first injury, exhibited no signs of fracture ever having occurred, and that the depression of the head was attributable to the absorption of the neck, as is frequently observed in old subjects. It was further held as a fatal objection, that the history of the case was altogether imperfect. Mr. Amesbury this evening in some measure supplied the necessary information, by stating he had learned from Mr. Lawrence, that the patient was under his care, and as far as he (Mr. Lawrence,) could recollect, she had fracture of the cervix femoris. Mr. Amesbury stated, that his object in bringing the preparation before the Society, was to demonstrate the possibility and occasional occurrence of bony union within the capsule, even under the ordinary plans of treatment, and if this were admitted, then he considered that he had a right to infer, these fractures would unite by bone much more frequently, if proper measures were pursued. What he principally insisted upon as essentially necessary in the cure of a fracture, was preserving the fractured ends from motion; although he was willing to admit, that in the case of fracture of the cervix femoris, some importance should be attached to the fact of the pelvic portion of bone receiving but a small share of the pabulum vitæ, the blood.

Mr. GOSSETT, Mr. T. BRIANT, and other members expressed their dissatisfaction at the want of clear evidence of the symptoms of fracture of the cervix femoris, having been present in the case under consideration in respect to the first injury.

Mr. LAMBERT said, although he admitted that in fractures of the cervix femoris, union by bone *did* not usually take place, yet he would not allow that it *could not* take place; he considered the arguments which had been adduced as reasons of non-union by bone, were extremely fallacious; proper means were never had recourse to, and then surgeons had turned round and taxed Nature with the blame. He (Mr. Lambert) hoped the time was gone by when the profession paid an implicit and blind reverence to the dogmatic assertions of men in great repute. At the risk of being denounced as "a blockhead," and one who "deserved to be whipped out of the profession," he would maintain the possibility of ossific union in the fracture of the cervix femoris, and assert his belief, that the cause of its not being accomplished was in the defect of the mechanical means hitherto employed. He believed, that Mr. Amesbury had supplied the important desideratum, and that in the course of a few years, very many specimens of perfect bony union would come under the notice of the Society.

SINGULAR EFFECT OF LIGHTNING IN CURING PARALYSIS.*

UPON what principle the following extraordinary cure was effected may be matter of disputation; whether the electric fluid acted as a powerful stimulus to the nervous system, and thus induced a return of sensorial power, or, whether the cure may be referred to the agency of *fear*, which we have seen in many instances a perfect miracle-worker, are two of the most obvious questions which present themselves. The facts are these:—A ship, called the *New York*, was on her passage from London to New York, a voyage generally performed in about a month, when a stroke of lightning overturned the partitions, but no person was hurt. The vessel was deprived of its conductor, but, on the following day, the captain, dreading another storm, placed a conductor upon the main-mast. The lightning struck the rod on the same day, and melted it entirely; the iron conductor was also melted, and fell in drops into the sea. Almost all the passengers observed the water of the sea sink down in a distinct manner, in a certain space round where the electric fluid had entered the ocean. The rod of the conductor, which was melted, was four feet long by five inches and a half in diameter, and the iron conductor was three-tenths of an inch in diameter.

---

* Brewster's Philosophical Journal.

The second stroke of lightning, like the first, killed no one, but, on the contrary, it performed a very remarkable cure. A passenger, very old and overgrown with fat, was so much palsied in his limbs, that for three years he had never been able to walk above half a mile, and, after his embarkment, had never been seen to stand up for a single instant. However, soon after the second discharge of electric fluid, which took place near to where the poor invalid was lying, he was observed, with astonishment, parading the deck, which he continued to do for some time, as if he had never been ill. At first he loss his senses, but this did not last long, and the cure was complete; he walked with ease all the rest of the voyage, had the entire use of his limbs when the vessel arrived at New-York, and travelled on foot thence to his own residence.

The knives and forks of iron, in the ship, were melted, and had acquired magnetic power. The effects produced upon the magnetic needles were very remarkable, for, although they were all in the same room, the results were diversified; in some the magnetic action was augmented, in others it was diminished; in some it was destroyed, and in others the poles were reversed. An excellent chronometer, whose error never exceeded the tenth of a second in twenty-four hours, was so much deranged by the stroke of lightning, that it was accelerated thirty-four minutes. The cause of this error was perceived in London, where it was ascertained, that all the parts of the instrument had acquired a certain degree of magnetism, in such a manner, that the general motion depended very sensibly upon the position in which the chronometer was placed.

ACCOUNT OF A NEW KIND OF CLOTH, FABRICATED BY INSECTS.

M. Habensbreet, of Munich, has obtained a curious fabric, by directing the efforts of the larva of a butterfly, called *tinea punctata*, or *tinea padilla*. As these insects construct over themselves a tent of extreme firmness, and impervious to air, M. H. contrived to make the insects work on a paper model, suspended from the ceiling, to which he gave any form and dimensions he pleased. He thus obtained square shawls an ell wide, and some two ells long by one broad; an air balloon, four feet high; and a woman's complete robe, with the sleeves, but without seams. In order to give the tissue a regular form, the caterpillars are limited in their motions, and interdicted from particular parts by oil, which they dislike, and upon which they never will work. One or two insects can weave a square inch of cloth; it exceeds in fineness the lightest gauze, and a specimen of it, sent by M. Paret, of Stockholm, was exhibited by M. Lenomard to the Academy of Sciences, at Paris. The air-balloon above-mentioned, weighed only five grains, and yet it was impervious to air. A shawl, an ell square, was, when extended, blown into the air by a slight puff, when it was like a light vapour gently agitated by the wind. The fibres of this fabric, of which the caterpillars form their cocoons, are not interlaced, but merely superposed, and this act takes place the moment the insect secretes the matter of the fibre. Increased solidity is given, by compelling the insects to labour several times over the same surface.

M. Lenomard, from whose memoirs the preceding facts are taken, suggests, that as the caterpillar, which forms the fusaire, (*Eunonymus Europœus*,) and which is common in France, spins its threads and forms its tents in a similar manner, its labours might be employed for the same purpose.

TRIAL FOR DEFAMATION.—PARIS.

Roberts and Langeois, versus *Boyton*, *Morgan*, *Wilson*, *Chermside*, *and Maclaughlin*.

This cause, which was tried on the 10th of April, in the Tribunal de Premiere Instance, excited much interest amongst the faculty at Paris. The facts of the case, as we glean from the *Gazette des Tribunaux*, are as follow:—

An establishment for dispensing medicines, according to British prescriptions, was opened under the sanction of the Ambassador, Lord Granville, by Mr. Roberts, one of the plaintiffs; and having obtained the appointment of surgeon and apothecary to the Embassy, his affairs became very prosperous, the greater number of the English, resident in Paris, having recourse to Mr. Robert's establishment for their medicines. A M. Beral, a French apothecary, seeing the reputation which had been obtained by Mr. Roberts and his partner, M. Langeois, placed upon his door the title of London Dispensary, which, it seems, had previously been adopted by the plaintiffs. After a time, it was found that the physicians to the Embassy recommended M. Beral's establishment in preference to Mr. Roberts'. This led to a publication of a letter in *Galignani's Messenger*, charging the physicians with having a direct pecuniary interest in sending their prescriptions to M. Beral. From this time there was open war between the parties, and in June, 1827, a letter, signed by thirteen *physicians*, was addressed to the British Ambassador, in which Mr. Roberts was styled a retail druggist, and was charged with having calumniated the *physicians*, by representing that they received a per-centage upon medicines. This denunciation of Mr. Roberts being credited by Lord Granville, led to the withdrawal of his official employment, and, as a consequence, he experienced a considerable loss of business generally. These circumstances induced Mr. Roberts to commence an action, and he therefore selected five of the physicians, who had been most active in the proceedings against him. At a former sitting, the defendants had pleaded the incompetency of the tribunal appointed to try the cause, as the party was a foreigner; but this objection was overruled, on the ground of Mr. Roberts' partner, a plaintiff in the action, being a Frenchman.

M. Laterrade, the counsel for the plaintiffs, in opening the case, spoke to the foregoing effect, and further stated, that the injury sustained by Mr. Roberts was 10,000 francs a year; he therefore demanded 20,000 francs as damages.

M. Dupin, the counsel for the defendants, rested his defence principally upon the fact of the publication of an advertisement in *Galignani's Messenger*, and also an article in the *Hygéie* which stated, that the physicians, for the consideration of a certain annual sum, secured the supply of medicines to the apothecary.

M. Barthe made a very ingenious and humorous speech in reply to M. Dupin. He remarked, that England certainly does possess many eminent physicians, but she is not so ungrateful as not to keep them at home by recompenses of every kind—reputation and fortune; and, whatever may be said to the contrary, he would contend, that persons do not *always* quit their country for the pure love of science; *he would appeal to Doctor Boyton if such were the case?* In England, said the learned counsel, diplomas, unless from Oxford or Cambridge, are but of little value; those obtained from Edinburgh are but very lightly estimated. One of Scotch or Irish origin may be had for forty guineas, upon the application being accompanied with a certificate of a physician of London, Cambridge, or Oxford, attesting that the party had attended medical lectures. A diploma from Scotland had been obtained for the horse of a nobleman, under the title of Mr. Goodfriend, a certificate having previously been given that he was a gentleman of excellent disposition and great erudition. No matter as to the origin, continued M. Barthe; but where are the diplomas of the defendants? (Here M. Dupin held up *two* sheets of parchment, to each of which was affixed a seal.) M. Barthe then said, that these were the only diplomas possessed by the thirteen who signed the letter to Lord Granville. Upon application made at the office of the Minister of the Interior, he had learned that only one of the pretended physicians was authorised to practise the healing art in France, and this one possessed an Edinburgh diploma! Such are the *doctors*, said he, that Great Britain sends to France.

After a short deliberation, the Tribunal pronounced judgment, condemning the *Physicians* to pay 5,000 francs damages, with costs, and to have twenty-five copies of the judgment posted up in the capital.

ST. BARTHOLOMEW'S HOSPITAL.

EXTENSIVE LACERATED WOUND OF THE ABDOMEN, WITH PROTRUSION OF THE INTESTINES.

J. Chipperfield, ætat. 14, was admitted into St. Bartholomew's Hospital, March 28, under the care of Mr. Vincent. He had fallen from a height of about thirty feet, and pitched on the rail of a cart; his abdomen received the force of the fall. There was a large lacerated wound in front of the abdomen, about two inches below the navel, and extending in a straight line, nearly five inches in length; a considerable portion of the small intestines protruded, but none of them were wounded. Shortly after the accident he was seen by a surgeon, who returned the protruded bowel without much difficulty; the edges of the wound were brought together, and united by means of four or five sutures, assisted by adhesive straps, and covered with a bandage. Very little blood was lost. His pulse was feeble, but he did not complain of much pain.

29. Has passed a comfortable night, and has had some sleep; there is a circumscribed swelling above the wound, and in this situation there is pain and tenderness on pressure. The abdomen generally is not tense, nor painful; tongue natural; pulse 120, and very feeble; no heat of skin; bowels not open. Eighteen leeches to be applied to the swelling; the following draught to be taken directly, and repeated every six hours.

Magnes. Sulphat. ʒij.;
Mist. Salin. ℥j. M.

30 There are increased tenderness and pain extending over the whole of the abdomen; pulse frequent and sharp; heat of skin and flushed countenance; tongue coat-

ed and red at its edges. An injection was administered last evening, but the bowels have not been moved; he discharges his urine freely. Leeches were again applied to the abdomen, and an enema given, which produced evacuations from the bowels.

31. Has passed a comfortable night; the pain and tenderness of the abdomen are much diminished; pulse less frequent and sharp; skin cool. Bowels have been freely opened; he has continued the aperient saline.

April 12. Since the last report, the patient has been gradually recovering. There has been no inflammation surrounding the wound; the sutures have been removed, and bread and water poultices applied to it, and it is now united in its whole length by healthy granulations. There has been no return of pain or tenderness of the abdomen; the bowels have been kept open by the occasional use of aperients.

May 1. The wound is perfectly healed; a small abscess has formed just below the navel, and now discharges some pus. The patient's appetite has returned, and his health is much improved.

TOTAL AMAUROSIS CONSEQUENT ON CONCUSSION OF THE RETINA.

—— Pratt, ætat. 42, a robust man, was admitted into the Hospital under the care of Mr. Lawrence, March 13th. Whilst cleaning a window, he had fallen about twenty feet, and was taken up insensible; he had received a severe contusion of the arm, and there was a small lacerated wound over the external angle of the left eye-brow. On the following day the left eye was found to be perfectly amaurotic, so that he was unable to distinguish light from darkness. Blood was effused beneath the conjunctiva covering the sclerotic; the iris was of its natural colour, and in the mid state of contraction; it was not influenced by the strongest light when the other eye was covered, but it retained its associated action. He complained of no pain in the eye, nor had he headach. Mr. Lawrence remarked, that when the functions of the retina have been so impaired as to produce complete amaurosis, the prognosis was at all times unfavourable; it was particularly so in the present case, where it had been consequent on an accident, and when total insensibility of the retina had immediately followed the injury. The patient remained in the Hospital about six weeks, during which he was bled three or four times, and it was necessary to apply leeches freely to the arm. The eye remained in the same state; there was no pain nor increased redness, but vision was completely lost.

ST. THOMAS'S HOSPITAL.

CASE OF FRACTURE, WITH DISLOCATION OF THE FOURTH CERVICAL VERTEBRA, WHICH TERMINATED FATALLY, FORTY-EIGHT HOURS AFTER THE ACCIDENT.

William Thomson, ætat. 44, a stout muscular man, was admitted on the evening of the 13th of April, under the care of Mr. J. H. Green, on account of severe injury to the spine. The accident had occurred a short time previously, and was occasioned by a fall from a cart, the man, at the time, being in a state of intoxication.

When admitted, the upper and lower extremities were found to be completely paralysed, deprived both of sensation and volition; the abdomen was slightly tumid, the breathing laborious, and the pulse scarcely perceptible. It was supposed, that some injury had taken place about the fifth or sixth cervical vertebra, but neither the precise nature, nor situation of the injury, was determined. The treatment consisted in the use of the catheter; and the application of warm clothing, with a view of inducing reaction.

When seen by us on the following day, we found the patient labouring under the following symptoms: the pulse moderate; much pain produced on the slightest motion; countenance anxious; breathing laborious, and performed entirely without the aid of the costal muscles. Both the upper and lower extremities were perfectly paralytic; the integuments of the abdomen, and of a considerable portion of the chest, were devoid of sensation. The bowels had been acted upon once, the urine drawn off, and leeches applied to the back.

15. *Morning.* The breathing very laborious; the pulse is feeble and rapid; the man complains of thirst, and he has also a remarkable craving for food. The exertion of the muscles, necessary to the action of speaking, produces much pain. The catheter is introduced from time to time.

Noon. The man is evidently sinking, the surface of the body being covered with a cold sweat, and the pulse is very weak; he is however perfectly rational. About two hours after the foregoing note was made, he earnestly desired that he might be moved, and the sister was in the act of complying with his request, when he expired.

Inspectio Cadaveris.

The spinous process of the fourth cervical vertebra was severed longitudinally, the fracture extending into the arch: both the superior, and also the inferior, articulatory processes were dislocated; the left superior oblique process was completely isolated. The intervertebral substance was much lacerated; there was an effusion of blood upon the theca, to some extent along the spine. Upon slitting open the membranes, there was found to be an effusion of serum between the arachnoid tunic and pia mater. There was no manifest injury to the substance of the spinal marrow, although it had undoubtedly suffered much compression from the displaced bone.

It is important to observe, that the urine, during the lifetime of the patient, had not acquired an ammoniacal smell; one of the kidneys after death had a strong odour, but there were no palpable signs of disease.

GUY'S HOSPITAL.

FATAL TERMINATION OF MR. KEY'S CASE OF LITHOTOMY.*

The case of lithotomy, operated upon last Tuesday by Mr. Key, has proved fatal, from the supervention of peritoneal inflammation, which, as will be seen by the annexed account, pursued a most rapidly destructive progress.

On the morning after the operation, we found the child quite comfortable; he had passed a good night; the bowels had been gently moved; the urine had flowed freely through the wound, and there was no tenderness of the abdomen. In the evening, however, great pain came on in the abdomen with exquisite tenderness, and there was, at the same time, much constitutional disturbance; leeches and fomentations were applied, but with little effect. In the course of a few hours convulsions supervened, and the child expired at two o'clock on Thursday morning, being about thirty-seven hours after the performance of the operation.

Post Mortem Examination.

In the abdomen, there were the most evident traces of acute peritoneal inflammation having prevailed generally; the peritoneum had formed numerous adhesions to the surrounding parts, and, in the whole track of the small intestines, they were coherent. The glandulæ aggregatæ were not healthy in structure, and there was a considerable quantity of coagulated blood in the right iliac fossa, behind the peritoneum; in the right kidney, there was a considerable deposition of white (scrofulous?) matter, and the ureter was somewhat dilated. The left kidney was sound: the bladder exhibited signs of inflammatory action.

CASE OF CONCUSSION OF THE BRAIN, FOLLOWED BY A HIGH DEGREE OF CONSTITUTIONAL DERANGEMENT.

Richard Young, æt. 32, a baker, was admitted into Guy's Hospital on Thursday, April 9, 1828, in consequence of a severe fall he had received on the preceding evening, on the back part of his head. His friends stated that he stumbled over a pail, and was precipitated from the bakehouse door upon a paved yard, a height of about fourteen feet. He was taken up in a state of insensibility, medical advice was procured, and he was immediately bled. Before the operation was finished, he became sensible, and vomited; he was afterwards brought to the hospital. When we visited him, he was delirious; the skin was hot and dry; tongue furred; pulse exceedingly jerky and irregular. He was very much exasperated by any one speaking to him; and, on being interrogated as to his having pain in the head, no satisfactory answer could be obtained. The pupils were dilated, and did not readily contract on exposure to light. His countenance was sunk and anxious, and there was a great expression of heaviness about the eyes. The scalp was hot, and excessively tender to the touch. On examining the head, a small bruise was detected at the upper and back part of the right parietal bone. There was also, some extravasation of blood under the right eye. The poor fellow seemed to experience severe pain, whenever the bruise on the scalp was handled; but, on being left alone, soon became comatose; his breathing, however, was perfectly natural.

The head was immediately shaved, and the spirit wash ordered to be constantly applied. Twelve ounces of blood were drawn from the neck by cupping, and eight leeches were applied to the temples. A five grain calomel pill was administered.

April 10. He has passed a restless night; he got out of bed twice during the night, and walked to the water-closet. The pulse is quick and irritable. Skin hot and dry. The scalp, though still hot, is not so much so as yesterday, but is equally tender when touched. The teeth are encrusted with brown sordes. He is excessively peevish and irritable, and there is a great deal of jactation about him.

He was ordered by Mr. Key to take two grains of calomel and one of opium immediately, and to be repeated in six hours, if sleep was not procured by it. Before Mr. Key quitted the Hospital, he again visited the patient to see the effect produced, and it was found, through some gross inadvertency or mistake, the medicine had been repeated in two hours instead of six hours, and the symptoms were rather aggravated than diminished by its use. A careful examination of the head was made by Mr. Key, but no material injury could be detected.

---

* Will Mr. Key still persist in the use of the straight staff?

11. The patient has been very delirious during the night, but got up several times and walked to the water-closet. He is constantly muttering. His head, however, is not so hot, and his febrile symptoms not quite so high as yesterday. Ordered to be kept quiet, and on a strictly spare diet, and the light to be as much as possible excluded.

12. The pain on the bruised part has become more intense, and the febrile symptoms are aggravated. The scalp is excessively tender, which is manifested by his violent efforts of resistance when touched. Mr. Callaway made a free incision of the scalp through the bruised part, and evacuated a little coagula and bloody serum. A poultice was applied to the part.

16. During the last three days the patient has greatly improved; a very striking amendment was observed the day after the incision was made, and the febrile excitement from that time gradually diminished. A slight degree of squinting was observed in the right eye to day. He was ordered to take two grains of calomel every six hours, and 30 drops of laudanum at bed time.

20. Since the foregoing plan of treatment has been had recourse to, he has been much better; his nights have been passed tranquilly; the skin and bowels perform their functions properly, and he is more calm. Last evening the use of the laudanum was discontinued, but the calomel is continued. He is now perfectly sensible, but still manifests great petulancy and irritation when spoken to.

23. He is much improved in every respect. The calomel has produced gentle ptyalism, and was ordered to be discontinued.

28. He is quite convalescent, and will soon leave the Hospital.

ON PHRENOLOGY: BY JOHN EPPS, M.D.

To the Editor of THE LANCET.

46, South Audley Street,
April 29, 1828.

DEAR SIR,—You have kindly taken notice of a discussion which took place upon an Essay that I had the honour to present to the notice of the Westminster Medical Society. The interest excited thereby has been sufficiently apparent, though it is doubtful whether the subject would have claimed so much attention had not phrenology been associated with the same. The Essay had nothing essentially to do with that science, the proposition, which it was essayed to establish, being, that in a certain species of monomania, a particular part of the cerebral system was affected. As a corollary from this, no doubt, it would follow, that the different parts of the brain are endowed with diverse functions; but then this inference did not form any part of the subject before the Society. However, phrenology was attacked, and of the attack I have no remembrance but that of pleasure, inasmuch as there can be no dispute, that discussion is one of the most useful means in investigating the truth or erroneousness of opinions; and as it seems likely, that the combined effect of the attack and defence will be to lead many to investigate a subject, upon which all the exercise of mind they bestowed previously was to stir their muscles to form a sneer. If the defence were insufficient, those who made the attack will have an opportunity, next season, to overwhelm the phrenological science with a destruction as complete as that which has destroyed many errors, such as they imagine phrenology to be: I wait till then. But, Sir, you mentioned one circumstance which requires a present refutation, I allude to that mentioned by our respected member, Dr. Somerville. As a critic, you must be perfectly aware of the necessity of considering all the peculiarities of the circumstances which I shall mention.

On the morning of the last discussion, I called on Mr. Baker, and had the pleasure of meeting him and Dr. Somerville, at St. George's Workhouse. Dr. S, stated, he had a curiosity to show me. I stated my obligation to him, and, to my astonishment, was led up stairs to a dissecting-room. In a corner of that room was a body, lying with the legs uncovered, upon some boxes, with the head quite concealed between a cupboard, reaching to the ceiling on one side and the wall of the room on the other. From the position of the body. I could not stand by the side of the head, when Dr. Somerville asked me to give the character of the individual before us. I leaned over, put my hand under the head, and, after a slight examination, stated, that the organ of sexual love is *very large*; that of *love of offspring is large*; and that of love of approbation is *immense*; and that of destructiveness *moderate*. Dr. Somerville then mentioned, that the lady had been hung on a preceding day for murdering her child. This did not fail, at first sight, to seem in opposition to what was stated, and not knowing any thing of the individual, or of the circumstances which led to the act, I predicated, that it was sexual love for some individual that had made her act contrary to the dictations of the organ of love of offspring. This I find to be the case; and since I have read some of the particulars of the trial, &c., which I knew nothing of before, this view is completely verified. On going down into the Museum, Dr. Somerville showed me a cast of this female, and I perceived that destructiveness was larger than I had imagined. I now had a better opportunity of examination, for the real head was not only in an inconvenient situation, but the bones of the skull having been sawn through, there was a continual motion, which impeded observation.

I had not the smallest idea, that my observations would have been brought forward at a public society:* had I imagined this, I should have been more minute, though I still assert, that the female referred to, had the organ of the love of offspring *large*, and that of destructiveness *full*; and I further maintain, that these existing are quite in accordance with the character of the female referred to, which I shall briefly show.

Maria Edgeworth says, "man is a bundle of inconsistencies." This is quite true; we see, in human nature, the greatest contrarieties: a passionate man is often benevolent; and an unjust man is often charitable. Look at Turpin and Thurtell. This, as a general principle, is admitted by all: and phrenology merely carries the matter a little further, by showing on *what peculiar constitution* these realities are dependent. Phrenology shows that one faculty may be called into such activity, as to overpower the activity of the other faculties, and then the individual acts from the predominating feeling. Thus, suppose a dog passing by a butcher's shop, and feeling very hungry, snatches at some meat; the butcher catches the thief, and gives him a severe punishment. The same dog passes by the same shop, when he is again hungry, but he does not touch the meat; and the reason evidently is, that the beating has excited his cautiousness, which now becomes the predominating feeling, and which, though the hunger is still in activity, keeps the craving appetite in obedience. Let this illustration be applied to the female referred to, and we shall find how correctly her mental exhibitions correspond to her mental constitution. Under the influence of the love of offspring, she would be fond of her child, and as long as this continues to be the predominating feeling, so long would she preserve that child. But she has other organs larger, that of sexual love, and that of love of approbation, and these are appealed to in the strongest possible way. An individual, to whom amativeness and adhesiveness have attached her, deserts her; she loses his approbation, and has to dread the scorn of the world, from being the mother of an illegitimate child; this also appealing to her love of approbation. Under the powerful excitement of these two faculties, her love of offspring is overcome; destructiveness becomes the minister of ill, and she murders her child. The particulars of the case every one can bring, to illustrate this view of the matter. Hoping that this explanation will not be so long as to prevent its insertion,

I am, with much respect,
Yours, Sir, well-wishing,
JOHN EPPS.

N. B.—A paper will shortly be presented to the Phrenological Society, on the individual referred to above, when all the particulars will be stated. I may here mention, that the late overseer of the parish in which the female lived, and who had a frequent necessity of seeing her, states, that he is sure, from her conduct at times to a child belonging to her, brought to the parish, that she was fond of children.—J. E.

ON PALSY; BY G. MACDONALD, ESQ. BRISTOL.

To the Editor of THE LANCET.

SIR,—Observing three cases of local palsy in your Number for Saturday last,* I have thought that the following, which lately occurred in my practice, might not be uninteresting to your readers, more particularly as the *general treatment* proved completely successful in my case, and the *local treatment* seems to have failed in the two former of those which you have recorded.

That cases of paralysis, arising from an affection of the extreme branches of nerves distributed to muscles, do *sometimes* occur, I very readily admit, (indeed I have met with such in my own practice,) but I am decidedly of opinion, that the majority of those which have all the appearances of being only local, depend on a cerebral, or spinal affection, and are to be treated accordingly.

On the 15th March last, a gentleman, about 28 years of age, married, and of very temperate habits, consulted me for an affection of the face; he had no power over the integuments of the forehead; the muscles of the left side were completely paralysed, *as to their motion*, but sensation remained perfect; the eyelid remained open, so that his attention was first drawn to the complaint from an inability to read for any time, from an uneasiness and slight inflammation of the eye, evidently caused by the want of action in the palpebra. When he laughed, the mouth was drawn violently and spasmodically to the right; and when he attempted to drink, he had no power on the left side to close the lips on the vessel, and the liquid consequently flowed out of the mouth; the left nostril was motionless, and the whole of the side of the face *appeared* swollen from the relaxed state of the muscles, but, on accurate examination, no swelling existed. The case was clear enough, the 7th pair of nerves, on the left side, were affected; the branches of the 5th contained their healthy action, for the power of motion only was lost, sensation remained unimpaired. I examined the course of the 7th from its exit from the temporal bone, but could discover no tumour which would interrupt its action and account for the symptoms; neither had he received any injury, or suffered any pain at all in that situation; yet the paralysis had been preceded by no *immediate* pain in the head, and, in short, appeared completely local.

---

* I am happy to state, that Dr. S. had the politeness, at the Society, to ask my permission to state the particulars referred to, which I readily granted, because truth, and the friend of truth, need never be ashamed.

* No. 241.

Upon inquiry, however, I found that, at intervals, *some time back*, he had felt what he called a "fullness of the head," which sensation had always been relieved by aperient doses of calomel and senna. When the paralysis had existed a day or two, he felt a degree of warmth on the scalp of the affected side, apparent on the application of the hand, but the relative degree above that of the other not considerable.

It seemed evident, that the cause of paralysis was either in Fallopius' aqueduct, or in the brain at the origin of the 7th, and I inclined to the latter opinion, by reason of the total absence of pain in the region of the temporal bone, which could not have been the case if any arterial action had existed there sufficient to have caused pressure on the nerve in its passage through the bone. My practice was, therefore, general. He was bled by the arm, and leeches, 24 at a time, were applied to the head, at repeated intervals; he was desired to abstain from meat, and he lived chiefly on farinaceous vegetables; and took, for the first few days, viij. grains of calomel at night, with a solution of magnes. sulph. and antim. tart., once or twice in the day; blisters were applied to the nape of the neck; and the unpleasant sensation of heat, above referred to, was completely relieved by sponging the part affected with cold water. Under this treatment he gradually recovered. I should say, though, that after the first two days the dose of calomel was altered to three grains, which he continued to take every night, with the design to excite a gentle mercurial action in the system. He is now perfectly well; the greatest evident degree of amendment was after the application of a blister, when the mercury was just coming into action.

I have been told, cases of paralysis of the muscles of the face, depending on an affection of the 7th pair of nerves, are by no means rare; but I must confess, the result of my own experience does not make it appear so. I was attached for a long period (very nearly ten years) to the Bristol Dispensary, where from 1,100 to 1,200 patients were annually under my immediate care, and I never saw a case precisely similar.

I know not, Mr. Editor, whether you will think this case worth publication; if not, suppress it by all means; I send it, because I think, with those you have already recorded in your Number of Saturday last, it may be of some practical use, more particularly to the junior branches of the profession, by whom your periodical is very generally read, and not at all under the idea that any degree of merit attaches to me for the mode of treatment I adopted.

I remain, Sir,
Your most obedient Servant,
George M'Donald,
Member of the College.
St. Michael's Rectory,
Bristol, April 15.

CASE OF POPLITEAL ANEURISM,

In which the Operation was successful on a Patient upwards of Ninety Years of age.

BY F. D. STEPHENSON, ESQ., SURGEON, WORCESTER.

To the Editor of The Lancet

Sir,—The great age of the patient, and the success attending an operation in the advanced stage of popliteal aneurism, may induce you to give the following case a page in your valuable and widely circulated publication.

I am, Sir,
Your obedient servant,
F. D. Stephenson, Surgeon.
Worcester, High-st., April 27, 1828.

On the 13th of August, 1824, I was requested to visit Mrs. F.——; she was ninety years of age, and stated that she had always enjoyed excellent health till within the last six months, during which period she was afflicted with erysipelas in her hand and legs: for two months past, she had observed a tumour in the left ham, which had, of late, increased in size considerably, and become painful. On examination, I found it enveloping the sides and upper part of the knee. The base of the tumour presented an inflamed surface, the size of half a crown; at this point, the pulsation was alarmingly strong. The constitution seemed little disturbed; pulse 70, and full; tongue clean; bowels regular. From the above circumstances, I recommended an immediate operation, which was readily granted by the patient. Previous to securing the femoral artery, I examined the arteries at the wrist, and found them yielding, and apparently free from osseous deposit. The operation was performed in the usual way, tying the artery (which was healthy) on the inner edge of the sartorius muscle. On tying it, the pulsation in the tumour ceased entirely. The wound was brought together by a few straps of adhesive plaister, and the leg and thigh covered in a flannel bandage, from the toes to the hip; bottles of warm water were continually kept to the foot. On visiting my patient two hours after the operation, I was pleased to find her in a profound sleep.

Five o'clock, P.M. Considerable pain in the leg, with numbness. Limb warm; pulse 80. Sumat tinct. opii. gutt. xxx.

19. Passed a good night; less pain; skin cool. Limb warm; pulse 75. In the evening she had an increase of pain in the limb, attended with heat of skin and thirst; she took half an ounce of castor oil.

20. Restless night; bowels freely evacuated; considerable discharge through the bandage, of a fœtid nature. I therefore removed the outer covering, and applied a poultice over the plasters.

21. The whole of the dressings removed; the wound had united in its upper part, and there was a considerable discharge of pus from the lower part. Repeat the poultice. So little variation took place in the case, till the 18th day from the operation, that I shall continue the case briefly from that time. The ligature came away on the 5th of September; and, on that day, she complained of great pain on the dorsum of the foot, which was accounted for, by two discoloured patches the size of a shilling each. A generous diet was prescribed, and poultices applied to the foot. In a few days a separation of the dead integument took place, and three weeks from the operation, my patient was free from uneasiness. The tumour in the ham was greatly diminished; and, in consequence of Mrs. F—— leaving Worcester for Herefordshire, I did not see her for six months, when she much astonished me, by saying that she had been in the habit of walking half a mile frequently, without inconvenience. On inquiry, I was happy to find she is still in good health. She is now 93 years of age.

PETITION TO PARLIAMENT OF THE STUDENTS OF TRINITY COLLEGE, DUBLIN.

To the Right Honourable and Honourable the Knights, Burgesses, and Citizens in the Parliament of the United Kingdom of Great Britain and Ireland now assembled.

The Petition of the Students in Anatomy of Trinity College, Dublin, humbly showeth, that your petitioners are much gratified to learn, that the subject of anatomical instruction has attracted the attention of your honourable House; but they look with serious apprehension to the chance of your adopting the measure of attempting to procure the necessary number of subjects, by consigning the bodies of malefactors to dissection; they are persuaded that this measure would be quite inadequate to supply any one of the principal anatomical schools of the metropolis, while it would greatly increase, and almost justify the repugnance which is so generally felt to dissection throughout England and Scotland. Hitherto no difficulty has been found in procuring bodies in Ireland, the anatomical schools in Dublin (of which there are many) having been abundantly supplied, and at as low a price as in France, or any part of the Continent; but they anticipate that strong prejudices against the practice of anatomy would be excited in this country, if by any new act of the legislature, dissection were made a mark of dishonour. If the present law respecting dissection after the execution of certain criminals were repealed, they are convinced that every enlightened man would wish that his body might be employed for yielding useful knowledge, rather than it should be deposited in the earth, where it undergoes the most disgusting changes; they therefore beg leave to recommend your honourable House to institute regulations which would encourage and legalize the voluntary appropriation of the body to the only honourable use to which it can be applied; under such regulations they believe that popular prejudices would soon subside, and the exhumation of the dead become unnecessary; and your petitioners will ever pray.

Signed in behalf of the whole Class,
J. NOLAN, M.D.

The following has been signed by a number of respectable persons, both in and out of the profession, and is constantly receiving new names:—

We whose names are hereunto affixed, being convinced that the knowledge of anatomy is of the utmost value to mankind, inasmuch as it illustrates various branches of natural and moral science, and constitutes the very foundation of the healing art; and believing that the erroneous opinions and vulgar prejudices which prevail with regard to dissection, will be most effectually removed by practical examples, we hereby deliberately and solemnly express our desire, that at the usual period after death, our bodies, instead of being interred, should be devoted by our surviving friends to the more rational, benevolent, and honourable purpose of explaining the structure, functions, and diseases of the human being.

CERTIFICATE TRADE—EXACTIONS FROM STUDENTS.

Sir,—As your valuable and independent journal has lately contained some useful and just remarks respecting the certificate trade, the following, perhaps, will not be altogether uninteresting. I must first do justice to a fellow student in saying, that Mr. Postlethwaite, of Webb Street School, deserves great credit for having abolished a custom merely sanctioned by time. I can vouch for the authenticity of the following:

Mr. P., accompanied by a pupil from the above school, went to the Steward's Office at Guy's Hospital last week, in order to obtain his certificate of having attended the physician's practice, and it was accordingly handed to him, saying, there was 2*s.* 6*d.* to pay; had they not mentioned the fee, he might have given it, but as he did not conceive it a just *demand*, so he would not be compelled to pay it. We then desired to know why there was any more to pay, as the account he received on entering, was physician's practice so much, and fees included? The reply from the old and young steward (as there are father and son) was, "It didn't signify, he had not paid them." This did not satisfy Mr. P., so he and his friend turned towards the door and were marching out, taking his certificate; but lo! I was in the next room in company with two or three more, and glad we were to escape, for out comes the old steward first, with the young one at his heels; the former ran to the door and fastened it. But, as Mr. P. informed me after, he thought it would not be well if he were detained, to allow his friend to be in custody, so he delivered the certificate over to the steward, at the same time telling him not to irritate himself, but take the certificate, and he would do his best in compelling some of them to give him a certificate without the honourable gentleman's fee.

A couple of days after, Mr. P. mentioned it to one of the physicians, and desired he would inquire respecting the same. The Doctor accordingly did, and the next day gave it out that a part went to a physician, another to a door keeper, and the rest to lighting the theatre, but that the arbitrary custom had expired; and I am now happy to say we obtain our certificates without any extortion. Paul Pry.

Borough, April 23d, 1828.

LECTURES AT BARTHOLOMEW'S.

To the Editor of The Lancet.

No. 1, King Square, Goswell Street
Road, April 26th, 1828.

Sir,—From the year 1817 to the autumn of 1821, when Dr. Gooch resigned the situation of lecturer at St. Bartholomew's Hospital, I was closely connected with his class in supplying the pupils with midwifery cases, and taking the charge of those in which there occurred any matter of difficulty; his residence being at too great a distance, and his professional avocations numerous, he did not devote much of his time to the superintendence of their education further than as a lecturer. We formed an institution at my late residence, 159, Aldersgate Street, under the name of the London Lying-in Charity; upon that he built his student's practical knowledge, and as such, gave certificates to pupils of having attended "labours in the London Lying-in Charity by his direction;" they are to be met with in all parts of England, and on the Continent. I received a letter the other day from one of them now settled near *Rio de la Plata,* thanking me for the instruction he received when attending the institution, and relating his progress in life, with some interesting details of the place.

To fill up some of my leisure hours, I addressed the following letter to Dr. Conquest on the 12th of this month, upon the subject of assistant lecturer at St. Bartholomew's.

I remain, Sir, your obedient servant,
Thos. Greening, M.D.

April 12th, 1828.

A lecturer on midwifery is desirous to be informed, if Dr. Conquest is disposed to take an assistant at St. Bartholomew's during the session of 1828. He is well known to Dr. Gooch.

A letter addressed for A. B. at *the Lancet* Office, or by advertisement through that journal, will meet attention.

April 14th, 1828.

Dr. Conquest will be happy to see A. B. any morning at eleven o'clock.

Finsbury Square.

April 20th, 1828.

A.B. begs to inclose his card, he will call upon Dr. Conquest.

1, King Square, Goswell street.

13, Finsbury Square, April 21st, 1828.

Dr. Conquest begs to inform Dr. Greening, that he has no intention of taking any assistant at St. Bartholomew's.

THE LOST PELVIS.

To the Editor of The Lancet.

Sir,—Your impartiality will, peradventure, induce you to yield a corner of your "useful, very useful publication," to a few observations on the precious list of "common nonsense," which the pen, that mighty instrument of little men, and "ceteris paribus" of Mr. J. L. Fenner, has obtruded on his professional brethren.

What, in the name of all that is farcical and funny, could have induced the *said Mr. Fenner* to undertake the defence of one who "hid his diminished head," and who, though tolerably supplied with self-complacency, and "the gift of the gab," had not a sentence to plead in mitigation of public disapprobation. Really, friend Fenner, thou art a *dear good soul*, thus to attempt, with thy "grey goose quill," the *white* washing of a Blackamoor. Really, thou must be a "queer little man," thus to attempt the teaching of the profession, that black is white; but take the advice of an humble individual; desist, thy exertions only create contempt.

> "Loose thy neck from this ignoble chain,
> And boldly say thou'rt *free*."

With these admonitions, I leave you, friend, to your own reflections; and, in *rubbing* the surface of your bantling, I shall, of course, address myself to the tribunal, at the bar of which you have *thrust* yourself; and first, if Dr. Davis's *repeated applications*, during some months, had really failed to elicit any information of and concerning the pelvis—if the "wonderful story" really was offered *after* those repeated applications, it is "passing strange," but no less strange than true, that the Doctor did not CONDESCEND to state such to his class, notwithstanding Darwin's lines must have rung in his ears—

> "To hear an open slander is a curse,
> But not to find an answer is much worse."

He "quietly pocketed the affair," affording his pupils a tolerable specimen of candour and honesty; and the only observation in Mr. Fenner's letter, worthy of aught save contempt, is, that he "thinks some further explanation necessary."

The *twaddle* and *tomfoolery* about Mr. Davies's negligence, is perfectly ludicrous. Had the pelvis been placed in his bed-room, in lieu of his cellar, the Doctor and his disciple would have just cause for complaint, but the latter was the proper place for the maceration of "this most perfect specimen." And I take it, every member of the profession, save Mr. Fenner, would have somewhat else to occupy his time and attention, than the daily visit to a putrifying mass. "Neglected for a fortnight," forsooth! Really, Mr. Fenner, "in his sagacity," appears to think that the process of maceration is accomplished in a few hours, and the same wonder-working sagacity led him to believe, mayhap, that every member of the profession is possessed of the information, that he has "rats in his house."

Mr. Fenner says, that Mr. Davies should have *immediately* informed *his friend* of the "extraordinary catastrophe," and we have not one tittle of evidence, to prove that the said information was not afforded; but "merely for the sake of argument" we will suppose the reverse, and I affirm that the *value* of the pelvis is quite sufficient to explain Mr. Davies's reluctance.

Mr. Davies's non-exhibition of "the few hard pieces," proves nothing. Was it for him, or any other member of a liberal profession, (again excepting Mr. Fenner,) to anticipate the Doctor's Jewish disbelief? Was it for a gentleman, in his dealings with a gentleman and "a friend," to bear in his hand the proofs of his statement? But I incline to think, that Mr. Fenner "measures others' corn by his own bushel"

1st. in supposing that Mr. Davies would act dishonestly and infamously, in retaining the preparation; and, 2dly, in supposing that Mr. Davies would unblushingly and PUBLICLY utter a foul falsehood.

I am no friend, Mr. Editor, of the object of Mr. Fenner's slander and buffoonery, acting only on the principle, "that I do unto others," &c. I am, Sir, yours, &c.

April 23. J. G. E.

TO CORRESPONDENTS.

The papers of—"A Constant Reader"—"An Enemy to all Humbug"—and Mr. J. H. B., are under consideration.

A perfect Number shall be forwarded to Mr. T. Ross in the course of next week. The fault was not with the printer, but with the stitcher.

The letter of "Testator" will appear with better effect previously to the commencement of the next Session, than at the termination of the present.

If "Anti-Humbug" will authenticate his letter, it shall be inserted.

For exposures of the "inefficiency" of a certain person, "Chirurgical Reformer" is referred to nearly the whole of the reports, in which the name of that individual has been mentioned. Many of his performances have, indeed, been *bad enough*, but the last was "too bad."

We will speak to our reporter respecting the case alluded to by A. H.

THE LANCET.

Vol. II.] LONDON, SATURDAY, MAY 17. [1827-8.

LECTURES
ON THE
THEORY AND PRACTICE OF MIDWIFERY,
DELIVERED AT GUY'S HOSPITAL BY
DR. BLUNDELL.

Lectur XXVIII.

Of the means of superseding the Cæsarian Operation.

The Cæsarian incisions, it seems, from the remarks of a former lecture, are attended with much danger, and hence it has been asked, whether we have not the means of superseding it? May not an operation, so formidable in its nature, be rendered altogether unnecessary by measures of a different kind?

If the pelvis be contracted in so high a degree, that parturition, by the natural passages, is impossible, I need scarcely tell you, that the shortest way to avoid the necessity of the operation, would be by abstinence altogether from intercourse with the other sex. The most solid resolution, however, may sometimes thaw; and when a woman is married, she may be placed under those circumstances, in which it is not very easy to adhere to this advice; her life perhaps falling a sacrifice to her neglect. My friend Dr. Hull, of Manchester, once transmitted me the case of a woman whose pelvis was contracted in a high degree; she knew her situation, remained in a state of abstinence for many years, but afterwards became pregnant, and died. Now is there any other mode in which, when the obstruction of the pelvis is insuperable, the formation of a fœtus may be prevented? In my opinion there is: for if a woman were in that condition, in which delivery could not take place by the natural passage, provided she distrusted the circumstances in which she was placed, I would advise an incision of an inch in length in the linea alba above the symphysis pubis; I would advise further, that the fallopian tube on either side should be drawn up to this aperture; and, lastly, I would advise, that a portion of the tube should be removed, an operation easily performed, when the woman would, for ever afterward, be sterile. All this, after due consideration, circumstances not forbidding. But the abdominal incision—that is bad. True; but the Cæsarian incision, that is worse. Is not that true also. Again.

If a woman, in the earlier months of pregnancy, is known to have a pelvis contracted in a high degree; is there nothing which you may then do to prevent an ultimate need of the Cæsarian operation? Why, yes; abortive medicines might, in this case, be thought of; or these failing or rejected, if you could feel the os uteri, you might introduce a female sound, or any other instrument of that kind; and passing this sound into the uterine cavity, you might completely break up the structure of the ovum, so as to prevent the progress of generation. In doing this, there would always be a risk of hæmorrhage; but where you are endeavouring to avoid the necessity of the Cæsarian incisions, this risk would be justifiable. The substitution of the smaller evil for the greater, is frequently the principle of the healing art. But what, if the os uteri be inaccessible, is there, in such case, any other expedient to which we may have recourse? In a case like this, were my opinion consulted, I should incline to reply—as a substitute for the Cæsarian operation, let an incision be made as before above the symphysis pubis, then let some small instrument, a trocar or canula, be carried into the cavity of the uterus; let this instrument be sufficiently stiff to enter the cavity, and retain its form there under pressure; and then, let it be resolutely moved about in the uterus, so as to break up completely the texture of the ovum. The whole instrument need not be much thicker than a bell-wire; the process is allied to that of acupuncture: the point of the trocar, on entering the uterus, should be withdrawn within the canula; a finger should be carefully placed on the uterus, so as to guide the instrument, and guard against injury of the intestines or the bladder. Scribblers had better content themselves with sneering at the operation—surgeons had better perform it—artem quisque suam. To produce future sterility, the tubes might be rendered impervious.

But suppose the gestation has reached the end of nine months, is there then nothing which may then be done, to supersede the Cæsarian operation? Why, if the patient can be delivered by having recourse to perforation, by all means this should be adopted. Observe, it is a rule—an axiom in British midwifery, that we are never to deliver by the Cæsarian operation, provided we may, in any way, deliver by the natural passages. Difficult and dangerous as the delivery is, in some cases, when effected by the natural passages, I feel persuaded that women might sometimes be more safely and more easily delivered by the Cæsarian incisions, than by the passages of the pelvis; but if, acting on this persuasion, we were once to establish the principle, that the Cæsarian delivery may be used as a substitute for delivery by the perforator, there would, I fear, be too many cases in which it would be needlessly adopted, and men would now and then, not to say frequently, perform this operation under circumstances in which it ought never to have been dreamed of. Where, therefore, the embryotomic delivery is practicable, let this be preferred. But then, you may reasonably ask here, how are we, in any case, to decide clinically—at the bed-side I mean, whether the delivery be practicable or not? To this query I wish it were in my power to return a satisfactory reply. Much must depend on the dexterity, and other qualities, of the operator; for one man may be able to succeed in the delivery, when another may not. Much again must depend upon the instruments which we employ; to the operative midwifery of Dr. Davis, I must refer you for an exposition of these different contrivances, together with a description of his own inventions and improvements. Much must depend, too, upon the size of the aperture; and it seems, from the researches of Hull and Burns, that the smallest aperture through which a full grown fœtus may be abstracted by the embryotomic operations, under circumstances the most advantageous, must be, at least, three inches in its length, and an inch and three quarters in its breadth. To justify embryotomy, therefore, there must be a clear passage through the pelvis, of these diameters at the least. From the consideration of all these particulars must emanate the determination, whether you will, or not, embryotomize. Before you come to a decision, procure the best advice within reach. With these suggestions, I must commit you to the waters; I wish the compass were less perplexing in its indications. Happily, these difficulties are rare.

Section of the Symphysis Pubis.—Laborious Labours.

With a view of enlarging the capacity of the pelvis, in cases of labour more or less laborious, it has been proposed to make a division of the symphysis pubis, an operation which is easily performed. In executing this operation, the surgeon or accoucheur cuts down upon the joint, and carries the scalpel between the extremities of the ossa innominata, so as completely to detach from each other, taking care that no injury be inflicted upon the urethra or bladder.

The simple division of the symphysis pubis, however, enlarges the pelvis but little; and, therefore, in order to secure the full benefit of the operation, it is proposed further, that the surgeon should separate the ossa innominata from each other, to the extent of one, two, perhaps I may say of three or four inches. It seems to be ascertained pretty clearly, by observation made on the Continent, that in the mere division of the symphysis, pain, not very intense, and no incurable injuries of the part are to be expected; but if the joint be not merely divided, but if, moreover, the bones be separated from each other to the extent of two or three inches, then in consequence of the injury done to the sacro iliac synchondrosis, and the lesion of the sciatic nerves, and the straining of the softer viscera, which are connected with the pelvis, the operation becomes one of considerable pain, and is, perhaps, scarcely less dangerous than the Cæsarian incisions themselves, even in the present condition of that mode of delivery.

The section of the symphysis pubis was proposed originally as a substitute for the use of the perforator and the Cæsarian operations. There seems, however, to be no reasonable doubt, that as a substitute for the Cæsarian incisions, this operation is exceedingly inadequate; for the pelvis, being distorted in a high degree, if you were not merely to divide the symphysis pubis, but to separate the bones to the extent of two or three inches from each other, you would have a great deal of difficulty in getting away the child; very probably you would be compelled to lay open the head, and at the same time you would inflict great injury on the pelvis, and the softer parts generally, more especially the bladder, so that I conceive the operation would be as dangerous and painful to the mother, and far more dangerous to the child, than the Cæsarian delivery itself. Add to this, the difficulty of performing the operation at all under the higher distortion of the pelvis.

But although the operation is not a substitute for the Cæsarian, some may think, that, in many cases, the section of the symphysis might supersede the necessity of the perforator, and this I believe to be true. Generally, where there is a narrowing of the pelvis requiring the use of the tractor forceps or perforator, the contraction lies between the promontory of the sacrum and the symphysis. There is a want of room between the front and back, which a division of the symphysis pubis is calculated in a measure to remove. In common and ordinary contraction of the pelvis, it may then be said, why is not the section of the symphysis pubis substituted for the operation of embryotomy? Why! for this valid reason, because it is an axiom in British midwifery to sacrifice the child to the safety of the mother, and, in these cases, without injury to the parent, the child may be brought away by laying open the head. Remember too, what has been stated already, that in narrowings of the brim, the fœtus may often be saved with little risk to the mother, by the induction of delivery in the seventh or eighth month. On both these accounts, therefore, because we may deliver by the perforator, and because, too, we may altogether supersede the need of this instrument by the indication of premature delivery; the division of the symphysis pubis is unjustifiable as a general practice, when the pelvis is slightly contracted. Not to add to these objections, that if we were to allow of the division of the symphysis, in those cases where there is merely a narrowing of the pelvis between the front and the back, such is the present imperfection of obstetric diagnostics in general, that there would be many cases in which it could be performed, where it was not at all necessary.

One case there is in which I conceive the section of the symphysis pubis might be justifiable, that I mean in which the perpetuation of a dynasty or . . . . . but it is unnecessary to enter further into this topic.

And thus much, then, respecting laborious delivery in the general; we will now, if you please, proceed to the consideration of the different varieties of laborious parturition, together with those modifications of the general practices which these varieties require.

The laborious labours which are giving rise to the more formidable difficulties during parturition, may be divided into three species or varieties; those labours, I mean, in which the difficulty arises from the rigidity of the softer parts; those in which the difficulty arises from a deficiency of room between the bones, and those in which the difficulty is produced by an unfavourable position of the fœtus, and more especially of the cranium; not to add, that we sometimes meet with cases in which the difficulty may be ascribed from these causes mixed.

And first, then, with respect to the laborious labours resulting from an unfavourable position of the cranium. Where a labour proceeds naturally, the presentation is of the vertex, the face in the beginning of the delivery lying towards the one, and the occiput towards the other side, in the way here demonstrated; but as parturition advances, the head descends, and the face takes place in the hollow of the sacrum, and the occiput under the arch of the pubis, and the sagittal suture lies along the perineum, and thus the head emerges. It is not always, however, that the fœtal head, in passing, assumes these favourable positions; for sometimes when the presentation is vertical, the face is lying forward throughout the labour; and sometimes, instead of a vertex presentation, we have a presentation of the forehead, or of the face; difficulties being in this way produced, as may be seen from the apparatus here exhibited. Thus, then, it appears, that there are three varieties of the laborious labours produced by unfavourable positions of the fœtal head; that, I mean, in which the vertex presenting the face lies forward on the symphysis pubis all through the labour; that variety again in which the face is lying over the centre of the pelvis; and, lastly, that position of the head, not without its difficulties, though less important than the former, in which the presentation, instead of being vertical, is frontal.

When it is found, by examination, that the child's head is lying unfavourably for transmission, an accident, understand, which is by no means very uncommon in its occurrence, the accoucheur begins to consider what steps become proper, in order to facilitate the delivery. Now, there seem to be four different ways in which the difficulty may be alleviated; by turning I mean, by rectification of the position of the head, by the use of instruments, and by the natural efforts. And here I wish you to understand clearly at the outset, that when the child is lying unfavourably, it does not, therefore, necessarily follow, that you must immediately have recourse to artificial means of delivery; for, under presentations of the face or forehead, or in vertical presentations, with the face lying forward on the symphisis pubis, by the mere efforts of the uterus, if the pelvis be large and the head small, the child will not unfrequently be expelled. It sometimes happens, however, that the natural efforts fail us, more especially if the pelvis be contracted or the head be large, and, in such cases, we may be compelled to have recourse to some of those instruments, which I laid before you on a former occasion. The tractor or forceps being first tried, and these failing, the perforator.

By some it has been observed, that where the child lies unfavourably, it may very readily be brought away by the operation of turning. Now, in some cases, as, for instance, where the pelvis is large and the softer parts are lax, and the hand of the accoucheur is dexterous, so that the feet may be seized without difficulty, the operation of turning might, perhaps, be desirable. I must entreat you, however, to look upon this method of delivery turning as an exception to the general rule; for although now and then, perhaps, the child may be with advantage withdrawn by the feet, when the head lies unfavourably, yet, as a general practice, turning is improper, because it requires the introduction of the hand into the uterus —because that operation should never be performed without there exist an absolute need for it—and because, by the natural efforts, or the use of instruments, abstraction of the child may be very generally accomplished. The more I see of midwifery, the more I feel the necessity of evading the operation of turning; wherever to avoid it is practicable. Speak! you who have witnessed the ruptures of the uterus, is this caution necessary or not?

In some cases, again, where the head is lying unfavourably, its position may be rectified. The pelvis is large, the parts are lax, the hand may be easily introduced, and, with the action of the hand, the position of the head may be altered. Suppose, for example, the child present by the face, you may insinuate the hand into the pelvis without violence, and bring down the vertex. Suppose, again, I make an examination, and, discovering a frontal presentation, I pass my finger over the occiput; by the mere action of the finger, or by the play of the lever, I may, in this manner, rectify the presentation of the cranium. Nevertheless, though this rectification is, in itself, highly desirable, yet, as a general practice in these cases, it is scarcely proper; for it cannot be easily accomplished without carrying the hand along the vagina, and some little way into the uterus, and, in my opinion, the risk of rupture constitutes a valid objection to this method of operation. To an adjustment of the head by the lever I have less objection, and this may be sometimes accomplished as here shown.

Instead of rectifying or turning, therefore, in these cases of unfavourable position, unless circumstances are highly favourable, the more wholesome practice is, either to commit the woman to the natural efforts, or to have recourse to the lever, forceps, or perforator, according to the nature of the emergency.

But here, perhaps, you may ask, how are we to decide whether, in any given case, we ought to resort to the employment of instruments, or to confide in the natural powers of the system. Let me remind you then of the rule which has been already so often prescribed; if the woman have not been in strong labour for four-and-twenty hours, and if no dangerous symptoms are apparent, then you are not to interfere; but if dangerous symptoms are manifesting themselves, referable to the prolongation of the delivery, or, if the woman have been in strong labour for four-and-twenty hours, the head making little or no progress, then the embryospastic instruments become justifiable. Further, if the embryospastic instruments have been fairly tried without success, and if dangerous symptoms are manifest, or if the woman have been in labour for six-and-thirty or eight-and-forty hours, the head not descending—notwithstanding the dreadful nature of the operation, you are justified in embryotomising.

Face presentations may, sometimes, be rectified by the fingers, or the tractor, as now shown. Forehead presentations may spontaneously become facial, or vertical; by the fingers, or the tractor, rectification may be accomplished in this manner. The face, when lying on the symphysis pubis, may be, in three different ways, thrown into the side of the pelvis: by grasping the cranium, when above the brim; by the action of the short forceps, when it is below the brim; or, when the head is in the cavity, by making pressure, during pain, with two fingers, placed on the side of the cranium near the face, the face being carried, by little and little, first into the side of the pelvis, and then into the hollow of the sacrum behind. Observe the demonstration.

Of Laborious Labours, arising from deficiency of room in the Cavity or Apertures of the Pelvis, superior and inferior.

In the preliminary lectures, I took occasion to observe to you, that from fractures, mollities ossium, or rickets, more or less of distortion and contraction of the pelvis may be produced; and, in a view to practice, we may divide these distortions into two kinds, namely, those of slighter degree, and which are more frequent in their occurrence, and those contractions in which the coarctation is very considerable, specimens of both kinds of contraction are laid on the table before you. Again.

Contractions of the pelvis, in the *higher degrees*, are divisible into two varieties—the *elliptical* and *angular*, here shown. For a description of these two varieties, I must refer you to my former observations on the deviations from the standard pelvis; for these greater distortions are so rare, in ordinary practice, that I deem it unnecessary to treat respecting them again. When you meet with the *slighter* contractions of the pelvis, (in their occurrence not uncommon,) these contractions may lie in any part of it—brim, cavity, or outlet; but, in that degree, which gives rise to laborious labours, they are most frequently met with at the brim, between the front and back of the pelvis, interposed sometimes between the promontory of the sacrum and the symphysis pubis; and sometimes between the promontory of the sacrum and acetabulum. In the specimen here exhibited, the contraction lies between the symphysis pubis, and the promontory of the sacrum; and here is another specimen of coarctation, in which the contraction is seated between the acetabulum and the promontory.

By different practitioners and operators, those contractions of the pelvis, in a slighter degree, may be differently ascertained; my own method, I formerly explained to you. If a woman have had a number of children with difficulty, all still-born, for example, or all requiring the use of instruments; if, on making examination, you feel the promontory of the sacrum with unusual facility; if your patient have been in labour for a length of time, the waters being discharged, and the parts relaxed, and the head not descending; if the cranium, on examination, be found to be intumescent, the margin of the one parietal bone lying over the margin of the other, you may then be pretty well satisfied, that the pelvis is too small. By the difficulty of previous labours; then, by the unusual facility with which the promontory may be felt; by the failure of the descent of the cranium after strong efforts, and by the swelling of the scalp, and the overlapping of the parietal bones, coarctations may, in general, be detected, without the help of those pelvimeters which were formerly exhibited, though these instruments are not to be despised.

The laborious labours, which thus result from deficiency of room among the bones of the pelvis, are usually divided, in my own practice, into *three* varieties; the first consisting of those cases in which the pelvis is so highly contracted and distorted, that the head does not descend into the pelvis at all; the second, comprising those more frequent cases, in which the head comes down among the bones of the pelvis, and is there incarcerated, so as neither to advance nor recede; the third, comprehending those cases which are of all the most common, and where there is just that degree of contraction, which prevents the descent of the head into the pelvis, the cranium dipping down but a little way within the superior aperture.

You may be in practice for a length of time without meeting with a single instance of the first variety of laborious labour; namely, that case in which you have the highest degrees of contraction, so that the head cannot enter the pelvis at all; now and then, however, such cases must occur to you, and one or two have fallen under my own notice. In the extremer difficulties, the pelvis may be so much contracted, that even the os uteri cannot be reached by the finger. Should it fall to your lot to operate in laborious labours of this kind, in order that you may decide rightly, I would advise you, by all means, to procure the best advice in the neighbourhood. Now, should it appear on consultation, that delivery by the natural passages is impracticable, and that the Cæsarian delivery is required, in accordance with principles already explained, it is obvious, that the sooner the operation is performed, the better; for where it is performed early, there is a fairer chance of saving the child, and for the woman herself, there are better hopes of recovery.

Again, in those cases of higher distortion, provided embryotomy be thought of, and the child is to be abstracted by the use of the perforator, averse as I am to an operation so dreadful, I must still maintain, that the sooner we perforate the better; nay, in the very commencement of the labour, if it be perfectly obvious that embryotomy must at last be adopted, the operation becomes justifiable. By embryotomising early, you secure the advantage of operating, while you are yourselves fresh, and not exhausted from long attendance, the woman herself being in full spirits and vigour; besides which, you have it in your power to leave the head in the pelvis for hours after it has been laid open by the perforator, so that it softens and putrifies, and readily separates into different pieces; a condition which materially facilitates the delivery.

But here it may be asked, "In these cases of extreme difficulty, how is it that we are to decide whether the Cæsarian operation, or the operation of embryotomy should have the preference, for the two practices are very different?" Recollect yourselves, and you will remember, that I have already met this interrogatory, and to these remarks, comprised in the preceding lecture, I must again refer you.

There is yet a second variety of laborious labours which you must now and then meet with in your practice, I mean that variety in which the head, pushed down among the bones of the pelvis, becomes impacted there, so as to constitute that kind of case which is familiarly denominated the *locked* head. In these cases where the head is incarcerated, great danger arises in consequence of the strong and permanent pressure which it makes on the softer parts, and contusions, inflammations, suppurations, and sloughings of the mother, not to mention the death of the child, may all of them be the result. Here, too, I may notice especially, that owing to this pressure on the pelvis in front, the bladder may be injured, great accumulations and disruption ensuing, a specimen of which accident is on the table before me. Under these accumulations of urine, too, even where no rupture occurs, acute inflammation, or chronic disease, may be the result, and the patient may be irrevocably injured, or perish in consequence. Left to themselves, therefore, I look upon these incarcerations as properly ranging among the most dangerous deliveries with which we have to contend, and yet (though dangerous) when thoroughly understood, they may be managed with perfect facility.

If you find the head among the bones of the pelvis, and firmly impacted there, you will be led to consider what are the steps to be taken, in order to render the delivery secure. Now, in cases of this kind, women are sometimes delivered by the natural efforts, and sometimes by the operation of the tractor, forceps, or perforator. So that it comes to be a point of consideration whether we ought to have recourse to the use of the instruments, or whether we ought to rely upon the natural efforts? In deciding this question, I should myself be guided principally by that general rule, or canon, which I have already so often prescribed; and if the woman had not been in labour for four and twenty hours, and if no dangerous symptoms were manifesting themselves, I should then commit her to the natural efforts—for a meddlesome midwifery is bad; but if, on the other hand, I found that dangerous symptoms were appearing, or, independently of these symptoms, if the patient had been four and twenty hours in strong labour, the head making no progress, I should then make trial of my tractor and forceps; if, lastly, these instruments failed, or if dangerous symptoms were appearing, or if, independently of these symptoms, the patient had been in labour six and thirty or eight and forty hours, I should then deem myself justified in having recourse to the perforator.

There are some practitioners, who are guided by a very different principle, too valuable to be neglected; I mean, the degree of compression which the head is making on the softer parts: and if the head is among the bones, and if, upon examination, it appears that it is very firmly locked there, so that the finger may not be insinuated between the cranium and the symphysis pubis, a prompt delivery is recommended; but, on the other hand, if, on examination, it is obvious that the fingers, though not without difficulty, may be passed between the bones and the cranium, they wait for two, four, or six hours, a longer or shorter term, according to the degree of pressure. Now, I could wish this rule to operate influentially upon your practice, though you may still adhere, in the main, to the general maxim prescribed. If you find that the head is but loosely incarcerated, you may wait with more confidence; but if it so happen, that the head is more firmly impacted between the front and back of the pelvis, you must watch more vigilantly for the symptoms indicative of contusion; and you must, too, promptly have recourse to delivery, as soon as the first marks of injury appear. There is, I suspect, little ground for apprehension, while the pulse remains below 100; a pulse more frequent, though not necessarily dangerous, ought, in all cases, to awaken and alarm. Beware of overlooking the indications of injury from compression; beware of delaying the delivery too long.

There is yet a third variety of laborious labour, arising from want of room, of all others the most common in its occurrence, and which requires some little dexterity in its management; the case, I mean, in which you have a slight narrowing of the brim, and where the head is prevented from thoroughly entering the cavity, being pushed a little way only into the superior aperture. Now, in deliveries of this kind, it not unfrequently happens, that the child is expelled by the natural efforts, notwithstanding the coarctation, and therefore these efforts ought to be fairly tried; for it does not follow, because you have a narrow pelvis, that you are officiously to interfere with instruments, without further consideration. But it not infrequently happens, when the natural efforts are fully and fairly tried, that these efforts are inadequate to the expulsion of the fœtus, and in such cases the tractor or forceps become necessary, or, these failing, the perforator.

In these cases, by some practitioners, turning is recommended—a practice which I must reprobate in a decided manner. It is true, that where there is a narrowing at the brim of the pelvis, a skilful operator might, now and then, introduce his hand, and bring away the fœtus by this undesirable operation; but to me, as a general practice, it seems to be highly improper; first, because in performing it, you must carry your hand into the uterus, an operation always to be deprecated, and, secondly, because when you have turned and brought down the fœtus, as to its limbs and trunk, the abstraction of the head and shoulders must still be attended with difficulty, for the narrowing of the brim remains, and by endeavouring to extract the cranium in this manner, you may detach the head from the body.—Turning, therefore, I cannot approve. In narrowings at the brim, it is better, as a general practice, either to suffer the woman to be delivered by the natural efforts, or to have recourse to the instruments already enumerated—the tractor, forceps, or perforátor.

Again, it may be asked, granting that these two modes of delivery are to be preferred, how are we to decide whether we ought to commit the delivery to the natural efforts, or have recourse to the embryospastic instruments? Why, to this, as to many other emergencies, the general rule will apply; and, if the woman have not been in labour for twenty-four hours, and if no dangerous symptoms are appearing, it is better not to interfere; but if, on the other hand, the woman have been in labour for twenty-four hours, or, if dangerous symptoms are manifesting themselves—the pulse rising, the bladder closing, inflammation of the abdomen appearing—then we may, properly, have recourse to the lever or the forceps; and further, if these instruments fail, or if dangerous symptoms appear, or, independently of any dangerous symptoms, if the woman have been six-and-thirty, or, at any rate, eight-and-forty hours in labour, we are again justified, though unwillingly, in having recourse to the perforator.

What I stated to you in a former lecture is well worth remarking here, namely, that in those instances where you have laborious labour, from a narrowing of the brim, the head will sometimes mould itself, and thus come away. In the morning you apply your forceps, but cannot extract the cranium. Well! no dangerous symptoms manifesting themselves, you wait till evening, and then try the forceps again; and now the head moulded by compression and the pains, so as to adapt it to the passage, on this second application of the forceps, a living fœtus is abstracted. Thus much, then, with respect to those laborious labours which arise from the second cause, namely, a want of room among the bones of the pelvis. Of the labours with rigidity, we will treat at our next meeting.

LECTURES ON CHEMISTRY,

BY

PROFESSOR BRANDE.

Delivered at the Royal Institution of Great Britain.

Lecture XLI.

On Silver and its Compounds, and Gold.

With the general properties of silver, and its numerous applications in the arts, I have no doubt you are already acquainted. It is found native in a variety of combinations, sometimes massive, and sometimes crystallised, in cubes and octoëdra. The native silver, however, is seldom pure; and, therefore, for chemical purposes, it is necessary to dissolve it in pure nitric acid diluted with its weight of water, and then precipitate it upon clean copper dipped into the solution; or it may be obtained, by adding a solution of common salt to the solution of the nitrate, made as I have just described, the precipitate being first washed and dried, and then fused with its own weight of carbonate of potash.

The specific gravity of silver is 60.5, and it is so ductile, that it may be drawn into wire finer than the human hair, and may be extended into leaves not exceeding the ten thousandth part of an inch in thickness. This is a specimen of the silver leaf; which, as you see, on exposure to the voltaic battery, burns readily with a green light, and throws off abundant fumes, which are the oxide of silver. It melts at a bright red heat, and appears very brilliant when in fusion; if the heat be pushed to great intensity, it boils and evaporates. It crystallises, if suddenly cooled. It is procured in considerable quantities from the native sulphurets, which are reduced by amalgamation; and, in this country, it is most generally found combined with *galena*, the sulphuret of lead.

Silver unites with oxygen, and forms an oxide, which consists of one proportional of metal, and one of oxygen; but, from some experiments of Mr. Faraday, it would seem that there is another combination of silver and oxygen, containing a smaller proportion of oxygen, but which is not capable of uniting with the acids. The oxide may be easily obtained, by adding lime-water to the solution of the nitrate of silver, and washing the precipitate. It is insoluble in water, of a dark-green colour, and when heated, the oxygen is driven off, and metallic silver is obtained. The composition of the oxide has been a matter of some dispute; but that which I have mentioned, is pretty nearly correct. By dissolving it in ammonia, a fulminating powder is obtained, and the best mode of making it, is to pour a small quantity of liquid ammonia upon the oxide, by which means a portion of the oxide is dissolved, and a black powder remains, which is the powder in question. It explodes when gently heated; nitrogen and water are given out, and the silver is reduced. It should be handled with great caution, and made in very small quantities at a time, as it sometimes explodes while wet.

Chlorine and silver combine to form a chloride of silver, and the combination is easily effected by adding a solution of chlorine, or common salt, to a solution of nitrate of silver; a heavy white powder is precipitated, which, on exposure to light, becomes brown, and ultimately black. If heated to redness in a crucible, it melts; and, on cooling, concretes into a semi-transparent grey substance, which has been called *luna cornea*, or horn silver; but if heated to a white heat in an open vessel, it is volatilised. It is very soluble in ammonia, by which circumstance it may be distinguished from the other chlorides; but you should be cautious how you apply heat to this solution, as a precipitate of fulminating silver is sometimes formed. If the fused chloride be exposed to ammoniacal gas, it absorbs a considerable portion of it; and if this substance be thrown into chlorine, the ammonia spontaneously inflames. From several experiments, which have been made on its composition, we may state, that it is a compound of one proportional of silver, and of one of chlorine. If you digest oxide of silver in chloric acid, you obtain small rhomboid crystals, which are *chlorate of silver*. If you attach a slip of silver to one of zinc, and put them into muriatic acid, the silver instantly acquires a crust of chloride in consequence of the negative energy imparted to it by the zinc, and the zinc becomes rapidly dissolved; a fact which seems to illustrate the influence of electricity on chemical action in a very beautiful way.

The *iodide of silver* is of a greenish yellow colour, insoluble, and decomposed when heated with potash; it may be obtained in the form of a precipitate, by adding hydriodic acid to a solution of nitrate of silver.

The *nitrate of silver* is formed by dissolving silver in nitric acid, diluted with three parts of water; and there is, at the same time, an evolution of nitric oxide gas. The solution should be perfectly clear and colourless; but if any copper be mixed with the silver, it will always have a greenish tint; and if any muriatic acid should be present, the solution will be turbid, and will deposit a white powder. It is highly caustic, tinging animal substances of a yellow colour, which, by exposure to light, becomes purple, and ultimately black. It is soluble in about its own weight of water at 60°, but the solution blackens on exposure to light, and is then no longer perfectly soluble in water, owing to the separation of a portion of metallic silver. When fused, and cast into small cylinders, it is called the *lunar caustic*, or the *argenti nitras*, of the present Pharmacopœia. If a few grains of the nitrate be mixed with a little sulphur, and struck smartly with a hammer, a detonation takes place; or if a small bit of phosphorus be mixed with a bit of the nitrate, and struck in the same way, it produces a very violent explosion. A stick of phosphorus introduced into a solution of the nitrate, soon becomes beautifully incrusted with the metal. A plate of copper occasions a brilliant precipitation of silver, and the copper is dissolved in the acid. If you make an amalgam of one part of silver, and seven of mercury, then introduce a portion of this into a solution, composed of six drachms of a saturated solution of nitrate of silver, and four drachms of a saturated solution of mercury, diluted with five ounces of distilled water, and the vessel in which it is made be kept perfectly at rest, you will find that in a few minutes small filaments of silver darken the surface of the amalgam, and, in forty-eight hours, the whole will have separated in an arborescent form.

The solution of the nitrate of silver is sometimes used as an ink, with which to mark linen; the mark is produced by a precipitation of the oxide of silver upon the fibre of the linen. The solution of the nitrate of silver is generally thickened with a little gum, and coloured with a little sap green, or Indian ink; and then, by way of precaution, the linen is previously prepared, by wetting the place, on which you intend to write, with a weak solution of subcarbonate of soda, and a little gum; the alkali prevents the acid, if there be any in excess, from acting upon the linen, and the oxide of silver is precipitated, giving, when dry, a dark-coloured cipher on the part. This salt is ridiculously enough resorted to for the manufacture of those compounds employed to change the colour of the hair black, and when applied recently to grey hair, certainly does render it black; but the glory only lasts for a day or two, the grey roots of the hair again appear, giving the person the odd appearance of having hair half grey and half black; and sometimes you see it all become purple; at other times there are patches of purple and grey, giving such victims of vanity a very whimsical appearance.

The *sulphate of silver* is usually obtained artificially, although it exists native, of which this is a specimen. There is another beautiful ore of silver, which I can merely mention to you, namely, a compound of antimony and silver; it is a triple *sulphuret of antimony* and *silver*; it is called the red, or *ruby silver ore*. The sulphur is with difficulty soluble, and therefore is easily obtained by precipitation; the salt dissolves in boiling water, and deposits, on cooling, filamentous crystals; it requires 90 parts of water for its solution, at common temperatures, and is composed of one proportional of oxide of silver and one of sulphuret of antimony. It is occasionally employed in the laboratory as a test for muriatic acid.

Phosphorus combines with silver, and produces a *phosphuret of silver*, a brittle metallic compound of no use or importance; and the same may be said of the *borate* and *carbonate*.

I need say nothing to you of the modes of distinguishing the salts of silver, as from what has been shown you, you must be already acquainted with their properties, namely, their affording a white precipitate, with muriatic acid, which becomes black on exposure to air, and the precipitation of metallic silver upon a plate of copper.

Among the *alloys* of silver there are some of considerable importance. The standard silver of this country is a metal too soft to be used in its pure state for general purposes, and therefore it is customary to add to it a small proportion of copper, by which its hardness is much increased, and its colour not materially impaired. What is called silver plate, the silver used for the manufacture of plate, and that used for coin, is composed of 11 $\frac{2}{20}$ parts of pure silver and and $\frac{18}{20}$ of copper. Eleven ounces and two pennyweights of pure silver, and eighteen pennyweights of copper, form a pound troy of standard silver; and this is coined into sixty-six shillings. Other alloys, but not of much importance, are formed with lead, antimony, cobalt, and bismuth, by which the metal is rendered brittle, and it may be made so brittle as to be entirely useless. It enters into combination readily with mercury, and forms an amalgam used for plating. The amalgam being heated on a sheet of clean copper, the quicksilver is driven off by heat, and the silver is left; but this is a very imperfect mode. The best way is to roll out the two metals together, which answers all the purposes of silver at a less expense. The manufacture of plated goods has been brought to great perfection in this country, especially in Birmingham and Sheffield; the edges should be made of standard silver, especially when worked or ornamented, and goods thus manufactured answer exceedingly well.

As silver is a very important article in the commercial world, it becomes necessary to be in possession of some mode of determining its purity, and this process, which is a very important one, is almost constantly performed by the refiners of silver, and by assayers, for the purpose of ascertaining the real standard nature of the coin; and, as you know probably, every piece of silver manufactured into plate must be subjected to analysis, at the Mint, in order to ascertain whether it is standard silver. It might be done in a very simple way, by the humid process, as it is called, or solution; supposing that you have a button of silver, containing a certain weight of copper, you weigh the button and dissolve it in nitric acid, and then precipitate the silver by means of muriatic acid or chlorine; the silver falls down in combination with the chlorine, and the copper is left in solution; the chlorine, you know, combines with the silver in a definite proportion, and therefore, by taking the weight of the chloride precipitated, you obtain the quantity of fine silver contained in the solution. This process, however, takes up too much time, and the shortest and best mode is that of *cupellation*, a mode of assaying which I shall endeavour briefly to describe to you; and here I must observe, that I have frequently endeavoured to show it within the limits of a lecture, but never with much success.

In the first place, you employ a *muffled furnace*, so contrived that a crucible can be introduced into it, heated red hot, leaving convenient access to the mouth of the crucible. Having a strong red heat in the muffle, we take the silver which we are to analyse, and weigh a portion of it very carefully, about 20 grains, we will say; and this having been done, you then roll it up in about two or three times its weight of lead, which must also be carefully weighed, and the lead must be very pure for this purpose. Well, you roll the silver up in the lead, and put it upon what is called a cupel, a little crucible made of bone earth. As soon as the lead begins to feel the heat, it melts, the silver melts also, and you get an alloy of the two metals. You then introduce the alloy further into the muffle, where the heat is greater, and where the lead is converted into an oxide, which, during its oxidisation, oxidises also the copper, which was previously in combination with the silver. At a red heat, the lead and copper are readily oxidised, and the oxides are burned away in the cupel, which being done, ultimately the globule of silver becomes apparent, and when no longer any oxide is visible upon its surface, and the motion of the globule ceases and it assumes a brilliant appearance, you withdraw it and weigh it; the loss of weight gives you the quantity of copper burnt out of it by the lead. Knowing that silver is not oxidisable in the common furnace, and that copper is so, you might think that it would only be necessary to expose it to a white heat to get rid of the copper; but the oxide of copper is not very fusible, and the lead is, so that lead is usually selected for the purpose. This process was called, formerly, the *balneum metallorum*, or bath of the noble metals. Now, you may have fifty or sixty little cupels in a muffle at once, and you may, therefore, be trying as many bars of silver at the same time. In the process of coinage, this operation is conducted with great caution; the first experiment is made upon the bars as they are imported; they are then melted into smaller bars, to fit the machinery of coinage, and are again assayed, and then subjected to the operation of rolling and coinage. After coinage, a sample is taken from the bulk of coin and assayed a third time, and if the two last assays agree, there is evidence that the true standard has been adhered to. There is then a third operation, namely, the examination of the *picks*, which is this: a piece of coin is picked out of every seven hundred, both of gold and silver coin, and put into a box and locked up, which, in due time, is examined by a committee, composed of the great officers of the state, the principal officers of the Mint and of the Goldsmiths' Company.

In the process of cupellation upon a large scale, when the object is to act upon large quantities of silver, exactly the same operation is resorted to; instead of using a furnace of this kind, they employ a large reverberatory furnace, by which they can refine several hundred weight of the metal. The oxide of lead, which is necessarily formed in large quantities, is raked off as it forms, and the silver gradually makes its appearance; the oxide of lead or litharge thus collected, is afterwards reduced, and thus the lead is saved.

Among the other alloys of silver, there are none, perhaps, deserving notice, if we except those with *steel*, which the experiments of Messrs. Faraday and Stodart have taught us to be very valuable in the manufacture of some cutting instruments. The quantity of silver mixed with the steel was very minute, only one part of silver to 500 of steel, and yet this small quantity materially altered the quality of the steel; it seems to give the steel a very peculiar toughness, and if you once get a razor made of this alloy which cuts well, it will retain its sharpness for a long time.

Gold.—Gold, like silver, is found in the metallic state, and it will be worth while to give you a short account of the manner in which it is collected. It is found in mines associated with other metals, and sometimes in the metallic state, occasionally in such quantities that it may be scraped off in masses; but generally the gold is found diffused through the stone, and is separated by various processes, but principally by amalgamation, triturating the rock with mercury, and then washing away the earthy matter and distilling the mercury. There have been considerable quantities of gold found massive in alluvial deposits; many of the great rivers of Asia and America are celebrated for the quantities of gold they have produced. This gold is brought into the market under the name of alluvial, river, or grain gold. In some alluvial soils, masses of gold have been found of considerable size, as large as a man's fist; and some of the first visitors of America who followed Columbus, discovered masses of gold, of large dimensions, and of great purity, and in such quantities, that they thought they had discovered an inexhaustible source of the metal. Here are some specimens of gold found in Cornwall, in the tin-stream works, the product of some alluvial rock. When gold is found in rivers and torrents pretty near to the sources or falls, we may, in such cases, generally conclude, that it is derived from the adjacent hills or mountains, and that it has been washed down in consequence of its great specific gravity towards the valleys. But occasionally it seems to have been deposited in the soil in which it is found in another way, as seems to be the case with the gold found in the Rhine at Strasburgh; the river had perhaps penetrated some veins containing gold, or it had, perhaps, set through a stream containing gold, and this may account for the finding of gold in the plains and on the banks of the river.

Gold is remarkable for its immutability on exposure to air, for its fine rich yellow colour, and for its exceeding ductility and malleability. You may easily extend gold wire infinitely finer than a human hair, so as not to be visible without a magnifier; and a piece of gold leaf shows you to what an extreme tenuity it may be reduced. It may be made so light as to float in the air. In *Dr. Lewis's Philosophical Commerce of the Arts*, there is a very interesting account of wire drawing and gold beating. Now the exceeding extensibility of gold is seen in what is called *gilt wire*, which is silver wire gilded. A single grain of gold may be extended upon more than 30,000 feet of silver wire, and this will seem to give you a notion of the extensibility of gold, and the divisibility of matter.

If you were to take a piece of gold wire and heat it by the voltaic pile, the effect would be the melting of the gold, and it would put on the appearance of boiling, and by holding a piece of coin immediately above it, you would obtain a film of metal, showing you that it is submitted to the highest temperature; but it does not appear to be oxidised by this process. From what has been said, you are conversant with its chemical properties, and you are also aware, that it is applied to a great variety of important purposes, useful and ornamental.

The salts of gold will not detain us long; we shall proceed to the consideration of them in the next Lecture, and the combinations of platinum.

FOREIGN DEPARTMENT.

EXPERIMENTS ON THE RE-UNION OR CICATRIZATION OF WOUNDS OF THE SPINAL MARROW AND THE NERVES.

BY M. P. FLOURENS.*

In my former experiments it has been seen, that different parts of the nervous system may be completely separated from the rest of the body, and still present a certain degree of life or action, so that they are susceptible of being united to parts from which they have been separated, and recover in certain cases the full exercise of their functions. One of the hemispheres of the brain, for instance, on being divided, instantly loses its functions; after the lapse of a certain time the incision cicatrizes, and the functions of the part return. This, indeed, is the case with all the parts of the brain and spinal marrow.

The experiments of Fortana on the reunion of the nerves are well known; they have been repeated by a great number of physiologists and by myself also. I divided the eighth pair on a cock. Two months afterwards, the wound being cicatrized, I again exposed the nerve on which I had operated, and found it a little enlarged, but the ends completely united. I thought it important to ascertain whether the inferior extremity had acquired, by its union with the superior, the power of again uniting if divided, which I found, by a repetition of the experiment, that it had.

The following are the results of my experiment, which contain some points that do not appear hitherto to have been noticed:—

The ends of a nerve that has been completely divided, can again unite.

A nerve that has been divided unites, and re-union also takes place if the nerve be again divided below the points at which the experiment was originally tried.

Two different nerves may be crossed so, that the inferior extremity of the one may correspond to the inferior of the other, and *vice versa*, and in this case also union takes place.

Lastly, if the divided extremity of the eighth pair be brought in contact with a cervical nerve, union takes place.

As to the return of the functions, I have not been able accurately to determine this point in some of my experiments; the functions have, in others, not been restored.

SPONTANEOUS COMBUSTION.

In the *Journal de Pharmacie*, there is a case recorded by Professor Rudolphi, of a man who suddenly felt a pain in the arm, similar to that produced by the blow of a stick, and immediately perceived in the same spot a small flame, which burnt his shirt. There is also the case of a girl mentioned, seventeen years of age, in whom a kind of blueish sulphureous flame appeared around the finger; the flame could not be extinguished by water; it burnt the clothing brought in contact with it, but could only be distinguished in the dark. The best electrometers placed in contact with the patient, presented no sign of electricity.

CONGENITAL DISLOCATION OF THE FEMURS.

A man, seventy years of age, was affected with retention of urine, for which he was admitted into the Hotel Dieu; the water was withdrawn, but the patient soon expired. He also appeared to have congenital dislocation of the femurs, on which account M. Dupuytren wished to examine the body with great care.

The thighs could not be separated from the body, without describing with the feet a segment of a circle; the trochanters were more closely approximated to the ilia, and much more elevated than in the natural state; the heads of the ossa femorum were situated higher, the knees carried more inwards, and the thigh shorter than usual; in fine, there was a total change of relations, and a marked difference in direction and length. From this change of the relations of the bone, it results, says M. Dupuytren, that the cavity destined by nature for the bone, either does not exist, or is more or less obliterated. From the change in length and direction, the points of insertion of some of the muscles are also changed. Some of the muscles being relaxed, others put on the stretch. The superior part of the thighs was enlarged, the trunk bent backwards, and the abdomen carried forwards; the pelvis, instead of being oblique, was nearly transverse; the buttocks soft and flabby, which must have been owing to the approximation of the insertion of the glutæi magni. Passing then to the examination of this region, it was found that the glutœus magnus was relaxed, whilst the medius was put on the stretch. The glutœus minimus was destroyed; and the pyriformis, instead of being placed obliquely, as in the natural state, was on a horizontal plane; the gemelli and quadratus were extended, the adductors shortened. All the arteries (even those of smallest calibre) were ossified. The ligamentum teres was wanting on the right side, in the situation of the acetabulum; there was a small triangular cavity filled with adipose cellular tissue, on the left side; there was no trace whatever of this cavity on the right side; the head of the femur, which was rough, and considerably diminished in size, was situated in a superficial cavity, surrounded by a fibro-cartilaginous capsule, which was the only impediment to the still further ascent of the bone. On the left side, on the contrary, the head of the femur was more developed than in the natural state, and situated in a deep bony cavity. The left os ilii was as thin as a piece of writing paper, and perforated in some points.

---

* Annales des Sciences Nat. Feb. 1828.

There was great power of motion between the last lumbar vertebra and the sacrum; but, on examining this articulation, the only cause which could be discovered, was the relaxation of the cartilages.

SOFTENING OF THE WOMB.

In the last Number of the *Repertoire d'Anatomie*, (tom. v. p. 32,) there is a valuable communication on softening (ramollissement) of the womb, by Dr. Luroth.—The following are the principal points alluded to in the paper:—

1. By softening, when applied to pathological anatomy, is generally understood the diminution of cohesion in organic tissues.

2. This alteration has been observed, with few exceptions only, in all the organs and tissues of the body.

3. Softening of the uterus seldom takes place but in the pregnant and puerperal states.

4. This complaint may be divided into three stages; the first, where the organ is only very flaccid, relaxed, soft, and often infiltrated with serum, but without any very remarkable alteration of structure; the second, where the uterus is very friable, and its structure altered to such a degree that its tissue presents but very weak traces of organisation; and the third, in which there is a liquefaction of the part, or reduction of it, into an inorganic pulp.

5. If the softened parietes of the uterus are also thinner, the complaint may be termed atrophy of the organ.

6. The symptoms to which softening of the womb gives rise are vague and uncertain; additional cases are wanting before they can be determined with precision.

7. Softening of the uterus, and even the disposition to this alteration, may cause difficult or unnatural labour.

8. Rupture of the womb may occur with this alteration, particularly if the parietes are thin as well as softened.

9. In most cases, this affection is produced or favoured by an inflammation of the organ; it is more rarely a primitive alteration, dependent on diminution of the vitality, and an anomaly in the nutritive action of the affected part.

10. The inflammation which precedes the softening has a tendency to effect a prompt disorganisation, and belongs to that class which has been termed by some authors asthenic, putrid, &c.

11. Putridity of the uterus may be regarded as a kind of softening, and is generally seated in the neck of this organ.

12. Termination by resolution in putridity, as indeed in softening generally, is rare.

13. The diagnosis of these affections is difficult; an examination per vaginam, however, affords material assistance. The prognosis is always unfavourable, and the result generally fatal. No curative measures which have been devised appear to have any effect.

AMPUTATIONS.

Some Observations on the Comparative Merits of the different Methods of performing Amputations. By George Bushe, M.D., of the Royal College of Surgeons in Ireland, and Assistant-Surgeon to the Forces.

It is not my intention to enter into a historical inquiry of the progress and improvements that have been made in this branch of surgery, or to mention the accidents and diseases which require amputation; it is merely my desire to show the comparative merits of circular and flap operations, and the advantages and disadvantages of the different methods of executing them, which, as I shall hereafter explain, will principally depend on the state of the limb, and nature of the malady requiring amputation.*

---

* Nothing can be more empirical, than making disease subservient to remedies; but though truly unscientific, we every day see men who should know better, degrade themselves by following this line of practice. For example: one oculist will bleed, &c., in all cases of ophthalmia; form all artificial pupils on the principle of Gibson, and, in every case of cataract, operate with a

If we view amputation in a proper light, we shall soon learn that it is an operation of considerable magnitude to the patient, involving him in dreadful suffering, and if not well executed, consigning him to certain misery for the rest of his life. Although these are facts well-known to the most humble practitioner, it is by no means uncommon to see a man, who cannot decently dispatch the most trivial surgical operation, undertake the performance of amputation. His first object is to girt the limb firmly with a tourniquet, (by which immediate death from hæmorrhage is avoided,) and the next, to dismember the unfortunate patient, well bearing in mind, that anatomical knowledge can no more serve him than the best operator, as his great object is to divide every tissue. The vessels being secured, and the wound dressed, it matters not whether the patient has suffered from an ill-conducted and protracted operation, or whether he recovers with a sadly formed stump; at all events, the surgeon, who may have thus tampered with human blood, and deserves the scorn of all honest men, obtains amongst his patients a celebrity of the very first rank, for having achieved what to them appears the most serious of all surgical operations. Hence it is, that we every day see men destitute of the slightest surgical dexterity, anxiously looking out for cases upon which they may work a character, thus sacrificing every honourable feeling, and violating all the bonds of humanity; nay, becoming the very workers of cruelty, and stigmatising a most laudable profession, for what? nothing else than sordid ambition. This picture is but too truly delineated, and it is much to be desired that such men would rather employ themselves in obtaining information, which could not fail to excite emulation amongst their cotemporaries, lead the better informed part of the profession to respect them, and compel the public to seek at their hands, that aid which can only be obtained from the well-informed practitioner.

The circulation in the limb about to be removed is commonly restrained by the tourniquet; and to whatever slight deviation has taken place from this established custom, we are principally indebted to Mr. Liston of Edinburgh, who has written a concise and useful paper on amputation in the Edinburgh Journal; and although I cannot altogether agree with that justly celebrated operator, who, when speaking of the tourniquet, writes as follows: "It is, in my opinion, of no use, and, in many cases, worse than useless;" still I wish to give him every credit for vast improvements in this depart- of surgery; however, to the former part of his statement I cannot at all acquiesce, but the latter is consonant with my own views. It was inculcated by Mr. J. Bell, that it required considerable pressure to restrain the current of blood through arteries of any considerable magnitude; but this opinion has met with its desert, and has been totally annihilated, particularly by those army surgeons, who had the most abundant opportunities of putting it to the test of experiment; and Mr. Liston has not failed to prove to us, that the pressure of an assistant's finger is sufficient to prevent a column of blood passing through an artery, no matter what calibre it may possess. But whilst in hospital practice, or private life, we can procure proper assistants, and personal safety, during the operation, it must not be forgotten, that the army surgeon on the field of battle, can frequently neither obtain a proper assistant, nor personal safety, during the execution of many hazardous operations, therefore to him the tourniquet becomes absolutely necessary; and, on the same principle, I think Larrey acted judiciously, in securing the inguinal artery with a ligature, before he proceeded to amputation at the hip-joint. In this light, therefore, I look upon the tourniquet as a most useful instrument to the military surgeon; but though it cannot be doubted, that where it is employed, more blood is lost during the operation, than when the vessel is compressed by an assistant; this, instead of being detrimental to the soldier in rude health, must rather serve to prevent that excitement, which often succeeds to primary amputation; so that, on this score, the naval or army surgeon can raise no objection to it. But, as I before stated, I entirely agree with Mr. Liston, when he says, "that in many cases, it is worse than useless," because the greater part of the returning blood is lost; and as many patients upon whom secondary amputation becomes necessary, are greatly exhausted by suffering, and the duration of disease; the loss of even a small quantity of blood is an object that should be attended to, and avoided as far as possible. Luckily, such cases are the subjects of operation in hospitals and private life, where

---

needle; on the contrary, another man will use solutions, and ointments, as the only remedies for conjunctival ophthalmia; make pupils as recommended by Cheselden, and even attempt to extract membranous cataracts. In like manner, one surgeon is so devoted to the double circular incision, that he performs no other, though his coadjutor, in the same hospital, is bigoted to the double flap operation, and never amputates but after this manner. But, the unprejudiced practitioner will look to the nature of the case, and adjust means accordingly; for only by thus acting can he be of public utility, and honestly beneficial to himself.

suitable assistants can be procured, therefore, I would lay it down as a maxim, that, save in the field of battle, the tourniquet should be dispensed with in all cases of amputation. It may not be useless here, to caution those to whose lot the compression of the greater arteries may fall, not to be over desirous to use great force; for it is well understood, that a moderate degree of pressure is sufficient to check the sanguinous current; and that nothing can be more painful to the patient, or tiresome to the assistant, than strong force long continued; and further, there is no doubt but that moderate pressure will more certainly curb the arterial circulation; for, from the great elasticity of the larger vessels, they have a tendency to elude force, though directly applied; this fact was fully demonstrated to me two years since, when the brachial artery was consigned to an over anxious assistant, whilst I amputated the arm. In this case the vessel rolled from beneath his fingers, so that I found it necessary to desist, until he again (with more caution) resumed his duty. Finally, the operator should not only be satisfied that his assistant perfectly understands how to compress the vessel, but also that he possesses sufficient presence of mind to continue his calling during the operation. I am particular in this statement, from a circumstance that occurred some time since in my own practice; viz. when about to remove a lower extremity, above the knee, I charged a person with the femoral artery, whom I supposed equal to the task; but when I transfixed the limb, he suddenly let go his hold, and the consequence was, an alarming flow of arterial blood; so that the expedition and evenness of the operation were considerably retarded, by want of capacity in my coadjutor, to assist in a common amputation of the thigh.

The double circular insection is that now generally adopted by European surgeons; and though a few years since, considerable exertions were made in France and Germany, and still more lately in Edinburgh, by Messrs. Liston and Syme, to establish the double flap operation, yet, with a very few exceptions, a strong prejudice exists against it, and it is not common, even now, to see hospital surgeons adopt this line of proceeding.* This, at first, might lead the inexperienced to entertain but a low idea of its utility, and to practise the circular operation; but I firmly assert, that this prejudice has not arisen from the defects of the flap operation, but an unheeding attachment to the established mode, or circular incision. The natural feelings of man lead him to form prejudiced opinions on matters to which habit has long accustomed him; but it is to be hoped, that the rising race of surgeons will, in some degree, deviate from the precepts of their fathers, and, by strict experimental inquiry, seek improvement in this most essential branch of operative surgery. Thus actuated, I commenced; and it has since been my lot to have performed many flap operations in public hospitals and private life, in the presence of men fully competent to judge of their advantages and disadvantages; and the very favourable termination of the majority of these cases induces me now to say, that the double flap operation appears possessed of the important advantages laid down by Messrs. Liston and Syme, and that it is adaptive to the greater number of cases. So deeply am I impressed with these sentiments, that it seems to me a matter of surprise, that before now it has not broken the chains of prejudice, and taken its proper place.

As above stated, the advantages of double flap amputations have been clearly and fully explained by Liston and Syme, therefore I consider it quite unnecessary to enter into a detail of them in this place; save that I feel myself called upon to refute an objection that has been started, since the papers above alluded to were published, viz., that from the great extent of surface exposed, union, by the first intention, is not so likely to take place as after the double circular insection; and hence sinuses and tedious suppuration more commonly follow it. To me this objection appears so ill founded, and to be the offspring of such shallow reasoning, that I deem it unnecessary to occupy more time in opposing it than whilst I write,—that the surface of a well-formed flap stump, is less than that of a circular one equally well performed; by the diameter of the angles above and below (or before and behind) sacrificed for the rounding of the flaps; however, I do not hesitate to say, that tedious suppuration, and even sinuses, too frequently follow flap amputations; but these consequences are only apt to ensue when the operator, desirous of making a good stump, has made the flaps too long and pendulous, an error of serious magnitude, but of very common occurrence,* and it is my belief, that adhesion will more frequently follow well-executed flap than circular operations, for the cut surfaces can be kept more easily in contact, whereas, after the circular incision, (no matter how well performed,) the soft parts must be more or less stretched, and a cavity must necessarily exist anterior to the extremity of the sawn bone, which will become a reservoir for exuded fluids, that can obtain no depending outlet.

---

* At Guy's Hospital, it is most commonly adopted in respect to the thigh.—Ed. L.

* When I perform the double flap operation, I make the flaps shorter than I have observed in the operations of others; but I always retract the soft parts at their bases, as far as possible, by which expedient the extent of surface is diminished, the stump rendered more plump, and the cut extremity of the bone, or bones, more completely imbedded in muscle.

With respect to the best method of performing flap amputations, there has been a considerable variety of opinion, but the differences may be classed under two heads, viz., the propriety of cutting from within outwards, or from without inwards; the former being principally advocated by some French surgeons, especially Lisfranc; and in this country it has met with strenuous supporters in Messrs. Liston and Syme.—The latter method has had its advocates chiefly in Germany, amongst whom may be mentioned the celebrated Langenbeck, but it has also been practised by some of our military surgeons in the Peninsular war. These differences require much consideration, and, in opposition to high authority, I fearlessly say, that there are cases where one plan is preferable to the other; and I cannot help thinking, that their misapplication, added to the difficulty of their performance, constitute the chief and true objections to their more frequent adoption. In proof of this statement, I do not hesitate to say, that those who have witnessed amputation at the hip-joint, performed in both ways, will side with me, when I write, that the limb can be removed with less danger of hæmorrhage, where the incisions are made from without inwards, as then the operator has it in his power to secure the vessels before the amputation is performed, should the loss of blood demand it. Again, I assert, that the advocates for Langenbeck's method, in the thick part of the thigh, have preferred it, because, where they have seen Lisfranc's mode adopted, the integuments have been too short to cover the divided muscles, and this consequence of transfixing, I have observed myself in primary amputations, especially where the limb has been muscular. I have also witnessed a still greater defect in this respect in two cases, (one of which occurred to myself,) where, from untoward circumstances, primary amputation had been postponed beyond the usual time, so that the tissues had become tumefied from serous and lymphatic effusions; but, in all such cases, by first dividing the integuments and fascia with a scalpel, they can easily be retracted by an assistant for the extent of an inch or more; then the transfixing knife may be employed for the division of the muscles, &c., with safety, expedition, and success; but in cases where the bulk of the extremity is not great, nor, on the contrary, emaciated or flaccid, (which is oftentimes the case in old worn out persons,) and the parts to be divided are in a healthy condition, transfixing has, in my hands, been most successful; and, on looking to my notes, I find that I have performed eight amputations after this manner.

I have now said much concerning flap operations, but I would not wish to be understood as appearing altogether to condemn the circular incision; for within the last month I have amputated the arm of a delicate female, after the manner of Dupuytren, viz. with a single circular incision, because it was much emaciated, and very flaccid. And from the success of this and another case, that I operated on in the same way, I have but little doubt as to the superiority of this method in flaccid and spent members; for when the soft parts have thus degenerated, union by the first intention rarely takes place. The double circular incision is generally abortive; I have seen more than one case where bad suppuration has followed it, the stump open, and the bone protrude, though there has been abundance of skin, hanging loosely over the suppurating surface. After the double flap operation, the consequences are nearly as unfavourable, and should the wound heal, the stump will be pendulous and flabby. When this operation by the single incision is determined on, an assistant should retract the soft parts to their greatest extent, before the knife is applied; and after the bone is exposed, the muscles should be retracted still farther, before the saw is employed. After the removal of the limb, the operator will find it almost impossible to bring the edges of the divided integuments into coaptation; but this is by no means necessary; "it is directly hurtful," and, indeed in general it will be found sufficient, through the medium of one or more adhesive straps, to give the lips of the wound a proper direction for future coaptation, which, as the tension is reduced by moderate suppuration, and the muscles surrounding the bone begin to decrease in bulk, will be rapidly effected.

With respect to the method of amputating by the double circular incision, there is but one part where I would recommend it in preference to any other; and this is below the knee, in the upper third of the leg, for here there is no necessity for a full cushion to support the weight of the body, and I can fairly say, that I never saw a case where a flap was formed from the calf of the leg, in which considerable retraction of the remaining muscles did not ensue, attended with great induration of the flap, separation of its edge from the skin on the front of the tibia, sometimes exfoliation of the bone, and generally tedious suppuration. Nor can I speak much in favour of the method recommended by Mr. Syme, viz. of forming an anterior and posterior flap; for before I saw his paper, I once performed this operation in the presence of staff-surgeon Hume, and regret to say, that my success was so indifferent, that I have not since repeated it.

After saying so much on amputation, it may not be irrelevant to offer a few concise remarks on the dressing of stumps.

It is not a little curious, that even now, in some of the first hospitals in Europe, surgeons should continue to envelop stumps in weighty bandages, compresses, dressings, &c.; however it is gratifying to observe, that this practice is on the decline, and that a new light dawns on the treatment of wounds after operation; for it is known to every pathologist, that a high degree of inflammation has a tendency to prevent adhesion; and those dressings which must have the effect of preventing evaporation, cannot fail to excite a high degree of inflammation, thus directly operating against union by the first intention. In former times, sutures were employed after amputations, but they are now, with a very few exceptions, abandoned; and indeed most practitioners dispense with them in all wounds where they find it possible, asserting that they produce tension, erythema, and ulceration. This opinion is, in part, correct, and it is my belief, that when sutures are employed to bring parts into contact, they generally operate as above described; but when used only to keep parts in coaptation which easily adjust themselves (as flaps after amputation,) they create much less irritation, and by their retaining the parts more accurately in position, answer the intended end better than adhesive straps, which but too frequently give way in consequence of the exudation from the wound, by their bulk prevent evaporation, and, from the resin they contain, produce cutaneous irritation. Moreover the very act of applying these straps, bears the soft parts back against the bone; and I will venture to say, that those surgeons who may form good stumps, and instead of adhesive straps, employ three or four points of suture, will find the statement I have made in their favour, correct. After amputation, I merely place a broad strap of adhesive plaister round the limb, above the wound, with a view of supporting the muscles, and preventing their retraction; then I insert a few points of suture, and place a fold of old linen, moistened with cold water, on the face of the stump. Many surgeons who have seen me thus act, have remarked that the lips of the wound between the sutures were not sufficiently in contact; but by exposure of the stump after ten hours, I have proved to them, that the succeeding inflammation produces the perfect apposition of the intermediate edges, so that, should the number of sutures at first appear insufficient, the experience of one case will convince any one to the contrary. From the third to the fifth day, I generally remove the sutures, and in their place apply a few narrow adhesive straps; and if any considerable degree of suppuration should ensue, a light compress and roller, wetted with a lotion of camphorated spirit, have appeared to me very desirable.

Chatham, March 10th, 1823.

ON THE NATURE AND TREATMENT OF DIABETES.

BY J. PENKIVIL, M.D. SOC. REG. MED. ED. SOC.

The pages of your highly useful journal have lately been so much taken up by various discussions on that very singular and interesting disease, Diabetes, that I am rather unwilling to occupy that space which might give room for more valuable matter. However, with your permission, I will venture a little. The zeal with which the advocates of their various theories espouse their cause, however fanciful and amusing, is still productive of good; for by collision the truth is elicited. I will not, therefore, say with your correspondent Dr. Alexander, that the late discussion in the Westminster Society has been conducted "with so little credit to itself or benefit to its members," but will say, at least, it has given rise to many useful animadversions on a very obscure disease. I do not consider that practice "empirical" which is founded on the best reasoning, on what is best known on the subject, notwithstanding the proximate cause may not be clearly understood. Whether we are, with the celebrated Gregory, to consider the proximate cause as that which, when present, constitutes the disease, and which, when removed, at the same time removes the disease; or, with the more modern, define it to be that state of constitution which gives rise to the symptoms of disease, which, in fact, explains nothing, as we have then to learn what this state or condition is. These things are of little consequence to the useful and active practitioner, who, in spite of the charge of being "empirical," must attack his foe by the best means in his power, nor bewilder himself with the conflicting theories about the proximate cause; for if he attends to Mead, the proximate cause arises from the state of the lungs; if to Cullen, it arises from spasm;

if to Rollo, from depraved assimilation; if to Darwin, retrograde absorption; if to Monro, from disease of the lymphatic glands; if to Hope, from deficient nitrogen. The latter may be the most rational in his theory, since that kind of diet, and those remedies which contain the most nitrogen, seem to be the most beneficial. Yet after all, admitting this, may it not be asked again, what is the cause of this deficiency of nitrogen? And if we could trace this cause, it would then turn out, that this deficiency of nitrogen, was, in fact, an effect only of the newly discovered cause. So much for the proximate cause. The treatment is what is of most consequence to ourselves and our patients. This disease is comparatively so rare, that our " incerta ars " has really not fair chance. Though I am an old practitioner of nearly 30 years standing, and was a general practitioner in the neighbouring county about 28 years, yet not above three or four cases have come under my cognisance; one of which had been treated after Rollo's plan, before it was subjected to my care, and the cure was completed by bleeding and other evacuants in conjunction. So that, notwithstanding the vituperation of Dr. Alexander, I am inclined to think Dr. Ayre was by no means out of the way in combining both modes of treatment. What inconsistency is there in lessening increased action or excitement, whether local or general, by abstraction of blood, and then supplying by diet and medicine that deficiency of nitrogen, which is supposed to occasion, or be occasioned, by this disease? If Dr. Alexander will not allow Dr. Ayre's theory, that there " exists an exaltation of the vital action of the secretory vessels of the kidneys, analogous to inflammation in other structures," which he is pleased to term an unhappy definition, but which to me seems to express facts, or what Dr. Ayre deems to be facts, in as happy, significant, and appropriate terms as can be selected; still he must allow there is increased action, whether it be inflammatory or not, and where there is increased action, there must be a greater determination to the organ affected, and consequently a congested state of its vessels. Now what so likely to relieve this congestion as abstraction of blood? Nay, does it not seem called for? Having thus relieved the organ itself, it is most rational to turn our attention to the system in general; and as that grand emunctory, the skin, seems to be in a state of inactivity, being generally arid, and sometimes even scaly, every means calculated to rouse its vessels into action should be had recourse to, such as the warm bath, frictions, and internal sudorifics. Other evacuants too, will prove useful auxiliaries; but as the skin sympathises so much with the kidneys, or rather, perhaps, the kidneys with the skin, as is evident from cold, terror, and other affections of the mind, &c., we shall be most likely to remedy the disease by restoring the balance to the skin, preponderating in this instance, to the kidneys. Having done this, can there be any thing more rational than to throw in the nitrogen, which supplies the deficiency occasioned by diseased action, and, at the same time, affords nutrition to the system, previously debilitated by the disease in question, and the remedies necessarily used for its cure? I will not go the length of Dr. Ayre's theory, which maintains the disease to be purely local; though the local affection is what I think we have first to deal with. Whether Dr. Ayre be one of the " cane carrying" gentlemen or not, I cannot tell; but his *double-headed* treatment appears to me perfectly rational. For I contend, that unless the organ affected be first relieved, there will be little probability of the complaint being removed. And is it not owing to this not being attended to, that comparatively few in this disorder have been cured? By practitioners attending merely to constitutional symptoms, the diseased action in the kidneys has been allowed to be perpetuated, till what was first functional became structural; till not merely the kidneys, but other viscera take on diseased action, the whole system becomes engaged in it, and the patient becoming hectic, sinks into the grave. I make no particular allusion to the case of Mr. S., which has given rise to the dispute between Dr. Ayre and Dr. Barry, because the patient seems to have got well in the order I propose the disease should always be treated; that is, Dr. Ayre relieved the organs oppressed, and Dr. Barry seems to have supplied the system with nitrogen, or, in other words, completed what the other had so judiciously begun. So that the patient is equally indebted to both. But one word more with Dr. Alexander, which will be taken, I hope, as I intend, courteously. This gentleman having handled Dr. Ayre pretty roughly, and setting aside other theories proposed by other great men, presents us with his own opinion respecting diabetes; and here the bugbear debility is brought into the field, which has so long been the scarecrow of the profession, and which I had hoped never to have seen introduced again, to frighten the young and the timid. Debility is the basis of his theory, and whilst the learned are puzzled to this day to discover the proximate cause, he has readily found it in the " depraved condition of the whole body!" Thus when a man's constitution has been worn out by the long continuance of this disease, this debility, the result or effect probably of many year's suffering, is converted into a *cause*! That is, the disease is its own cause. Is this not a transposition of cause and effect? If debility were really the cause, since there are such innumerable sources of debility, which so frequently and constantly spring up in the human constitution, should we not as constantly meet with this disease? Whereas it is confessedly a rare disease. Dr. Alexander having laid debility as the foundation, the superstructure raised thereon, namely, *his opinion*, is ornamented with three divisions or compartments, 1st, he says, "I believe the complaint to be essentially a constitutional and not a local one." That the constitution in the progress of disease becomes affected, cannot be denied; but were it only constitutional, why is it one organ alone becomes involved, which circumstance is necessary to constitute the disease, and without which it could not be recognised? Were it like gout or any other constitutional disorder, it would be manifested, not in one organ alone. That other tissues become affected afterwards, is another matter, and does not relate to the present argument. 2d. The Doctor proceeds, "I look upon the mellitic urine as a mere effect of the general disorder." That this peculiar state of the urine is the consequence or effect of diseased secretion, must be admitted, but not, I imagine, the effect of the cause alleged; for if debility were the cause, or to use his own words, "a depraved condition of the whole body," what manufactories of sugar should we not find in the innumerable squalid, depraved habits, constantly stalking in our streets! Surely in this case we need not be indebted to our colonies for our supply of saccharine matter, since every retreat in the various avenues of the "great city" would yield its hogsheads! 3d. Dr. Alexander lastly says, "I deem all local remedies, such as cupping, blistering, &c. in the same light that I should regard opium being applied to relieve cramp in the legs of a person suffering under cholera; or, in other words, as treating effects, and not the causes, which produce them." Now if the kidneys in this complaint be the peculiar seat of the disease, surely remedies to relieve these particular organs, are not to be viewed in so insignificant a light; not as opium in cholera, however important its use, merely to relieve spasms, which are amongst the urgent symptoms, but to remove the congested state of a highly excited organ, without which, I think, general remedies would be less likely to take effect. Every one, Sir, in occupying the pages of your useful journal, or the attention of your professional readers, should ask himself, what benefit do you propose by your observations; or *cui bono?* My object in addressing you, is to show how unsatisfactory Dr. Alexander's theory is, at least to my mind, but more particularly the treatment it would lead the young and inexperienced practitioner to follow. I do not pretend, nor is it necessary at this time, to enter into a particular history or treatment of this disease, but merely as an outline of practice, beg to offer my opinion, that the organs affected call for first and prompt relief by local and general evacuants, and then the constitutional remedies already alluded to, will be judiciously, and, most probably, successfully administered.

Yeovil, April 24th, 1828.

THE LOST PELVIS.

To the Editor of THE LANCET.

SIR,—In answer to a letter, signed J. L. Fenner, published in No. 243 of THE LANCET, I have only to remark that, as I cannot doubt Mr. Fenner's statement, of his having been told that "repeated applications were made in vain" to me, for the pelvis which was unfortunately destroyed while in my possession, he has been very much *misinformed*. I never saw Dr. Davis but *once*, from the time I examined the body, to the time he was told that the preparation was destroyed, and that occurred a day or two after I took the pelvis home. So far as I can remember, I met him then at his own house, at one of his morning lectures, when he was told that the pelvis was macerating. If I am wrong, with respect to the place, Dr. Davis is quite at liberty to set me right; but, as for any applications having been made to me for the preparation, Dr. Davis must know very well, that there were none made. Mr. Fenner has been equally misinformed, that "some months had elapsed, when this wonderful story was given in explanation." I informed Dr. Davis of the circumstance the first time I met him, and that, to the best of my recollection, occurred within the period mentioned in my former letter. If there was any neglect, on my part, in not acquainting him sooner with the circumstance, I can only attribute it to my time being too much occupied about other business. Mr. Fenner may rest assured, that had I known the character I had to deal with, I should have acted very differently; for I would never have had anything to do with either Dr. Davis or his pelvis. With regard to Mr. Fenner's other remarks, I beg to refer him to my former letter, wherein is stated everything I know about the pelvis in question. If he disbelieves my own statement, I then refer him to a disinterested witness; and should he doubt his veracity, too, he must remain an unbeliever, for I have no stronger proof to adduce. Yours, &c.

Hertford May 4. JOHN DAVIES.

THE LANCET.

London, Saturday, May 17, 1828.

THE remarks which we have made from time to time on the false or exaggerated pretensions of Scotch Medical Graduates, have excited no slight degree of irritation in the quarter where such remarks could not fail to prove unpalatable. There are few people under the sun, or the clouds, who have more exalted notions of their own physical, moral, and intellectual pre-eminence than the Scotch, and it follows, naturally enough, from the predilection which they entertain for themselves, that there are few people more impatient of animadversion on their national failings, or even on such peculiarities, in point of education, manners, or other adventitious circumstances, of which the merit may appear questionable to their neighbours. *Noli me tangere*, is the Scotchman's motto ; not in that sense wherein it might be taken to communicate a friendly warning, but in that hostile, uncompromising spirit which breathes defiance to all who venture to call in question the immeasurable superiority of his country to all other portions of the civilised world. In the eyes of a true Scotchman, all that is most valuable in science, in literature, in the arts, in manners, in language, and in civil instituions is centered in that part of the British dominions, where he has had the singular distinction to be begotten. The Scotch doctors have not been backward in appropriating a due share of that superiority to which men of all callings and professions, who have been bred in the northern part of the island, are wont to lay claim. For a long period they possessed exclusively the control of the medical press in this country, and, where interest as well as national predilection prompted them to be energetic in the praise of Scotch practitioners, it is not surprising that they should have omitted no opportunity of descanting on their own perfections. Edinburgh was uniformly represented as a school of medicine *par excellence*, and a discreet silence was observed as to the mode in which medical degrees were obtained in the less distinguished and more venal universities of Aberdeen and St. Andrew's. THE LANCET is the first and only medical journal which showed that the pretensions of the Scotch doctors to superior attainments were founded in delusion, and that the public have in reality no security whatever for the competency of Scotch medical graduates, as such, because THE LANCET is the only English medical journal free from Scotch influence, and not subjected to Scotch control.

The wrath of the Scotch graduates, at the exposure of their empirical pretensions, is proportionate to their inability to gainsay the facts on which that exposure was founded. It is impossible to deny, that up to a very recent period, any man could, by transmitting the sum of fifteen or twenty pounds sterling, to the proper functionaries at the universities of Aberdeen or St. Andrew's, obtain, by return of post, a diploma, wherein those conscientious functionaries solemnly certified the ability of their correspondent to practise surgery and medicine. It is impossible to deny, that a large proportion of the Scotch doctors practising in England, who affix the initials M.D. to their names, and who affect to look down upon English surgeons as an inferior class of practitioners, have, in point of fact, obtained their diplomas in this manner. Neither can it be denied that, even as regards the system of medical education at the universities of Edinburgh and Glasgow, up to a very recent period, human dissections formed no part of the course of studies pursued in those institutions ; and that, consequently, the opportunities of acquiring a knowledge of anatomy, the sole basis of medical science, were inferior to those possessed by medical students in this country. The Scotch graduates do not attempt to deny these facts, but they vehemently express their indignation, at the inference which has been drawn from them. It is an insult, they say, to the Scotch nation, and a violation of the articles of Union, to question the ability of Scotch medical graduates, no matter how their degrees are obtained—or to subject such persons to examination, before they are permitted to practise within certain limits of the metropolis.

This is the main argument in a pamphlet which has been recently put forth under the title of "A Blast from the North, in vindication of the Medical Graduates of Edinburgh, against the invidious and calumnious aspersions cast upon their Literary and Professional Education." As the pamphlet is said to be regarded by the Scotch graduates as a production of great ability, exhibiting all the strong points of their supposed case against the London College of Physicians, we may, perhaps, on a future occasion, bestow upon it rather a detailed examination.

Our readers will do us the justice to admit that we have been loud and frequent in our denunciations of the "Apothecaries' Act;" a document indicative of nothing but the ignorance and cupidity of those by whom it was framed. The following report of a short discussion, which took place in the Court of Common Pleas, on Wednesday last, shows the manner in which the rights of British surgeons have been sacrificed. So, amember of the College cannot legally recover payment for medicines and attendance, because it was a case of Typhus Fever! This is the march of intellect truly.

We shall institute an inquiry into all the particulars of the transaction, and, if possible, resume the subject in our next number.

COURT OF COMMON PLEAS, WEDNESDAY.

[Sittings in Banco.]

Ellison *v.* Adden.—This was an action brought by the plaintiff, who is an apothecary, to recover the amount of his bill from the defendant, for certain attendance as an apothecary.

The cause was tried at Westminster, before Mr. Justice Burrough. It was then objected, that the plaintiff could not recover consistently with the provisions of the 55th Geo. 3, which were, "that no apothecary should be allowed to recover any charges claimed by him in a Court of Law, unless such apothecary should prove at the trial that he was in practice as an apothecary prior to the 5th of August, 1815, or that he had obtained a certificate to practise as an apothecary from the Master or Warden of the Company of Apothecaries." It appeared, that the plaintiff had not practised as an apothecary prior to August, 1815, nor obtained a certificate from the Apothecaries' Company. The Learned Judge was of opinion that the words of the statute were imperative, and therefore nonsuited the plaintiff.

Mr. Serjeant Taddy in the next Term obtained a rule to show cause why a new trial should not be had, on the 29 section of the above Statute, which made an exception in favour of members of the Royal College of Surgeons. Cause having been shown,

The Chief Justice now gave it as his opinion, that the Learned Judge who tried the cause had acted properly. The defendant's illness in this case was such as would not require the attendance of a surgeon, as it was a typhus fever. It was exclusively in the practice of an apothecary. The rule for setting aside the nonsuit must therefore be discharged. Could it have been proved that the medicines had been administered to accelerate some surgical case, he might have entertained a different opinion.

The other Judges concurred in the judgment of the Chief Justice.—Rule discharged.

An advertisement will be found, on the cover of our present Number, announcing a subscription for the protection of persons already convicted of having had disinterred subjects in their possession; and, of course, for the protection of those individuals, who may henceforth be found *guilty* of the same offence. This project is most absurd and impolitic, it is an insult to the legislature, and to common sense. Is not parliament at this moment, through the medium of a most intelligent and active committee, investigating the state of the law relating to dissections? Surely it is not prudent, then, to bid defiance to the legislature, by upholding those who violate the law. If the law, as it now stands, be unobjectionable, why apply to parliament? On the other hand, if if the law really be objectionable, and goes to the extent of entirely prohibiting dissections, why attempt to lessen the appearance of its severity, by endeavouring to prove that it is *legal* to dissect a body which had been *illegally* disinterred. Let the decision, therefore, of Baron Hullock stand; a decision, we believe to be strictly correct; dissection *is prohibited*, and therefore the interference of parliament becomes indispensable. Rescind or palliate that decision, and the legislature may deem its interference to be unnecessary.

Transactions of the Association of the Fellows and Licentiates of the King and Queen's College of Physicians in Ireland. Vol. V. pp. 576; Dublin, 1828.

The present volume contains twenty articles, some of them of great length. We shall commence with Dr. Mills's communication on the nature of hydrocephalus. The author of the paper makes some brief remarks on the importance of the study of morbid anatomy to the accurate knowledge of disease; truly observing, it is only by comparing the symptoms which occur during life with the morbid appearances discovered on dissection, that we can ever arrive at certainty in medical investigations. Hydrocephalus is a disease of very frequent occurrence, and extremely fatal. Dr. Coindet states, that 20,000 children die annually in France of this disorder; and from the Annals of the Universal Dispensary of London, published by Dr. Davis, it appears that 8 out of 45 died from hydrocephalus. Dr. Mills relates several cases with dissections; but we have not space for more than three.

"*Case of Acute Hydrocephalus—Post-mortem Examination.*

"Jan. 7, 1815. A. S., five months old, labours under the following symptoms—strabismus, dilatation of the right pupil, contraction of the left pupil, which is insensible to the application of light, but the right seems still to possess sensibility; the head and neck are bent backwards. The child is unable to raise its head, which to the assistant feels extremely heavy; sighing and moaning; spasms of the upper and lower extremities; skin cool in the morning, but hot in the evening, when the face is flushed, and the pulse accelerated; bowels free, and easily opened by cathartics; fæces yellowish. The child sucks, and often *pushes* the nipple with great anxiety; also presses the gums together, as children do whilst teething. Vesic. vertici. pulv. ex cal. et P. Jacobi. This child has been ill about a fortnight; the first symptoms were, a screaming in the night, heaviness, and some uneasy motion of the head, followed by a grinding of the gums, by spasms of the muscles of the left hand and arm, next of the right hand and arm, and finally of the lower extremities. In the first instance two or three leeches were applied to the temples, and ol. ricini was administered. Calomel and James's powder, the tepid bath, and frequent incisions of the gums have been prescribed during the last ten days by the physician in attendance.—8th. Nearly as yesterday; little effect from the blister; bowels free; spasms frequent, they are abated by the bath. Vesic. occipiti repet. pulv.—9th. Both pupils considerably contracted, vision lost, eyelids paralytic; pulse 150, and hard; difficult deglutition; gums again lanced, but no tooth is discoverable.—10th. About two hours after yesterday's visit, the child died.

Dissection.—Considerable dilatation of the sutures of the cranium. Dura and pia mater more vascular than usual. Plexus choroides highly vascular, and loaded with blood of a florid hue. On cutting into the ventricles, there was a gush of limpid fluid; this fluid amounted to six ounces. The walls of the ventricles were more pulpy than natural; with this exception the brain was found sound. Gall-bladder contain about ʒii. of greenish bile, of a natural viscidity. Pericardium contained about ʒii. of serous fluid. On cutting the gum, no tooth was discoverable."

"*Case of Chronic Hydrocephalus—Post-mortem Examination.*

"April 28th, 1816. Mr. W.'s child, aged seven months, labours under the following symptoms:—frequent vomiting and screaming, thirst, tossing of the arms, body, and head, restlessness, and emaciation. Pulse

102, skin hot and dry; tongue foul; countenance pale and sallow; left eyelid half closed; abdomen tense; contraction of the pupils on the application of light; scabies of the head. This child has been ailing for three months; the illness being supposed to proceed from a want of breast milk in the nurse, a second was procured. Four children of this family died during infancy; two were supposed to have been carried off by bilious complaints, one by convulsions, and one by the effects of teething. Habt. pulv. ex cal. et scammon. fotus abdominis. 29th. Three dejections of a yellow colour; vomiting less frequent; restlessness, tossing of the arms and head; refuses the breast; drinks gruel; moaning and screaming. Vesicat. Vertici.—30th. Eyes fixed; film over the sight; vision impaired; pupil of the left eye more dilated than that of the right; skin cool; pulse 106; screaming; fæces greenish; abdomen soft; thirsty, and drinks with eagerness; no vomiting. Vesicat. occipiti; cal. gr. i., tertiis horis en. purg.—May 1. Symptoms much as yesterday. Cr. cal. et en. purg.—2d. Died early this morning.

Dissection.—Bones of the skull unusually vascular; dura mater highly vascular; longitudinal sinus turgid with blood. On cutting into the cerebrum, a great number of points are observable. The parieties of both lateral ventricles, and those of the third ventricle, are in a state of great turgescence from venous blood. Plexus choroides is more vascular than natural. About three drachms of a serous fluid are discovered in the lateral ventricles; cerebellum and part of the spinal marrow are preternaturally vascular. About half an ounce of a watery fluid is found at the base of the cranium, and in the theca spinalis. Liver of a natural appearance; gall bladder nearly filled with a light greenish bile. Intus-susceptio in three different portions of the small intestines.

Case of recovery from supposed Hydrocephalus.

"In the month of September, 1813, I visited a fine boy, six years old, who complained of shooting pains in the forehead and occiput, of sickness, retching, and want of appetite; his temples throbbed; his face was alternately pale and flushed; the heat of the forehead, often bedewed with perspiration, was intense; the bowels were confined, and the urine high coloured; there was (were) restlessness, sighing, and moaning; the pupils were dilated and very sensible to the application of light; the eyes were suffused, and the countenance was expressive of pain and distress. The pulse varied in strength and regularity, and in frequency, from about 120 to 130. This state of excitement had existed for six or eight days, and was preceded by a fortnight's indisposition, which was ascribed to cold and indigestion. Six ounces of blood were immediately taken from the arm; three grains of calomel, mixed with eight of jalap, were given every fourth hour until they operated, and in the evening twelve leeches were applied to the temples. On the mornings of the three successive days, the same quantity of blood was taken from the arm, and every evening the same number of leeches were applied to the temples; a cathartic was daily exhibited, and the tepid bath was employed morning and evening. By these measures a considerable remission of the urgent symptom was produced; and for four days the parents of the little boy supposed the danger to be past; the complaint, however, then recurred with violence, and it became necessary twice again to have recourse to general and local bloodletting, and to repeat the cathartic and the tepid bath. Three grains of calomel, combined with a small quantity of the watery extract of opium, were given every sixth hour until the gums became affected, and ipecacuanha was ordered in order to determine to the surface; the fæces varied in colour and consistence, being dark, hardened, greenish, yellow, and slimy; and while the cathartic was operating, considerable uneasiness was felt in the abdomen, augmented by pressure, and always mitigated by fomentation or the tepid bath. As the child was subject to eruptions of the head, and watery discharge from behind the ears, a drain was established in the vertex by means of lunar caustic, and kept open for nearly seven months. A fit regimen and country air were recommended, and these have prevented a return of the complaint.

History of Hydrocephalus.

"Hydrocephalus may take place without any apparent cause, but it is frequently occasioned by blows, falls, wet, cold, sudden changes of weather; or it may be traced to abscesses in the brain, obstruction in the thoraic or abdominal viscera, a strumous diathesis, &c. Some of these causes operate directly, by stimulating the vessels of the brain; others indirectly, by destroying the equilibrium of the circulation. It attacks both sexes, and all ages, but may, perhaps, with propriety be considered a disease of infancy and childhood. Hydrocephalus presents itself under two forms; the acute and chronic. In the acute, which is the more frequent, it commonly lasts from seven to twenty-eight days; in the chronic, from one to six months."

Dr. Mills details the cases and dissections of twenty patients, who fell victims to acute hydrocephalus; of these, twelve died before they attained the age of six; seven between the third, sixth, and eighth years; and one aged twelve. The cases and dissections of fourteen patients, who died of chronic hydrocephalus, are also detailed, of whom seven died before the age of four; three between seven and eight; and four between eight and sixteen; from which it would appear, that of thirty-four patients nearly two-thirds died before they had completed their sixth year. The above numbers show a majority of six in favour of the greater prevalence of the acute; and, with respect to the recoveries, seven out of ten laboured under the disease in its acute form. He divides the acute hydrocephalus into two stages, one of excitement, the other of effusion, and considers the disease in the former stage as curable, in the latter mostly incurable.—There were appearances of scrofula in twenty-two of the patients examined; in two the brain appeared scrofulous; in three, the lungs; the liver, in four; the mesenteric glands, in eight; the spleen, in four; and in five, the cervical glands. Of the patients who recovered, six had no visible marks of scrofula, and the parents of twenty-six were, in appearance, free from any affection of this kind.

" Acute hydrocephalus is ushered in with symptoms indicative of a disturbance in the cerebral functions. There is (are) uneasiness, pain in the vertigo, sense of weight, heat, or fullness of the head, attended by languor, chilliness, lassitude on slight exertion, confusion of ideas, and a feeling of uneasiness, as if arising from a long journey; the pain of the head varies; at one time dull, and confined chiefly to the vertex or occiput; at another, acute, and seated in the forehead and temples. In some rare instances, pain is not complained of; the head is often bent forward upon the chest, or reclined upon whatever may give it support; there is throbbing of temporal or carotid arteries; sometimes the pain assumes the intermittent type; a circumstance which may mislead the practitioner, and deserves particular notice. In the second stage, the head is often thrown backwards, and appears stiff and immoveable, indicating a spasm of the muscles of the neck and occiput. The temperature of the body, in the first stage, is raised considerably above the natural standard; that of the head varies, especially the forepart, which, in some cases, is dry, and of a pungent heat; in others, it is alternately hot and cold, or hot and moist; the eye-balls and forehead are frequently rubbed and pressed by the hand, as if to relieve pain; the eye is dull and cloudy, and frequently suffused; a sensation of sand in the eyes is a common symptom; there is strabismus, with intolerance of light; red or black specks are often observed floating in the atmosphere, and there is frequent pulling of the eyelashes. These symptoms are succeeded, in the second stage, by a fixed and vacant stare; the pupils are preternaturally contracted or dilated, sometimes alternately; there is a slow rolling of the eyeballs observed through the eyelids, partially paralysed, when it is not unusual to see only the lower portion of the tunica conjunctiva of one eye and a part of the pupil of the other; one or both eyelids are occasionally swelled, and in some instances there is a puriform, or watery, discharge from both eyes; strabismus is more apparent; there is imperfect vision, objects are seen double, out of place, or of a colour different from what they really are; total blindness generally precedes the fatal termination; picking of the nose is a common symptom, and the fingers are not unusually thrust up the nostrils with violence. The features are generally constricted; in a few instances they have a bloated appearance, the complexion changes from a rosy to a pale, or sallow hue, occasionally a red or purplish circumscribed flush suffuses one or both cheeks; the lips are pale, contracted, and often surrounded by a dark or bluish circle, and the same is observed under the eyelids. The senses of hearing and smelling are too acute; those of taste and feeling vitiated or imperfect; in the second stage these senses are blunted or lost. The voice, at the commencement, is commonly hoarse, and words are delivered slowly, and in a low tone; as the disease advances, it becomes shrill and high, and sentences are expressed rapidly and incoherently; towards the close it is low, muttering, and indistinct. In the first stage the temper is fretful and wayward, easily excited; the patient is subject, on slight occasions, to violent gusts of passion, which are quickly followed by a state of collapse and lowness of spirits. In those whose minds are still capable of some degree of application, the usual studies and amusements are no longer pursued with any pleasure; there is a disposition to retirement; the intellect is clouded, yet occasionally in the delirium, which soon succeeds to this state, the imagination brightens, and a lively or sensible idea is expressed in language flowing and perspicuous; and though the memory be impaired, yet lessons, formerly learned, will occasionally be repeated with facility; and early ideas, supposed to be long forgotten, will be received and dwelt on with satisfaction. In the second stage the balance of the mind is completely lost, and all is chaos and stupor. In the first stage, the general expression of the countenance is that of pain of body and despondency of mind. In the second, until stupor comes on, the expression of pain is far more intense; this appears from the knitting of the eyebrows, the grinding of the teeth, the agitation of the muscles of the face and body, the moaning and screaming, the sudden closing and opening of the eyelids, and occasionally their unusual distension. An irritative cough is a common symptom in the first stage; the breathing is hurried; there is precordial oppression, palpitation, and frequent sighing. In the stage of effusion the respiration becomes more laborious, and the sighing more deep and frequent. In the first stage, the pulse varies in strength and frequency; at one time full and strong; at another weak; again irregular, communicating to the finger an impression as though the volume of the artery were diminished in diameter. In the second stage, the variations in strength, regularity, and frequency are still more remarkable; it becomes, moreover, intermitting, and in some instances preternaturally slow. In the first stage there is nausea, frequent retching, and sometimes vomiting. In the second stage, the retching and vomiting become more urgent; and in some instances the stomach rejects every liquid as soon as it is swallowed; the appetite is diminished, perhaps lost for several days, then it becomes voracious, and sometimes animal food is anxiously called for. This morbid condition of appetite occurs in the stage of effusion in patients under the age of puberty, and what is remarkable, with regard to infants in the same stage, they snap at the breast with frantic violence. There is generally obstinate constipation, and this is often accompanied with fœtid eructations, communicating to the breath an offensive odour. Diarrhœa is a rare occurrence. The fæces assume a great variety of appearance, being dark, pale, yellow, brown, slimy, curdly, chorous, and greenish, resembling chopped spinage or parsley; at one time they are free from smell; at another the smell is acrid, or peculiarly heavy and offensive, like that of hepatic gas. The urine varies in quantity and quality; when passed during a fit of chilliness, or when there is great cerebral oppression, it is usually copious, light-coloured, or limpid; during a period of excitement, or when perspiration is present, it is commonly high-coloured and scanty, depositing a sediment resembling the lees of wine, or grounds of porter. This appearance of the urine depends very much on the condition and quantity of bile floating in the circulation, and thrown off by the kidneys; sometimes the sediment is thick and slimy, resembling whites of eggs, and devoid of bile. The tongue, in the first stage, is moist and clammy, sometimes dry and parched; in the second, mostly yellowish on the edges, and red and parched in the centre. Fugitive pains are occasionally felt in the stomach, the hypochondria, throughout the abdomen, and they are generally augmented by pressure. There is considerable difference in the colour and temperature of the skin. In the first stage it is sometimes hot, dry, and reddish, often constricted, sallow and cool; on pressure, however, it communicates to the finger a pungent heat. In the stage of effusion it is often hot, but more frequently cool or cold, clammy and relaxed. In some cases I have found it endowed with so high a degree of sensibility, that the slightest pressure upon any part of the body has given pain or uneasiness. This morbid sensibility seems greatest during the stage of excitement; sometimes it appears exquisite, even in the second stage. The muscles of the body and extremities are seldom affected in the first stage. In the second, we find knitting of the eyebrows and forehead, tossing of the arms and legs, spasms of different parts, and general convulsions of the whole frame. With regard to the sphincters, they are, in the second stage, for the most part paralised, and the fæces and urine pass off involuntarily; yet it happens, in some instances, that there is an obstruction to the flow of urine, arising from a paralysis of the muscular fibres of the bladder."

Dr. Mills here enters into an argumentative inquiry into the nature of hydrocephalus, and concludes, that the brain is the organ primarily engaged in this disease, and that the morbid appearances of the thoracic and abdominal viscera are accidental circumstances, and not exciting causes; but we cannot fully agree with the author in his conclusions, being convinced that derangement of the digestive organs, and irritation of the nerves of the jaw during the period of dentition, are frequent exciting causes of hydrocephalus.

The diagnosis of hydrocephalus may be collected from the following. First stage.

"A peculiar expression of countenance, indicative of oppression, pain, and despondency; frequent sighing; a disposition to retirement; a heat, weight, pain, or heaviness of the head, or all these combined; intolerance of light; waywardness and fretfulness; a low, irregular fever; frequent nausea or retching; and the continuance of the disease, notwithstanding the employment of aperients and the remedies usually prescribed in disorders of children."

The second stage is well marked:—

"The heavy sigh, the deep moan, the wild scream, the preternatural dilatation or contraction of the pupils, imperfect or lost vision, delirium, difficult deglutition, paralysis of one hand, arm, or leg, of the eyelids, and of the sphincters; the head and neck permanently bent back; a slow intermitting, or a rapid pulse; frequent vomiting and convulsions."

Treatment of Acute Hydrocephalus.

The remedies most useful in the first stage are bloodletting, cathartics, antimonials, and calomel combined with opium, in the order in which they are related.

"I have mentioned that blood may be abstracted from the temporal artery, the jugular, or from the brachial vein, but it sometimes happens that blood cannot be taken from any of these vessels; and, in that case, our chief dependence is on cupping, or what I generally prefer to it, the application of leeches to the temples, the vertex and occiput, or behind the ears; they should be applied in large numbers, and the flow of blood encouraged, until the morbid actions in the brain are arrested or removed; and we may infer, that some impression has been made upon the complaint, if we find a tendency to deliquium, a weakness or fluttering of the pulse, and a shrinking of the features; symptoms often observed to follow the application of leeches, and which show the power of local bloodletting over the action of the heart and arteries. The same method of depletion should be had recourse to, on every return of excitement."

As soon as a check has been given to the disorder of the head by bloodletting, Dr. Mills recommends brisk cathartics, and the judicious administration of calomel, with the "watery extract of opium," a preparation which he has found to procure rest without causing vertigo, pain, or sense of fullness in the head, symptoms so often observed to follow the exhibition of the Thebaic extract, or the common tincture. Among the auxiliary remedies, the tepid bath holds the first place; the period of immersion, is from fifteen to forty minutes; about an hour before which, the patient should take a dose of calomel and opium, and while in the bath, small repeated draughts of tepid whey, or barley water, in which is dissolved tartrate of ammonia, in doses so minute, as not to excite nausea or vomiting; and during this period, friction must be constantly applied to the body and extremities with the hand, or a soft brush. Blisters should never be applied previously to depletion, or while there is a high degree of excitement; for, under such circumstances, they tend to aggravate the disease. With this precaution, they may be applied to the head or its vicinity, or between the shoulders, or along the spine, and, in some instances, with advantage to the extremities. Dr. Mills has occasionally seen the happiest effects arise from the application of the antimonial ointment to the vertex or occiput, especially in cases which supervene to repelled scabies of the hairy scalp. He has never witnessed any beneficial result in acute hydrocephalus, from establishing a caustic issue in the vertex, as recommended by some practitioners.

Diagnosis and Treatment of Chronic Hydrocephalus.

The diagnosis proceeds thus:—

"Chronic hydrocephalus, in its mode of attack, is more insidious than the acute, and is slower in its progress and development. Vertigo, confusion of ideas, heaviness, or a dull pain in the head, and stupor, attended by a pallid countenance and shrunk features, usually usher in this form of the complaint; whereas, in the first stage of the acute hydrocephalus, we find lancinating pains of the head, throbbing of the temples, suffusion of the eyes, or intense heat of forehead. In chronic hydrocephalus the intellect is more disordered, and the expression of countenance is generally bewildered, fatuitous, or like that of a person half intoxicated. In the acute, on the contrary, the countenance is often expressive of quickness and intelligence; the voluntary powers are more enfeebled, and the vital functions more oppressed. We may likewise notice a considerable difference in the temperature of different parts of the body; the forehead and extremities being, in the chronic, often cold or damp, while the trunk is little, if at all, above the natural standard; whereas, in the acute, the heat is more intense, and more equally diffused. Further, we find on dissection, the turgescence of the veins, and sinuses of the brain, much greater, and the effusion between the arachnoid membrane and pia mater in larger quantity in the chronic than in the acute. The chronic, moreover, is oftener found accompanied by disorganisation of the substance of the brain, or its membranes."

The curative process is to be governed thus:—

"Bloodletting, general and topical, cathartics, mercurials, opiates, &c., are the principal means to be employed in chronic, as well as in acute hydrocephalus; but as, in the latter, the danger is more imminent, from the high degree of excitement with which it is usually accompanied, the most efficient remedies are to be employed with promptitude and decision. In the chronic, on the contrary, the disease is slower in its progress and development; and as the symptoms are less urgent, measures of a milder nature are commonly required."

Dr. Mills is of opinion, "that permanent benefit is to be expected from the early establishment of a drain in the neck or its neighbourhood, and that mercury should be administered more largely, but opium more sparingly, than in the acute form."

Prophylaxis.

Dr. Mills enters on the mode of treatment calculated to obviate the occurrence of hydrocephalus, and thinks that our great objects are "to maintain the equilibrium of the circulation, and preserve the viscera in a healthy condition; this is to be done by supporting the actions of the cutaneous vessels, and presenting a healthy state of the secretion by the establishment of issues, the use of cold and tepid baths, exercise, warm clothing, proper diet and medicines, and living in a pure air." On each of these points, Dr. Mills enters at considerable length, but our limits will not permit us to follow him; and we find nothing in his remarks, which are, for the most part, judicious, but what may be found in the works of the best authors who have written on this subject.

Internal Inflammation of the Eye.

Dr. Jacob has described a particular kind of iritis, or internal inflammation of the eye, as one of the sequelæ or consequences of typhus fever; the knowledge of which is of importance, not only to ophthalmic surgery, but to pathology generally. The frequent occurrence of the disease may be judged of, from his having met with seventy or eighty examples of it within the last year.

The following history of one well-marked case, affords a summary of the symptoms:—

"The patient states that he recovered from fever two months ago, and returned to work at his trade as usual; that about three weeks ago his sight became dim, his work confused by motes or flies floating before his eyes, and that a few days ago the eye became red and sore. He complains of pain in the eyeball, extending to the temple, and suffers from exposure to sunshine, fire, or candle. He cannot read small print, or tell the hour by a watch. His eye feels hot, and there is a considerable discharge of scalding tears. The sclerotic is highly vascular, and the larger vessels converge to the circumference of the cornea, which is surrounded by a pink zone. The cornea is slightly clouded, the margin forming a whitish circle resembling the *arcus senilis.* The anterior chamber of the eye appears clouded, independent of the cloudiness of the cornea. The iris is altered in colour; the pupil is slightly irregular, acts sluggishly, or is nearly immoveable. The crystalline lens appears clouded, of an amber tint, and opaline appearance; and vision is permanently impaired, or totally lost, with dilated pupil, and other symptoms of perfect amaurosis. When the inflammation subsides, and the disease terminates favourably, the symptoms gradually disappear; the purulent matter, if secreted, is absorbed, and the iris recovers its colour; the pupil becomes regular and active, and vision is perfectly restored. An imperfect recovery is sometimes obtained, leaving defective vision muscæ volitantes, and other amaurotic, symptoms."

The treatment may be learned from the following: bleeding locally or generally, in proportion to the urgency of the symptoms; blistering, where there is much pain or intolerance of light; purgatives, antimonial medicines, opiate fomentations, belladonna as recommended by Beer, in the form of an ointment, rubbed in upon the temple, (half a drachm of the extract, with an equal quantity of mercurial ointment every night,) and calomel in the proportion of two grains, with a quarter of a grain of opium three times a day, till the gums are affected.

SURGERY AT ST. THOMAS'S HOSPITAL !

(*From the Morning Chronicle.*)

On Monday an inquest was held at St. Thomas's Hospital, on the body of James Springfield, aged 30. The deceased was employed with several other men on board a vessel in Blackwall basin, when the handle of a windlass, at which he was at work, broke, and fractured the deceased's arm and elbow. He was immediately taken to the Hospital, but it appeared that he remained there for *upwards of twelve hours* without receiving any assistance, in consequence of the absence of the medical men; his arm, at last, was attended to by the dresser. The Coroner (Mr. Shelton) said, that the man ought to have received medical assistance when he entered the Hospital, and imputed the inattention to the want of proper experienced persons being appointed to fill the situation of assistant surgeons. A verdict of accidental death was returned.

ON THE ACTIVE PRINCIPLE OF HEMLOCK.

The best method of obtaining this vegetable alkali consists in digesting the plant for several days in alcohol, filtering and evaporating the fluid, mixing the residue with water, and acting either by alumina, magnesia, or the oxide of lead; the whole is then to be evaporated to dryness, and the substance obtained acted upon by a mixture of alcohol and ether; the solution being evaporated, yields the principle now distinguished by the name of conin (*conia*). This principle is said to possess decided alkaline properties; its aqueous solution forms an abundant red precipitate, with the tincture of iodine. Half a grain of this substance will kill a rabbit; the symptoms being the same as those produced by the strychnia.

LONDON MEDICAL SOCIETY.

May 12, 1828.

Dr. Williams, in the Chair.

DISCUSSION ON THE USE OF SPURRED RYE, AND OF DIGITALIS.

A conversation of considerable length took place this evening on the subject of the *secale cornutum*. Mr. Waller stated, as the result of his practice with the remedy in question, that he had employed it in ten cases of lingering labour, and in eight of the cases it proved successful; in the two instances where it failed, it was employed in the form of infusion, prepared with two drachms of the rye to six ounces of water, according to Dr. Merriman's formula. The proportion used in the successful cases was, eight scruples infused for twenty minutes in six ounces of boiling water. Mr. Waller thinks that the ergot will accelerate or increase the contractions of the uterus, if present in the smallest degree; but if the organ have entirely ceased to act, he considers that its results are doubtful. In respect to its alleged ill effects on the child, Mr. Waller said that he had seen no such results. He would not recommend its administration in cases where labour was obstructed from deformity of the pelvis; he had once given it in such a case, and so powerful was the effect on the uterus, that fears were entertained of that organ becoming ruptured by its own inordinate action.

Dr. Stewart proposed some questions in reference to the effect of the ergot on the uterus exclusively, which he seemed disposed to deny, alluding to the deleterious effects resulting from the eating of damaged rye.

It having been remarked by Mr. Waller, that in one instance abortion had been produced under the use of the ergot, some observations were made on the value of the remedy in cases where it might be judged necessary to induce premature labour. The defective state of the English criminal law in respect to abortion was alluded to; that which is with much difficulty attainable under the use of medicine, being punishable with much severity, whilst the readiest and most easily accomplished method, by mechanical means, is not a cognizable offence.*

---

* In a trial which took place in the county of Suffolk in 1808, Pizzy, a farrier, and another person, were indicted for administering medicines with an intent to produce abortion. It was proved on the

Dr. Williams informed the Society, that he had within a few days been informed by a northern medical professor, that he was in the constant habit of prescribing drachm doses of the tincture of digitalis, and that in one instance he had known of one fluid ounce having been taken, without producing any unpleasant effect.

On this subject Dr. Clutterbuck remarked, that the effects of digitalis are very uncertain; he himself had often prescribed drachm doses of the tincture; in some instances they had failed in producing any effect, whilst in other cases, very unpleasant symptoms ensued. Dr. Clutterbuck further said, that the tartar emetic was equally uncertain in its effects on the animal economy; in some cases, one-eighth of a grain producing much sickness, whilst in others he had given four or five grains, with no sensible effect.

[It was announced that Mr. Lambert would, at the ensuing meeting, submit some observations to the Society, in reference to the operation of dividing the vas deferens, as a substitute for castration.]

ON THE TREATMENT OF HYDROPHOBIA.

To the Editor of The Lancet.

Sir,—Being assured that any suggestions, however simple, so far as they are well meant towards the alleviation of suffering humanity, will not be deemed altogether unworthy the notice of your professional readers, I am encouraged to lay before them a few remarks on the curative treatment of that most dreadful disease, hydrophobia. Though it is a subject which has occupied the attentive consideration of many of the intelligent members of the profession in all ages, and none more especially than those of the present age, yet we have to lament our total inadequacy to avert its awful fatality; and, hence, I feel some degree of diffidence in entering upon it the subject.

It is true that the prophylactic treatment, when timely and properly practised, has generally been successful; but I am not aware of a single instance of a cure being performed when the disease has evidently arisen from the bite of a truly rabid animal, and the constitutional symptoms have become unequivocally formed. Respecting the nature of hydrophobia, I would define it to be a morbid sensibility of the nervous system, occasioned by the application of the saliva (or the specific virus mixed with it) of a rabid animal directly to the *nerves* of the injured part, producing, by its continuance, more or less inflammation in some of the internal parts of the body.

The dread of water which is said, though erroneously, to be peculiar to hydrophobic patients, appears to depend upon the morbid excitement of the nerves of the pharynx and larynx; giving rise, at each attempt to swallow, to the most violent contractions of those parts, and, sympathetically, of the lower part of the œsophagus and cardiac extremity of the stomach; thereby producing a distressing sense of suffocation and consequent convulsive action of the whole system.

That the dread expressed is of the act of swallowing, and not of the water, is proved by the fact that the sight or noise of any liquid with which the idea of deglutition is associated is sufficient, in many cases, to excite a paroxysm, whereas the rattling of the urine produces not the slightest uneasiness. Again, some patients will carry a cup of water to the lips with tolerable composure, but as soon as the muscles of deglutition are called into action by an attempt to drink, the whole system is threatened with convulsions, and the resolution fails. It is unnecessary for me to take up your time in speaking of the remedies now generally employed in the cure of this disease; but, in addition to them, I propose the antimonium tartarizatum as a medicine which I think, from an *a priori* consideration of its properties, very likely to be useful. I would give it as soon as the constitutional symptoms were anticipated, in such doses as to produce complete nausea, and consequent relaxation of the system; during which state the operations of the mind are in some degree suspended, a circumstance much to be wished for. How long this state should be kept up, I am not prepared exactly to say; but I should suppose there would be little danger of a recurrence of the paroxysms after an interval of from 12 to 24 hours. At the end of this time, if the treatment proved successful so far, I would diminish the dose of the tartar emetic, and combine with it, small doses of calomel and opium, so as to promote its action more especially on the skin and mucous membranes. The submurias hydrargyri might be continued, in this way, to the extent of producing a slight sa-

---

trial, that the medicines failed in effecting the intended object, and that it was at length accomplished by mechanical violence. In consequence of the defective state of the law, which has made no provision in respect to manual operations, the criminal was tried for giving medicine which had no effect, whilst the means by which the crime had actually been perpetrated, were only admitted in evidence as proof of the intention with which the medicines were given!

livation, which might be kept up for a few days with advantage. It has been said that if salivation would answer, the disease would cure itself, since a pretty copious flow of saliva is almost a constant symptom; this, however, I am inclined to think, does not depend upon any great increase of saliva; but, rather, upon the patient's inability to swallow it as ordinarily. The depressing plan having been pursued as far as was deemed sufficient, the tone of the system might be restored by the administration of the spts. ammon. arom., with small doses of the tinctura opii; and, subsequently, full doses of the sulphate of quinine. The bowels should, of course, be carefully attended to during the whole course of the disease. Should the constitutional symptoms have so far advanced, before the arrival of the medical attendant, that the patient could not swallow, might not the emetic tartar, dissolved in some bland liquid, as barley water, be injected into the bowels, by means of Reed's syringe; or, in solution in warm water, into the veins, by means of Anel's, with advantage; allowing, in the latter case, as much blood to flow from a vein in one arm, as warm solution was injected into one of the other.

Or, if the patient was of a strong full habit, the abstraction of blood from the arm to syncope, assisted by the use of the warm bath, would probably give us a chance of administering the medicine by the mouth.

With regard to the local treatment, I think the excision, or cauterization of the bitten part might be practised with advantage, even after the constitutional symptoms have commenced; for, since it is a fact that weeks, or even months may elapse, between the receipt of the injury, and the constitution becoming affected, may not the poison remain during that time in the bitten part, and then generate matter equally deadly in its effects, from which the disease is afterwards fed? That the poison enters the system immediately and there remains inactive, even for months, appears to me exceedingly improbable; and, hence, I should have great hopes of rescuing the patient by a careful excision and cauterization of the injured parts, at any period between their receipt and the alteration in the appearance of the cicatrix, which is the first symptom of the constitution becoming affected. May not this treatment be applied to a certain extent in *tetanus*, between which and the disease in question there is a very striking analogy; each appearing to be seated principally in the nervous system.

By giving place to these hints, in an early Number of your *very useful and widely circulated Journal*, You will much oblige, &c.

JOHN MEOD, Surgeon.

Leyburn, Yorkshire, March 27, 1828.

ON THE AGENCY OF PRESSURE IN UTERINE HÆMORRHAGE.

BY R. LANYON, JUN., ESQ., SURGEON, LOSTWITHIEL.

I HAVE been much amused, by meeting with occasional papers in THE LANCET, respecting pressure as an invention in uterine hæmorrhage. Mr. Hill also smiles at "the tug of war" between those modern combatants for immortality; and I, in my turn, may be allowed to dispute the ground, inch by inch, in favour of Ambrose Parey, unless Mr. Hill is prepared to prove that Dr. Dennison lectured at the London Hospital prior to his time! Pressure, whether by books or bandage, is pressure still; it matters but little, in the investigation, how the principle be applied. The question is, who first recommended pressure *in any form*, to arrest or prevent the accession of uterine hæmorrhage? Clearly, neither Mr. Searle nor Dr. W. Dennison, nor indeed do I claim it for Ambrose Parey, but certainly he says of the woman, after delivery has been accomplished, "let her bellie bee also bound or rowled with a ligature of an indifferent breadth and length, which may keep the cold air from the womb, and also press the blood out that is contained in all the substance thereof."* I am not angry that Dr. W. Dennison taught the propriety of using pressure "*in all labours*,†" but am only desirous of recording, that Ambrose Parey inculcated the same thing, more than two hundred years ago. He certainly does not say positively that he applied it with that intention, but I am of opinion that he who would recommend a bandage immediately after delivery, *to press blood from the womb*, could never be ignorant of its utility in arresting uterine hæmorrhage, any more than he who grasps the abdomen for the purpose of inducing separation of the placenta, would neglect the use of the same means in flooding; or, that he who from necessity introduces his hand into the uterus to detach the placenta, should be so far ignorant of the principle, as not to do so in cases of uterine hæmorrhage. For when the accoucheur grasps the abdomen, his indication is to overcome torpidity of the uterus, and it is done with the view of exciting contraction of its fibres. The extension of the same principle leads him to adopt a similar plan of treatment in minor degrees of lochial discharge, with success. So, when he discovers flooding is produced by partial detachment of the placenta, and he finds himself compelled to remove the secundines, by introducing his hand into the uterus, he knows that if the hæmorrhage still continue, he may with propriety attempt the corrugation of the uterine mass, *arte non vi*, as Dr. Blundell has it, by a second introduction. Now, in what respect does this, *scientifically*, differ from the principle of Ambrose Parey; who, knowing the liability of fearful hæmorrhagic discharge, advises the precaution, in *every* parturient case, of binding "*the bellie*," for the purpose of pressing the blood out, which is contained in all the substance of the uterus? For it is evident, that if Ambrose Parey conceived that "*rowling*" the abdomen "*with a ligature*," could be effectual in removing all the blood from the uterus, it amounts to an impossibility, that he should not have considered it as powerfully efficacious, in rendering the mouths of the bleeding vessels impervious, in cases of imperious necessity. Confirmatory of the above quotation, and more to the purpose perhaps, is another passage in Ambrose Parey's work. In his 56th chapter, entitled, "Of stopping the immoderate flowing of the flowers or courses," he writes, "the opening a vein in the arm, cupping glasses fastened on the breasts, *bands*, and painful frictions of the upper parts, are greatly recommended in this maladie."

---

* The workes of that famous chirurgeon Ambrose Parey, translated by Johnson, p. 615.

† See LANCET for Nov. 17, 1827, p. 262.

I repeat, that I do not claim the discovery for Ambrose Parey; the discussion of this point, I willingly concede to those more conversant with ancient medical literature than myself; but, certain it is, the bays cannot be allowed to grace the chaplets of those, for whose sakes so many lances have been broken.

Viewing the substance theoretically, for I have not had an opportunity of using it, the ergot promises considerable benefit in uterine hæmorrhage; and it seems to me rather extraordinary, that none of those gentlemen who have contended so strenuously about pressure, should have put its utility to the test. Dr. Hossack advises its use in ten grain doses three times a day; and, in a paper subsequently published by him, he is said to have administered it successfully.

Lostwithiel, April 7, 1828.

WESTMINSTER HOSPITAL.

CASE OF TIC DOULOUREUX.

Elizabeth Poucher, ætatis 26, was admitted into this Hospital, under the care of Sir A. Carlisle, about ten years ago, with fracture of the clavicle and dislocation of the thigh. According to her statement, it was occasioned by a fall from a window. She remained in the Hospital about six months; she then left the ward, but had always a lameness from the accident. About five years afterwards she was re-admitted, under the care of Mr. White, on account of the hip being very troublesome to her, and she has remained under his care ever since, but without being much relieved. She was removed into the incurable ward about eighteen months ago. About eight weeks since, she complained of a great pain in her right cheek, a little below the temple; she stated that the pain appeared to spread in various directions from a small spot or point in her face; sometimes towards her nose, temples, and fore part of her lower jaw. The pain returned on some days many times in an hour, and continued for several minutes; she was obliged to have recourse to opium, which afforded her some little relief. The complaint began gradually to grow worse; the pain is now (April 22) intolerably acute, and almost unremitting; opiates afford her little or no relief, although taken in considerable quantities; her appetite is very bad; she lives chiefly upon bread and milk, &c.

April 24. Mr. White saw her to day, and proposed trying the influence of mercury, as he had already tried several other plans before, without success. He ordered her to rub in every night and morning, Ung. hyd. fort. ʒi., also the following pill:

℞ *Pulv. opii*, gr. i.;
Hyd. submur. gr. ij.; fiat pilula ter die sumenda.

25. She has neglected to rub in the mercurial ointment; the pain is very acute, and complains that she cannot sleep at night.

26. Mr. White saw her again to day; says she finds no relief from the opium; he ordered her one grain to be added to the former pill, and to take one every four hours, also to continue to rub in the ointment.

28. Finds herself a little relieved; she took a pill every two hours; her mouth is not in the least affected.

29. She finds herself much better; complains that her mouth is becoming sore.

May 1. Says that she cannot eat any thing on account of her mouth being so very sore; ordered to discontinue the pills and the ointment.

3. Ordered a wash for the mouth, composed of alum and water; the pain is very much relieved.

5. The patient complains of as much pain as she was in before she began to take the mercury, and she says that it is shooting in every direction.

7. Continues much in the same state.

8. Continues in very great pain; she was again ordered to rub in ʒi. of the mercurial ointment night and morning, also to take a table spoonful of the following mixture every four hours.

> *Tincture of opium*, ʒij.;
> *Water*, ℥iv.

9. She finds relief from the mixture, which procures her a little sleep, but she still continues in very great pain.

10. Complains that her gums are very sore, but she still perseveres in the use of the ointment.

FATAL TERMINATION OF THE CASE OF STRANGULATED FEMORAL HERNIA.

(*Continued from page* 160.)

April 30. Fæces still pass through the wound; pulse about 80.

May 3. The pulse to day is quite natural; to all appearances the woman is going on well; the incision was ordered to be kept clean with a solution of the chloride of soda ʒiij. to half a pint of water.

5. She was very sick this morning; her abdomen very painful upon pressure; no motion since yesterday; she was ordered a common glyster directly, and to be repeated in the evening; leeches were also ordered to be applied.

7. The abdomen is not so painful upon pressure; the sickness has subsided; she had several motions per anum yesterday and to day; wound continues to discharge.

8. Slept very well for several hours; does not complain of much pain, but she evidently appears to be in a sinking state.

9. She died this morning about one o'clock; her body was opened about fifteen hours after death; upon examination it appeared, that the strangulated intestine was a portion of the *ileum*, which was completely mortified to some extent above and below the place where it had burst.

GUY'S HOSPITAL.

SEVERE CONTUSION OF THE PELVIS, *Followed by a discharge of Urine per Rectum. Subsequent formation of Abscesses and Urinary Fistulæ in the Perineum and Groin.*

TREATED BY MR. KEY.

William Towers, æt. 48, of middle stature, and muscular, was admitted into Guy's Hospital, Aug. 23, 1827, under the care of Mr. Key, on account of severe injury to the pelvis. He stated, that he was riding upon the beam of a timber carriage, the horses of which became intractable, and, in turning a corner, the forewheels of the carriage came in contact with a post, and he was, in consequence, propelled from his seat, and thrown with considerable force, with his face downwards. Before he could extricate himself, the hind-wheel of the vehicle passed, in an oblique direction, across the pelvis and right thigh. He was immediately picked up, and conveyed to the hospital; where, on examination, it was found that there was much contusion and extravasation of blood under the glutæi muscles of the right thigh, and also in the perineum and scrotum. It was also thought, that there was a separation of the ileum from the sacrum of the same side. This, however, was not distinctly ascertained. The man was perfectly incapable of standing or sitting at this time. The vital powers were all very feeble. He was sick and faint; his face was pallid and anxious, his pulse small and thready, and the surface of the body was universally cold, and covered with a cold sweat. On the administration of some diffusible stimulus, reaction was induced. After a few hours, we found him complaining of great pain in the pubic region, and the pelvis was again carefully examined, but no fracture could be detected. A catheter was now introduced into the bladder, and a large quantity of urine, mingled with clots of blood, drawn off, which relieved the patient much. Twenty leeches were applied above the pubes; and a lotion, composed of the carbonate of ammonia, spirit of wine, and water, was subsequently ordered to be kept constantly applied to the thigh and pelvis. The patient was put upon low diet, and his bowels were relieved by the occasional administration of purgatives.

The catheter was allowed to remain in his bladder for some days, during which time the urine (though frequently bloody) flowed freely through it. At the end of nine days, however, the instrument produced so much irritation, that the man could no longer bear it. It was therefore withdrawn. He was ordered simply to be kept quiet, and his position was made as easy to him as possible.

Sept. 8. Since the catheter has been

withdrawn, the febrile excitement has much abated. He has passed his urine through his penis, and is, in fact, much better.

18. This man has gone on well since our last report, but to-day he complains of much pain in his bladder and rectum, with constant and painful bearing down sensations. He has a good deal of fever. A poultice was applied over the region of his bladder, and in perineo, but no other means were had recourse to.

26. This morning Mr. Key saw the patient, and he now stated that the urine escaped from him involuntarily through the rectum, clearly showing that there is a communication between the bladder and rectum. A catheter was again introduced, but with no beneficial effect. Scarcely any urine flowed through it; and, in three days, it produced so much irritation and fever, that it was a second time obliged to be withdrawn.

After a short time the febrile excitement subsided, he again became much better; and, at the end of some weeks, was able to walk about the ward. The urine still passed off through the rectum, being a source of much inconvenience and distress.

Nothing worthy of notice was done for this patient for *nearly four months*, and he appeared to suffer only from the disagreeable inconvenience just mentioned. About two months since, however, he was attacked with diffuse inflammation on the right side of the bladder. This inflammation rapidly extended itself down into the perineum, and upon the inner side of the right thigh. It was treated with antiphlogistic means, but without success; suppuration ensued, was attended with a very high degree of constitutional derangement, and the matter burrowed down into the thigh and perineum. The abscess burst near the groin, and upon the inner side of the thigh; and a dependent opening was made in the perineum. One of these openings has subsequently healed, but that in the groin and perineum still remain fistulous; and when the patient strains or coughs, the urine flows through them. Scarcely any urine flows through the penis, except when the bowels are constipated; and then, when it passes by the urethra, the most excruciating pain is produced. Since suppuration took place, the patient has been ordered to take two drachms of Huxham's tincture of bark, and two ounces of the decoction twice a day. He was also allowed a generous diet.

Under the extensive suppuration, and consequent protracted irritation, the patient's sufferings have been very great. He is now very much emaciated, and his powers of constitution are evidently upon the decline.

ST. THOMAS'S HOSPITAL.

AMPUTATION OF THE LEG, IN A CASE OF NECROSIS.

On Friday, May 9th, Mr. Travers amputated below the knee for extensive necrosis of the tibia, the disease having existed 18 months.

The patient is a boy of about 16 years of age. He stated that about two years ago he received a blow upon the leg, and that he had felt pain for some time previously to its ulcerating, and was incapable of walking upon it. The whole of the tibia was much enlarged, and extensively diseased. Upon the anterior surface of the leg there were several large, unhealthy, fœtid ulcers, of a circular form. In most of them the bone was denuded, and apparently dead.

The operation was performed in the following manner:

A long catlin was pushed through the back part of the leg, about two inches below the femoro-tibial articulation, and carried downwards. A flap, of about three or four inches in length, was thus cut out of the gastrocnemii muscles. An incision, with an amputating knife, was then commenced upon one side of the flap, carried round the anterior part of the leg to the other side of it. A smaller catlin was pushed between the bones, and these were sawn off just below the tubercle of the tibia. The head of the fibula was afterwards removed with a scalpel. The operation was finished in the usual manner, and, on the whole, was very well performed.

TO CORRESPONDENTS.

Communications have been received from Satirist—A Phrenologist—Mr. Sheldrake—Mr. Girtin—Mr. Wansbrough—Dr. Alexander—Medicus—A Subscriber—Dr. Greening—Westmonachus — A Well Wisher to Assistants—Mr. Maclure—A Bachelor—An Enemy to all Humbug—Mr. J. H. Beaumont — Dr. Hare—Dr. Mackintosh—L.—Mr. F. Dunne—Mr. Bedingfield—A General Practitioner, and a Perpetual Pupil to Guy's Hospital—R. J.—An Unavoidable—Non Medicus.

"A Bartholomew Pupil," complains of one of the class whom he designates a "Swindler." As the letter relates to a private transaction, of course we cannot publish it.

A Student is not entitled to an examination before the Royal College of Surgeons, of Dublin, unless he have served an Apprenticeship to a Member of that College.

"An Enemy to a Corrupt System" will oblige us by writing, as he has promised. This notice was accidentally omitted last week.

THE LANCET.

Vol. II.] LONDON, SATURDAY, MAY 24. [1827-8.

LECTURES

ON THE

THEORY AND PRACTICE OF MIDWIFERY,

DELIVERED AT GUY'S HOSPITAL, BY

DR. BLUNDELL.

Lecture XXIX.

Of Laborious Labour from Rigidity.

Laborious labours are sometimes produced by a cause very different from a mere deficiency of room among the bones of the pelvis, or an unfavourable position of the head, I mean, the rigidity of the softer parts; and of all the laborious labours which have fallen under my care, these labours of rigidity are, I think, by far the most unmanageable, and may therefore be looked upon as very undesirable undertakings for those who are commencing their obstetric career.

Even when women bear their first child, early in life, the labour of rigidity may now and then happen; but such rigidities are more especially likely to occur in those cases where women marry at a later period, say about the age of forty, and where, too, they have enjoyed, a vigorous health, previously undisturbed by those floodings, or leucorrhœas, by which the softer parts are so effectually relaxed. When rigidity exists, provided we are habituated to investigations of this kind, it may, by examination, be very easily detected, for, instead of yielding as in ordinary cases, the vagina feels firm, and dry, and contracted, insomuch that you have no small difficulty in passing the finger to the mouth of the uterus, also, on examination, found to be firm and in good measure closed. In these cases of rigidity, under the best management, contusions, inflammations, sloughings, suppurations, and lacerations of the peræneum, more especially, are liable to occur; and sometimes there are convulsions, and sometimes retentions of urine. Almost invariably the child is born dead, and not very uncommonly the woman herself is ultimately lost, so that in the commencement of your obstetric practice, more especially, I would advise you, by all means, not needlessly to expose yourselves to difficulties so unmanageable.

In the labours of rigidity, it should be our first indication to produce, if possible, a laxity of the softer parts; but, unhappily, we are in possession of no very effectual means by which an indication of this kind may be accomplished. When women have large uterine bleedings, these generally produce much relaxation of the passages; hence, in these labours of rigidity, we are advised by some to take a hint from this observation, and to make free use of the lancet. By some it has been recommended, that a month before delivery ten, or twelve ounces of blood should be taken away; that a fortnight before delivery, we should take ten or twelve ounces more; and, more especially when the delivery itself commences, if the woman is robust, we are advised to bleed more copiously, abstracting twenty-five ounces, more or less, according to the circumstances of the case. Sometimes thirty, sometimes even forty ounces have been drawn, a bold practice in these cases, however, the more safely admissible, because the patients are frequently firm and robust. To obtain the full effect from the relaxing powers of depletion, you ought, by all means, to perform your bleedings in the commencement of the labour; and this promptitude clearly becomes justifiable, provided it is obvious, from the degree of rigidity, that to this venesection we must ultimately have recourse.

The softening power of fomentations in these cases is unhappily but small; relaxation of the os uteri and the upper part of the vagina cannot, perhaps, in any degree be produced in this manner; but relaxation of the external parts, the labia pudendi and perineum, for example, may perhaps be accelerated somewhat; and these relaxants, therefore, ought by no means to be neglected. To take a seat over steaming water can, I conceive, be productive of but small benefit, though it may amuse the mind somewhat; in some cases, perhaps, inspiring confidence, at the same time that it inflicts no injury on the patient. To use these emollient relaxants with full effect, however, you ought to be supplied with a large quantity of warm water and flannels, and for five or six hours together the vulva should be fomented, so as to mollify, as much as may be, before the head descends upon the external parts. For applying these fomentations, the most obvious season is the close of the labour, when the child, approaching the outlet, lies near the perineum and the labia pudendi. It is well, however, to begin the fomentations before the head is descended, in order that the parts, softened by your operations, may be brought into a state of readiness before the cranium begins to emerge.

In the laborious labours of rigidity, the warm bath has been recommended, a remedy more commodious in the practice of the hospital than of the private chamber; but, really, as those parts are not constricted by muscular spasm, and as they are not likely to become relaxed in consequence of faintness, I do not think that much advantage may be derived from the use of the warm bath, though, should circumstances conduce, it may be tried. *Tobacco injections* are scarcely adapted to the nature of the difficulty, and they are not without their dangers. Very powerful they certainly are in relaxing the muscular fibres, but not equally powerful in producing that relaxation which laborious labours, arising from rigidity, require. For myself, in endeavouring to effect the relaxation of the softer parts, fomentations and bleedings are the remedies on which I principally confide.

In these laborious labours, you must not forget, that not infrequently women are ultimately delivered by their *natural efforts*, and perhaps by their natural efforts most safely, although they may have been one or two days in labour, the pains, during the whole of this term, having been more or less severe. In these cases, it is the office of the accoucheur to watch his patient diligently, in order that if any bad symptoms should manifest themselves, and those symptoms should become alarming, he may immediately have recourse to his obstetric instruments, before any serious injury have been inflicted. One point I particularly recommend to your recollection, and that is, the numeration of the *pulse*; if it is not above one hundred and ten, all is safe, as far as the mother is concerned; if it rise to 120 or 130, or 140 in the minute, I am not prepared to say that the mother must therefore do ill, but there certainly is much ground for apprehension.

In those cases of laborious labour, resulting from rigidity of the softer parts, you must, too, be very cautious of the perineum, for when the cranium emerges, this part is much exposed to contusion and laceration, and very extensive slough or rupture may be produced. To prepare the perineum, you may bleed and foment, as before recommended; and, to prevent laceration, you may proceed as follows:—The woman, lying on her left side near the edge of the bed, with the right hand you bear upon the cranium, supporting the perineum with the left, and wait in expectation of the uterine action. Now, if the parts are lax, and the head advances, and, examined by the touch, the perineum seems to be in no danger of disruption or contusion, though the hands may still be kept in readiness, it is unnecessary to interfere; but if the head, bearing too rapidly forwards, a rending of the perineum is to be apprehended, you may then, with the right hand, resist the advance of the head, while you effectively restrain the perineum by the counter pressure of the left. During the emersion of the head, voluntary bearing is frequently recommended; but in these cases it is obviously improper. It is unwise to resist the passage of the head longer than the security of the perineum requires; for I am not sure, that in preserving the perineum we are not at the same time endangering a rupture of the uterus. On these occasions you are, as frequently happens, interposed between two dangers, and it requires some little nicety to determine when you ought to admit or resist the passage.

If the natural efforts fail in laborious labours, obstetric instruments must obviously become your next resource; but in these labours of rigidity, I should by all means dissuade you from the use of the embryospastics, the tractor for example, or the forceps. That a gentle trial of them may now and then be justifiable, I do not venture to deny; such trials I have myself ventured; but, on the whole, I distrust the practice. Owing to the rigidity of the softer parts, use the tractor or forceps as gently as you may, there is almost always a tendency to sloughing and bruising of the passages; the more to be regretted, as the fœtus, after all, is generally still-born. Under all circumstances, if you must have recourse to instruments at all, you had better, at once, have recourse to the perforator. Now, in deciding whether instruments are or not required, you may be guided by that general rule to which I have so often adverted. If there are no dangerous symptoms, and if the woman have not been in labour for twenty-four hours, after the discharge of the waters, instruments are not justifiable; but if dangerous symptoms are apparent, or if the woman have been in strong labour for twenty-four hours, or a longer term, the perforator may be necessary, and therefore justifiable.

Do not administer ergot or other stimuli in these cases, they are injurious; in the laborious labours of rigidity, stimulants are not required. Pains you do not want, but relaxation. Do not suffer your patient to be in labour too long; a great and fatal error; the issue after all is a dead child, and contusions, inflammations, and sloughings of the maternal parts are apt to ensue. Do not forget the caution which I have given you respecting the use of embryospastics: contusion, laceration, inflammation, suppuration, collapse, may all be the results of forgetfulness here. Let your tracheal pipe be in readiness. After-floodings are probable. Beware.

Such, then, are the leading causes from which, in ordinary cases, laborious labours are arising,—from rigidity, from disproportion, or from the incommodious position of the cranium; these causes operating separately, or in combination with each other. It is not, however, to these agents only that the difficulties and prolongations of these labours are to be ascribed; of laborious labours there are, moreover, other causes, real or reputed, and to a brief consideration of these we will now proceed.

Sometimes the membranes of the ovum are extraordinarily unyielding; firm, for example, as the bullock's bladder, so that though the os uteri is wide open, and the bag of water is bearing forth into the vagina, the membranes, notwithstanding, remain unbroken, and in some rarer cases the labour is prolonged for one or two days in consequence. A case of this kind never fell to my own lot, and I suspect its occurrence to be rare. Dr. Orme, known and respected as an obstetric teacher, seemed, according to his own showing, to have encountered the difficulty under consideration; the os uteri had been long dilated, and the membranes had been forced into the vagina, but the delivery being delayed, his assistance was requested; on entering the chamber, said he, I heard the membranes give way with report, and immediately the fœtus and the water escaped together. Examination after the birth of the placenta proved the toughness of the membranes, and demonstrated pretty clearly the nature of the difficulty. In a case of this kind, to rupture the membranes must be easy. If more gentle measures fail, you may lay open the membranes in the same manner as you would craniotomise; but before you have recourse to an instrument of this kind, never, without necessity, to be introduced into the vagina, I would advise you by all means to break through the membranes, if practicable, by the mere pressure of the finger. Pains supervening, the bag descends and becomes tense, and the womb bearing down in one direction, you may carry one or two fingers into the vagina, and bear against the membranes in the other direction, and under this action and counteraction, the rupture will seldom fail to be accomplished. Should this expedient fail, you may take a penknife, (not to introduce it into the vagina,) but to notch your nail, and communicating in this manner a serrated edge to the finger, you bring it to bear on the unyielding membranes, and, under gentle laceration, they readily give way.

Be pleased, however, to recollect here, that the bladder becomes overcharged with urine, and may be pushed down behind the symphysis pubis below, and before the child's head, or it may, perhaps, sometimes be forced into the same position by the action of the membranes, where they are firmer than ordinary. Be careful, therefore, not to lay open the bladder in mistake for the membranes. Aliquando bonus dormitat Homerus, in an unguarded moment, you may mistake the protruding bladder for the membranes, and, in such a case, if you have recourse to the perforator, you may lay the bladder open instead of the involuera; hence one among other reasons why, in this operation, the perforator ought not to be heedlessly employed. Disruption of the membranes can never, perhaps, be required in these cases of unyielding involuera, unless the os uteri be fully expanded previously, and the bag be forced down into the upper half of the vaginal cavity.

The umbilical chord is sometimes unusually long, of three or four feet, for example, and sometimes it is equally remarkable for its brevity. Dr. Haighton met with a case in which the chord's length, on measurement, was not found to exceed seven inches. Brevity of the chord is said to give rise to laborious labours, but of this I much doubt. It was the opinion of the ancients, that the fœtus, not expelled by the action of the uterus, made its way into the world by its own efforts. Holding this opinion, they were led to infer, that where the umbilical chord was short, the fœtus would be retained; being tethered, as it were to the sides of the uterine cavity. From the ancients, then, I apprehend, has been derived this opinion of impeded labour, produced by brevity of the chord, but the foundation of this opinion appears to be erroneous. In modern times it has been proved demonstratively, that it is not by its own efforts that the fœtus makes its escape. The dead fœtus *cæteris paribus*, is born as easily as the living. The child is expelled by the contraction of the womb, and these contractions of the uterus, I have myself had frequent occasion to feel, when the hand has been introduced for the purpose of removing the fœtus by turning. Hence, when the child descends, the uterus descends also, as it is the movement of the one that gives motion to the other; therefore the distance between the uterus and the umbilicus, as the labour advances, must always remain pretty equal; nor will the shortness of the chord, I conceive, make itself felt in the labour, till the body of the fœtus have escaped from the vagina. Be it remembered also, that if the chord resisted the progress of the fœtus, the placenta must become detached under the strong action of the uterus, a large flooding ensuing in consequence.

It is not, I think, frequently, that the *sacro-coccygeal joint* is *anchylosed*, yet this accident, now and then occurs; and, in the obstetric museum, I have a very beautiful specimen of this anchylosis, the sacrum and coccyx being consolidated into one bone. When the coccyx is anchylosed at right angles with the sacrum, encroaching on the outlet of the pelvis, it may materially obstruct the passage of the head; and, in some rarer cases, laborious labour, demanding the administration of instruments, may be produced in consequence. That such is the nature of the obstruction, you are led to surmise, by finding, when the head is at the outlet, and cannot be transmitted, that it bears very forcibly in the coccyx and pubes, and the nature of the case once suspected, you pass your finger internally upon the surface of the coccyx, and externally laying the thumb in apposition with the finger, you feel the bone through the softer parts, and easily perceive its immobility. A case of this kind, I should be inclined to treat on the general principles already so often reiterated. And, first, I should give a fair trial to the natural efforts for four-and-twenty hours, if no dangerous symptoms appeared; and if twenty-four hours passed away without delivery—or if dangerous symptoms occurred, I should then have recourse to the tractor or the forceps; or should dangerous symptoms become manifest, or without the occurrence of these symptoms, should the labour be prolonged beyond the six-and-thirty, or eight-and-forty hours, after the discharge of the waters. I should then have recourse to the embryotomic instruments, provided the embryospastic had been fairly tried without success.

Again. When women bear their first child late in life, labour, as I have already observed, becomes more or less laborious in consequence. In women, however, who are advanced to the middle period of life—the fortieth year, for example, it will not be necessary, under ordinary circumstances, to have recourse to instruments. Should no symptoms of danger become manifest, give a fair trial to the natural efforts for four-and-twenty, or six-and-thirty hours after the discharge of the liquor amnii, and the fœtus will, I think, not infrequently be expelled.

Like the adult, the fœtus, too, at full age, may be unusually large, and this extraordinary bulk may become a cause of laborious labour. Instead of weighing about seven pounds only, the fœtus, at birth, may weigh twelve, fourteen, sixteen pounds, or more than this. I have myself seen a woman of middle stature, who produced remarkably large children — one of which, without clothes, was found, as I was assured, to weigh seventeen pounds at birth. Now, in these cases, generally when the children are extraordinarily large, the head being large also, unless the pelvis be of more than common capacity, difficulty of parturition ensues; but this difficulty, be it observed, is to be managed on the same principles as those difficulties which result from coarctation of the pelvis. Essentially, indeed, the two cases are the same; in both disproportion is the cause of the obstruction; but, in the one case, this disproportion arises from the contraction of the passages, and, in the other, from the overbulk of the cranium.

You will meet with cases, though rarely, in which the head is *hydrocephalic*, half a pint, or more, of water accumulating within the cranium. Now, in these difficulties, it has been proposed to turn the child, an operation of which, as you may infer from cautions already given, I can by no means cordially approve. In the very last case of hydrocephalic labour, which has fallen under my notice, the practitioner, with the best intentions, carried his hand into the uterus, but a fatal rupture of the genitals was the consequence. To the exclusion of this formidable operation, therefore, I would advise you to adopt, what to me appears to be a safer practice—confiding the birth to the embryospastic, the embryotomic, instruments, or the unassisted efforts of nature.

The head, when hydrocephalic, readily yields under pressure; and sometimes by disruption, and sometimes by an accommodation of its form and bulk, it will be found, without the aid of instruments, to make its way into the world. Should no dangerous symptoms be observed, therefore, give a fair trial to the natural efforts, applying the lever, or the forceps, should these efforts fail you; but should the softness of the head unfit it for the action of these instruments, then, if delivery be necessary, betake yourselves to perforation; a large opening would not be required, a small puncture would discharge the waters. With this disease, life is scarcely desirable. Lycurgus would have condemned the fœtus; but we are Britons and not Spartans; and it is of our profession not to destroy life, but to save it.

In labours laborious or not, it sometimes happens that the arm and chord descend together into the pelvis; the simultaneous descent of these parts being, on the whole, not uncommon. When the chord is in the pelvis, together with the head of the fœtus, not infrequently the child perishes, stifled in consequence of the compression of the funis, and the interception of the placentar changes at a time when respiration cannot be performed; and this more certainly if the labour be retarded by the rigidity of the parts, the position of the fœtus, the bulk of the cranium, the coarctation of the passages, or any of the other causes already enumerated. Now, it is desirable, if possible, to secure the child against these dangers; and it was first suggested to me, by one of my own pupils, that a piece of sponge, about the size of four fingers, very soft and fine, should be insinuated into the uterus, and left there, in such a manner as to carry back the descending loop of chord and preclude its return into the vagina. Should much chord descend, it could hardly be replaced in this way. A smaller descent may be remedied. I have myself tried the practice with success. If it can be accomplished without violence, it is, I think, to be recommended. The inexperienced, however, and the awkward, had better refrain. In some rare cases, to be looked upon as anomalies, should the pains remit, you may carry the chord and the hand into the cavity of the uterus, provided the parts make no resistance; and looping the chord upon some part of the fœtus, you may thus prevent its reiterated descent. As a general practice, however, this is not to be advised, as the introduction of the hand is always attended with more or less risk of laceration. Should these measures fail us, we must then, I believe, be contented to place the chord in the most capacious part of the pelvis, directing the patient to make the most of her pains by co-operative voluntary urging, the birth of the head being accelerated cautiously, by the tractor or the forceps, provided we are dexterous in the management of these instruments.

With the chord it sometimes happens that the arm descends, the birth becoming obstructed, more especially if there is a large head, or a contracted pelvis. By the hand or the sponge, as before explained, the arm may sometimes be replaced; but, should these attempts fail, the delivery may be completed by instruments, the embryospastic, or the embryotomic; or the birth may be confided to the unaided efforts of the uterus; and in determining in which of the three modes the birth should be completed, we must, I conceive, be guided by the principles already prescribed.

And thus much then respecting the management of this important class of labours—the laborious labours, as they are called,—occasionally met with in country practice, still more frequently in that part of practice, which lies in the midst of our large manufacturing towns, those nurseries of feeble bodies and fretful minds. Dreadful expedients, the dangers and difficulties of these cases may require—the destruction of the ovum, the sacrifice of the fœtus, the administration of some of the most formidable instruments, and the execution of some of the most perilous operations, with which the healing art is provided. Two lives are always in jeopardy. Every thing conduces to inspire an interest for their safety. How then must England, how must Europe, admire the dignity of a medical body, which sinks a part of the profession to which, in the realities of life, such trusts are confided, into a mere vocation, undeserving its attention. Such loftiness is truly regal. Si j' etois lieutenant de police, je defendrois ces cabriolets," said Louis Quinze. Perish our wives—perish our daughters—let every pretender have the right to lay open the head of our living infants, but let not men of enlarged academical education be defiled by a condescending and gracious inquiry into the qualifications of those who devote a part of their minds to such abject pursuits. Absite dî meliora. Prætor non curat de minimis. This is dignity indeed; but then what is arrogance? what is insolence? Homo sum humani nihil a me alienum puto. Ah, how easy was it for the orchestra—the equites—the great body of the Roman people to *applaud* the sentiment; but throughout the whole of the multitudinous assembly, was there one who found it easy, to *act under the influence* of the sentiment of the benevolent Chremes? I presume there was not. Of the past we must form our opinion from the present. Granite is unchangeable, and so is human clay.

FOREIGN DEPARTMENT.

ANOMALY OF VISION. BY M. J. GODMAN.*

The inversion of images formed on the retina, by the passage of rays of light through the anterior part of the eye, resulting from the laws of optics, is constant, and does not produce any uncertainty in the judgment relative to the position of the objects, provided the other senses be in their natural condition. The following case presents an extremely interesting exception:—A child, seven years of age, the son of a distinguished artist, commenced taking lessons in drawing from his father; but it may be imagined how great the parent's surprise was, at finding all the objects which the child represented, drawn upside down. It was first supposed that the child might be practising this inversion of objects in joke, but he affirmed that he drew the objects as they appeared to him; and as the drawings were, in other respects, very accurate, there was no reason for doubting the child's word. Every time that the object was turned before he took a sketch of it, he represented it in the natural position, showing that the sensation received by the eye corresponded perfectly with the inversion formed on the retina. This state of vision continued more than a year; after which time the child began to see objects in their natural position.

---

* Journal Universel des Sciences Med. Feb. 1828.

Many analogous cases have been observed; a very distinguished lawyer, for instance, saw, for some time, objects inverted; the houses appeared to him to rest on the roofs—men, to walk on their heads, &c. This aberration of vision depended on a disturbed state of the digestive organs, and disappeared with the cause which gave it origin. Dr. Wollaston, after considerable exercise of body and mind, suddenly found that he could see but half of the figures of persons whom he met, as well as other objects which came before him. Dr. Crawford relates the history of a woman who was attacked with a slight hemiplegia of the left side, who, from that period, could see but half an object, not even after that the power of motion had been restored to the paralysed side. Another person had, for several years, a derangement in the vision of the right eye, to which every single object was represented multiplied seven or eight times.

CIRCULAR CONTRACTION OF THE RECTUM.*

Madam M., ætat. 40, of a full habit and strong constitution, had experienced, for the last three years, (since the time of her accouchement,) a great difficulty on going to stool. Frequently fifteen days would elapse without an evacuation taking place; then violent pains, which the patient compared to those of labour, came on, and were followed by the expulsion of a small quantity of liquid, or solid fæcal matter. The patient was in this state when she consulted, on the 30th of August, 1827, Dr. Longueville. This gentleman, suspecting some affection of the organs contained in the pelvis, submitted them to an examination. The womb, although large, did not appear diseased; but on the finger being introduced up the rectum, it met, at the distance of two or three inches, with an obstruction which appeared like a circular contraction of the gut. Dr. L. attempted to pass the finger beyond this point, which he did with considerable difficulty, and found that the rectum, above the structure, was dilated, or rather distended, with fæcal matter. The daily use of injections was prescribed, and the introduction, up the rectum, of a tent covered with opium cerate. On the 11th of December following, Dr. L. again saw the patient, who confessed that she had neglected, or but imperfectly followed up the directions; two days before she had a very copious stool, since which she experienced greater pain than usual. The abdomen was swollen, and painful on pressure; frequent liquid motions, and nausea, small pulse, great anxiety, and cold extremities; these were the symptoms, in addition, which presented themselves, and in two days afterwards the patient expired.

The body was examined fourteen hours after death. There was considerable effusion, of a sero-purulent fluid, in the abdomen; the peritoneum was thickened, and inflamed; the intestines were distended with gas, and covered with a yellowish soft, adventitious membrane. The muscular coat, and the layer of cellular membrane, which unites it to the mucous tunic, was converted into a fibro-cartilaginous structure. Towards the anus there were a great number of varicose veins, and, about four inches up the gut, there was a circular contraction, scarcely admitting of the passage of a quill, and which must have considerably increased since the 30th of August. The mucous membrane in this point was healthy, but thin; the muscular coat, and the two layers of cellular membrane, uniting it to the peritoneal and mucous tunics were changed into a thick, grey, hard tissue.

PENETRATING WOUND OF THE CHEST.*

A man, thirty-two years of age, inflicted on himself a wound with a knife, between the fifth and sixth left ribs near the edge of the sternum. From the mark of the blood left on the knife, it was evident that it had entered two inches; the wound was sufficiently broad to admit of the little finger. At each inspiration, a stream of arterial and venous blood escaped with a whistling noise; and this hæmorrhage was rapidly exhausting the strength of the patient, the extremities were cold, the pulse imperceptible at the wrist, and the respiration very feeble. The wound was hermetically sealed, and kept in this state by a graduated compress, which was fastened by a bandage. In three days afterwards the compress was removed, and the wound found nearly cicatrized. In fifteen days from the accident, the cure was completely effected.

---

* Clinique des Hospitaux. Tom. ii. n. 31.

* Graëfe's Jahresbericht.

In order to show the course which Nature adopts in the cure of penetrating wounds of the chest, professor Graëfe performed some experiments on dogs, dividing the intercostal artery in each, and superficially wounding the lungs. Immediately after the experiment, a great quantity of blood escaped, the animals began to vacillate in walking, and to bear against the wounded side, and appeared easy only when they were resting the injured part against some hard body. In all, the bleeding gradually stopped, and the dogs were quite recovered in fifteen days, without any other assistance, remaining in the situation just mentioned, eating scarcely nothing, but drinking a good deal of water. Several of the animals were afterwards killed, the effused blood was completely absorbed, and there were only partial adhesions of the lungs and pleura in those dogs in which the lungs had been intentionally wounded.

AMPUTATION OF THE EXTREMITIES WITHOUT LIGATURES ON THE VESSELS.*

Dr. Koch, senior surgeon of the Hospital of Munich for the last twenty years, has never employed ligatures to arrest the bleeding from the divided vessels. An assistant compresses the main trunk with his hand during the operation, and until the dressings have been applied; then, instead of this pressure, the surgeon applies a graduated compress, fastened by a bandage along the course of the artery. The patient is then taken to bed, and watched by an assistant, who exercises a slight pressure with his hand on the stump, as long as strong pulsations are felt in the part. This plan Dr. Koch has always found successful.

COMMUNICATION BETWEEN THE VESSELS OF THE UTERUS AND PLACENTA.

M. Biancini has recently communicated to the Medico-Physical Society of Florence, an account of some experiments which he has undertaken for the purpose of demonstrating the immediate and direct connexion between the vessels of the mother and those of the fœtus. Having injected the vascular system of a woman who had died in labour, the placenta being attached to the uterus, M. Biancini found that the injection had run into the chorion and amnion. On examining the tortuous vessels of the womb, he saw that they penetrated the tissue of the placenta, and were spread out on the membranes, and that they had deposed the injected matter in the cells described by Hunter and Meckel. Several similar experiments convinced our author of the direct passage of the blood from the mother to the embryo, but he was also anxious to show the immediate return of the blood from the embryo to the mother. For this purpose he injected with mercury the umbilical arteries of a calf, and found that the metal, after passing through the placenta and the other coverings of the fœtus, entered immediately into the uterus by some short branches, and thus filled the veins of this organ. M. Biancini terms these vessels placento-uterine veins.

1828; OR, A GLANCE AT DR. JOHNSTONE'S "ANNUS MIRABILIS."

> "Woe unto the foolish prophets, that follow their own spirit, and have seen nothing."—EZEKIEL.

To James Johnstone, Esq. M.D., &c. &c.

MY DEAR DOCTOR,—Having made the acute discovery, that hospital reporters are now paid by the acre for their letter-press, you will not be surprised that one of that class of hirelings should again select so fertile a theme as yourself for the subject of an essay, having, on a former occasion, spun you out to the profitable length of six mortal pages. A more humane and disinterested motive, however, than the profits of my vocation induces me to address you now: the "Fasciculi" for the last quarter are flaring before me in their scarlet jackets, and I feel a friendly impulse from their presence to communicate my opinions on their merits and success, while the tone of the last two or three numbers convinces me that you are in a state of mind favourable to the adoption of advice. The metamorphose unquestionably reflects infinite credit on your taste in costume, and skill in tactics, for bringing into the field so many forces, arrayed, too, in such splendid uniform, out of the routed remains of the late Medico-Chirurgical Review. Their sanguinary apparel is now, indeed, in perfect keeping with their truculent intent; but having thus unfurled the banner of blood, why not inscribe it with the dagger? Were the arms assorted in this manner to the tint of the scutcheon, the heraldry of the undertaking would then be consistently emblematic of that literary assassination to which it aspires. Their appearance in separate parts, and at shorter intervals, is also an obvious improvement. One review from the "great unpaid" of the "Quarterly" at a time is quite sufficient to compose ordinary readers to the precise point of agreeable somnolency; the former quantity, of eight or ten administered in one dose, was in danger of frequently producing actual lethargy. All these amendments, however, fall far short of the alteration effected in the mechanism of the "Periscope," for by this invention alone posterity will decide on your genius. Though the adaptation of the object-glass to a wider horizon must necessarily diminish its precision, in the representation of images, in proportion to their multiplicity, yet the miniature picture of medical intelligence, which is thus presented, will serve as an admirable "catalogue raisonne" to the twenty or thirty journals upon which the instrument is to be employed. But perfection is not to be expected in the most subtle contrivances of man; and failing only in a comparison with itself, the "Periscope" will doubtless exhibit the best index to the current medical literature of the day, with the additional recommendation of being the only one of the kind ever published in a periodical form. Could it, indeed, as perspicuously reflect the contents of these several journals in a space less than many of them occupy, as its promises are feasible, the "camera obscura" would cease to be a philosophic wonder, and the deglutive powers of the "boa constrictor," which contrives to accommodate in its stomach a buffalo larger than itself, would be no longer a matter of doubt or of amazement among natural historians. It is a melancholy reflection, however, that the ingenuity of these various designs should have been wasted on an ungrateful profession, insensible to the talent which they display; and, in passing from their consideration to the reception which they have already experienced, I almost tremble to lead you across that awful gulph of blasted anticipations which divides the commencement from the termination of the enterprise. Making every allowance, however, for the provocation given, and the excellence of some of the means taken to raise yourself and your party from the abyss into which you had been plunged, my conviction of the imprudence of the entire scheme, and of the impropriety of certain parts of it, compels me to recapitulate the whole circumstances connected with the attempt, though the task may seem ungracious. But it would be in vain, nay, inconsistent, my dear Johnstone, with my solicitude for your welfare, to conceal from your view a picture, by the attentive inspection of which, you can alone be brought to a just perception of your late conduct, and preserved from a similar fate in future; as the gambler, or the prodigal, who hazards his all on the cast of a die may sometimes be reformed by drawing his attention to the folly of his life in the mirror of description. Besides, that false delicacy which might tempt me to spare your feelings the painful recital of the following facts, is entirely superseded by the superior motive of serving you, and by the knowledge of their being already present to your mind, for of his errors in this world, unfortunately, man cannot be forgetful, Lethe being truly, though poetically, a river of another clime, whose oblivious waters flow for those only who have expiated their offences by passing through the tomb. You will, therefore, recollect, that when I last had the honour of pointing out to your notice the grave which you were preparing for your wild speculations, you were totally inaccessible to the influence of reason; and I am not at all surprised, that events have more than realised my admonitory predictions. Like the Pythoness placed on the tripod over the intoxicating fumes of the cavern of Elis, you were then inebriated by a riotous indulgence in visionary projects; like the same being, exhausted by her raptures and physical exertions, you are now in a state of collapse, calm, quiet, and subdued by the very excesses of speculative dissipation:

---

* Graëfe's and Walther's Journal, tom. ix. Part 4.

"But not even pleasure to excess is good
What most elates then sinks the soul as low,
When spring-tide joy pours in with copious
flood,
The higher still the exulting billows flow,
The farther back again they flagging go,
And leave us grovelling on the dreary shore."

You, of course, remember the fantasies which floated in your mind during that paroxysm of prophetic excitation, and the awful announcements with which you introduced the glorious millenium of 1828. While the old worn-out pens were pointing for the conflict, the calumnies against private character compounding, the lawyers feeing for the prosecutions, the mail coaches and the stamp office were hiring for carrying on the war in the provinces, while these preliminaries were in progress, no wonder that revenge, awakened from its deadly reveries by the prospect of immediate gratification, should have assumed the tone of triumph by anticipation, and inspired its deluded victims with the drunken, frantic courage of a company of bacchanals celebrating their mad orgies during a Roman saturnalia. O, my dear Johnstone, what delicious dreams were these! when the circle of affiliation was forming, and the apostles of the new era saw, as they danced around the magic ring, the annihilation of the enemy in the sorcery of uniting affection. No wonder that the mental clouds, generated by these mad festivities, should have excluded every ray of reason from the Christmas rites; and that, in the blind enthusiasm of the hour, you should have suffered yourself to become the "Peter the Hermit" of the new crusade, and scatter, with fanatical profusion, indulgences of praise, and of exemption from all responsibility for past, present, and future offences, to those who enlisted themselves in the sacred cause. But great, it must be admitted, were the objects of the undertaking, and commensurate were the means adopted for their consummation. Reviews were to have been written, more valuable than the very works out of which they were composed; quartos of some four hundred pages, priced four pounds, were to have been reduced into a few pages by a novel species of condensation, and sold for "fourpence sterling;" hospital reporters, by the assistance of improved chronometers, were to teach time itself more accurate movements during the performance of operations, to measure every incision by a scale of equal parts, and instead of describing the operator's motions in words, to represent them in papyroplastics. The articles on medical politics were to have silenced for ever the declamations of the radical press, and all that it had ever done in exposing error, reforming abuse, and diffusing professional information, was to have been proved false, worthless, and injurious to society; while "periscopes," constructed on a new principle, were to catch the phases of the medical world long before they became visible to ordinary mortals, and, by a species of optical condensation, to realise the properties ascribed to the "mirror of vanity" in the Castle of Indolence, of whose listless tenants—

"One great amusement of their household was,
In a huge crystal magic globe to spy,
Still as they turned it, all things that do pass,
Upon this ant-hill, earth!"

The writers in The Lancet were to have been demonstrated dunces, hirelings, villains, fitter to figure in the pillory than in the pages of a scientific journal, ministering to the instruction and amusement of the profession. By a similar process of reasoning, its friends were to abjure their own principles recorded in its columns, the moment the sun of the new system ascended the literary horizon; or, in default of this act of self-desertion, that genius, for which they had hitherto obtained credit with the public, was to have been at once dissipated in the torrid zone of threatened talent, like the diamond in the focus of the burning glass; and those springs of knowledge, from which a grateful and admiring world had so long drank, to be instantly dried up in the simoom, issuing from the premises of Longman and Highley. Atheists, infidels, materialists, septembrisers, were the tender appellations, by which those men were to have been pointed out to the odium of a class of society, which unfortunately but requires a glance at its game, to run it down with the keen perseverance of the blood-hound. The anomalous state of medical economy, and its disastrous consequences to the best and most useful department of the profession, were now to be held as the perfections of an infallible and allwise scheme of government, in which "whatever is, is right," though its mischievous tendencies and inconsistency were for years the subjects of demonstration, and the themes of unremitting complaint. Pupils, who had been exalted from slaves into freemen, by being taught to think for themselves, and to consult their own interests, were again to be subjected to the birch of masters who doled out their patronage, not according to desert, but to the highest bidder, and the basest truckler to their despotic and corrupt schemes of monopoly. The tactics, in short, of the "Beacons, Blackwoods, and Bulls," were to have been transferred from these sinks of British politics, to the purer and more philanthropic pursuits of science; and with, it was hoped, some portion of that baneful influence, which these vile advocates of negro slavery, have hitherto exercised over the destinies of their country. The most amusing part of this extraordinary undertaking was, that while in the progress of accomplishment, it was really taken for granted, that The Lancet—no, the Lion, was to lie down in his lair, and suffer himself to have been devoured by the very vermin generated in his offal, and cherished by his heat. The small snarling curs, whom he had scared into obscurity by his first roar, becoming accustomed to his voice, and instructed by his habits, imagined they might make up by union of numbers for individual insignificancy, and thus overcome the lord of the forest, by clubbing their might, and mimicking his plans of war. With a magnanimity characteristic of his strength, he did permit, for a while, these diminutive aggressors to indulge in their vanity, and even to yelp a yell of triumph, mistaking his patience for want of courage and power, well knowing that he had merely to raise himself into an attitude of defence, and that the whole fry would fall around him "like dew-drops" from his own mane. Well, the grand assault has been made—the one-sided combat in which, "si rixa ubi tu pulsas, ego vapulo tantum," was to have been the motto of the contest—and what, my dear Johnstone, have been the results? The recital is a bitter medicine; but, as it may save you a visit to Anticyra, or a sojourn in the lonely isle of Loch Lomond, it must be swallowed. You will, therefore, be so good as to bring to mind here, the predictions and puffing with which you ushered in the birth of the first champion in the conflict—Longman's Cameleon, which, after changing its hue each day of its appearance, at length settled into its present chlorotic tint, emblematic of its tendency to a decline. No one less than a Laker and a Poet-laureate, it appears, was considered worthy of putting forward its pretensions; and its friends and parents,

> "Like that deep-mouthed Bœotian 'Savage Landor,'
> Mistaking for a swan, rogue Southey's gander,"

accordingly, had the prodigy prefaced by that elegant inditer of hexameters, birthday odes, and Joan of Arc. I need scarcely acquaint you with the further history of this greatest abortion of modern literature. After exhausting the bankrupt portfolios of Mr. Charles Bell and the Bats, becoming, for awhile, the congenial conduit of their drivel, and receiving one gash from the catlin of Mr. Samuel Cooper, the "old hack of a journalist," who was ashamed to reappear, "propria persona," before the public, has shrunk into the contempt and obscurity from which he attempted to creep under false colours. Pitied by its opponents, and despised by its very supporters as unworthy even of them, it is lingering out the most loathsome of all literary existence, the very personification of squalid authorism and decay, without the power of wounding the enemies of its principles, or advancing the cause of its friends. The "fasciculi" followed, but, alas! they too have experienced a similar fate. The attempt to compress into so narrow a receptacle the property of authors, was viewed with much the same feeling by the public, as they would look on the clown in Mother Goose, attempting to transfer to his pockets every moveable article within his reach. The notes of admiration, italics, and Roman capitals, for which a type-founder must have been exclusively employed, and set up in your pages to point out a meaning otherwise unintelligible, as milestones are set up to direct a traveller, and all the other typographical artifices, by which dulness was masqueraded in the garb of wit, have but excited pity for the poverty of intellect, which could stoop to such mechanical efforts at effect. You took improper liberties with the classics, until syntax and prosody, as if to avenge the insult, "wrote you down an ass." To give an air of independence to your political twattle, you took a similar license in dealing with the College of Physicians, but you soon found your mistake; for, no sooner did that venerable old lady put on her spectacles, and draw up her wrinkles into a frown of disapprobation, than, scared by the looks of the harridan, you fell prostrate at her feet, and, in the lowest whine of penitential servility, declared that you had no design on her immaculate virtue. No, no, Doctor, it requires some flesh, blood, and courage, to tame shrews of that description: had Petruchio been a dyspeptic, Catherine had remained untamed. You also gave free scope to your talent for personal abuse, and what a specimen of mental imbecility has it disclosed? No doubt you commenced on a lofty key, among the very treble stops of the organ of vituperation; but, from the first frantic scream of attack, down to your expiring groan, you have been descending an octave lower in each "fasciculus,"

> "Sinking from thought to thought, a vast profound!"

until, in your last effort, you appear like an exhausted nymph of Billingsgate, your arms a-kimbo, your hands clenched, eyes immoveably fixed in their sockets, teeth gaping furiously but harmlessly through your retracted lips, and exclaiming that ultimate monosyllabic concentration of baffled rage, "lie, lie, lie!" Not one word, my dear Doctor, more, are you able to utter. Next came the lawsuits, and how they ended, you need scarcely be informed. The hero of one of these plots, valuing his reputation at the modest sum of two thousand pounds, though he had to conceal his name in becoming Longman's hireling, threw himself on the mercy of a jury, who, with a more moderate notion of his talents and fame, estimated both at the enormous sum of five pounds sterling! It was really too bad; an editor set up soul and body in a court of justice to auction, and only to bring the price of a pair of pantaloons. Mr. Guthrie followed his unfortunate friend Roderick, and with a still more ludicrous result. Like Sir William Draper, he stands forward the hero of defeat. Witnesses would not suppress the truth, or perjure themselves in his defence, so he took to his heels. But, in mercy to human nature, let his case rest in peace; for though the duty which I owe to you, demands the truth to be told, yet there are recollections connected with the transaction, which had better be concealed from view. The friends of The Lancet, and its writers, had next to stand the fierce assault of Longman's legion. Among these, Mr. Lawrence and Dr. Haslam were selected as the subjects of especial attack. You recollect all the pains and special pleading with which you sought to convince the world, that the former was not an original genius. But if he be not an original genius, in what part, my dear Doctor, of the scale of mind, is his assailant to find his proportional place? If Lawrence does not stand at the point of genius on the scale of intellect, will his calumniator presume even to include himself within the zero of the same standard! To measure the distance between both, the critical thermometer should be graduated anew, and some term more expressive of dulness than congelation, invented to define the difference. By some such contrivance, could Dr. Haslam be discriminated in a proper manner from his commentator, who is literally unworthy of manufacturing the ink with which the "Lectures on the intellectual composition of man" were written. The provincial correspondents were considered of too much importance to be neglected in the general assault; but in what relation do they now stand with respect to their assailants? Erinensis, "the Irish vagabond, the half rebel, half surgeon," as he had been called by the pious Dr. Copland some twelve months ago, is showing in intellectual verdure, "the might that slumbers in a Paddy's arm;" while his calumniator lies entombed in his own mausoleum, seared, withered, ceasing, like a skeleton desiccated in the desert, even to annoy the public by the pestilent fumes of decomposing authorism. His servile imitator, as you have in your critical discernment been pleased to designate Scotus, was also to have been cut up, his cases analysed, and the subjects of his criticism implored to contradict his statements. The retort has been broken; the cases have stood the test, and the officers of the Royal Infirmary have pleaded guilty to his charges in their reports. Justice, of course, he could not expect at your hands; and "well might you rage, he gave you but your due." Should you only survive as editor for a little longer, you may expect, in a small account to be settled between you and him, that he will extend his courtesy to your claims, for he has a taste for acting up to his country's motto, "Nemo me impune lacessit." To these editorial exertions, the assistance of that beautiful race, the "Bats" was added, who no sooner found an emunctory for their peccant humours, than they attempted to purify themselves from the stains affixed to their character. Mr. Earle's chirrup, Mr. Keate's twitter, Mr. Brodie's "pins and needles," Sir Anthony's resuscitation of the humoral pathology, all joined in one harmonious din, which died away, unheeded and harmless as the hissing of the sea-surf against the rock. More than half of the magic era, 1828, has been spent in these idle speculations, without accomplishing one object for which the crusade was undertaken. There, my dear Johnstone, is the enemy still in possession of the field; his colours flying triumphantly over your head; as pleasant, popular, and instructive as ever, and without bringing one of his reserves into action. Look at him, inspect him closely, and can you discern one tint of disease in his countenance; feel his pulse, and do you not perceive a promise of patriarchal old age in every beat? Just apply the stethoscope to his chest, and can you discover a single consumptive rale to interrupt the melodious murmur of healthy respiration that issues from his breast? On the contrary, instead of being injured by the late assault, the gentle exercise which he has taken in laughing down the assailants, has but improved his health, and has made him anxious for a more dignified opportunity of showing his strength, and drawing out his resources. Should such an occasion arise, auxiliaries, of whom, in your lamentable ignorance of all that is passing around you here, you know nothing, would instantly start up at his beck. There is not a county hospital in England which would not send its volunteers to the war; a Royal Infirmary in all Scotland, from which half a dozen of pathological "warlocks" would not march across the "border" with their amputating knives turned into claymores; nor a dispensary in the whole of that loyal part of the United Kingdom called Ireland, from which you would not have a "shelelah" flourished over your head. But you are really asleep with your eyes open; in a sort of waking dream, in which, though conscious of surrounding objects, you are yet unable to comprehend their nature and relations, or you could never have been guilty of the egregious folly of solemnising the Christmas festivals by such mad predictions. To expect that the scattered forces of your little band, debilitated by years, enervated by a long servitude in the cause of corruption, reduced to a mere remnant by the desertion of all who had any respect for their character, and with, for their support, but one or two out of the some forty or fifty thousand surgeons, physicians, medical students, gentlemen-amateurs, apothecaries, aurists, chiropodists, cuppers, shampooers, oculists, accoucheurs, empirics, who compose the medical profession; to expect that such a band of blockheads, and with such trifling support, could compete with THE LANCET, patronised by the whole preceding multitude, each and every one of whom read it, was, to say the least of the matter, beyond all calculation, ridiculous. Not to speak of our readers in the neighbourhood of John o' Groat, in the loneliest wilds of Wales, on the margins of all the bogs in Ireland, on the Continent, in the Colonies, and in America, THE LANCET is now the standard of medical science in the capital of the "celestial empire;" while from a letter lately received from a brother reporter, whose cases of Cossacks and Moslem in the impending campaign, will constitute a new era in military surgery, I am happy to inform you, that, next to the Bible and Koran, it is held in the greatest estimation at Moscow and Constantinople. To such an universal opposition, "extending through all extent," what had you to offer in the way of circulation? To convince you of your error, to throw some light on disputed points of geography, and as a curiosity in the nomenclature of the human race, we must certainly have a list of subscribers,—I mean a volume of 990 pages, such as the last of The Lancet; not some half dozen of names, such as figure at the end of a "fasciculus" once a quarter. Only think, therefore, of your fatuity to propose a contest with an enemy spreading from pole to pole, while your name was strictly confined to places accessible by steam boats and stage coaches. To Glasgow, Edinburgh, and Dublin, a few copies of the Bat Journals may have been carried by these conveyances, to complete the collections of a few medical Dibdins residing in these vulgar places, and curious in the literary monstrosities of the age; but beyond Poolaphooka, where the Liffey leaps from its mountain cradle into the plains of Kildare, did "Roderick" or "fasciculus" ever yet pass, nor ever slumber under the shadow of the mighty Nevis. Into such respectable localities, not one of the Highleys, the Underwoods, the Longman's, or any other of the non-medical proprietors' periodicals ever yet entered. Here, my dear Johnstone, are "materials for thinking" beyond what Burton ever thought of. The results of the contest have been placed before you; and the inutility of contending with such an opposition must be apparent. The moral of the conversation which I have been holding with you for the last half hour, and in which I have perhaps been more familiar than polite, as I am always in my letters to particular friends, is equally obvious, and will not, I trust, be lost on your better sense in the moments of cooler reflection. Beaten, undoubtedly you must admit, you have been, and without the most distant prospect of retrieving your shattered fortunes. If, therefore, there be a publisher of a medical magazine of any kind, who has been seduced by your advice, and that of your routed party into the ruinous speculation of printing journals, and puffing them off in ingenious advertisements, but which journals it is utterly impossible can ever be sold, advise him without one hour's delay, to set the copy-right up to auction, and we will "help to bury whom we helped to starve," giving him the price of a coffin, lest the deceased should go to the grave without the usual forms of a Christian burial. Pope, you are aware, was offered ten pounds by Swift to turn Protestant; I will imitate his generous conduct, and give you the same sum for the "fasciculi;" but on condition, however, that you do not become a political penitent, and attempt to injure the cause of justice, by assuming the principles, and entering the ranks of its advocates. Should this offer be taken, there must, of course, be some hands thrown out of employment, perhaps on the parish, and for whom it is but charity to make some provision. If, then, there be an editor paid one hundred a year for the performance of duties, which, along with his sterility of talent, have entailed on him the intolerable evils of poverty and dyspepsia, let him not despond; we will use our utmost exertion to provide for him as visiting assistant to some respectable apothecary, with a comfortable salary, and a percentage on collecting the bills. There is another class of persons still more likely to suffer from this arrangement, and for whom a similarity of pursuits renders me interested in their fate; I of course allude to hospital reporters. If, therefore, there be any young gentleman connected with these intellectual bankrupt establishments, who is in danger of being ejected from his garret or his cellar, through the stoppage of payment, we will see what can be done in the way of securing him a situation in the navy at thirty seven pounds a year, and the full allowance of salt junks and rusk biscuits. The alternative is no doubt a severe one; but after all, the prospect of promotion even in the naval service, is preferable, and the occupation much more respectable than that of being a hanger-on in the wards of a public hospital, the scoff of students, and the obedient tool of power in palliating its deeds of blood. If a spark of philanthropy yet glows in your bosom, you will, my dear Doctor, co-operate with us in carrying these humane designs into immediate execution. But should you still persist in clinging to a desperate cause, and aspire to the honour of martyrdom, I would by all means advise you, before you suffer more for its sake, to collect into some suitable place the unsold copies of the Bat Press for the last half year, "redeemed from tapers and defrauded fires" out of the metropolitan shop windows, where their beautiful tints have been bleached out and buzzed upon by blue flies since their publication, to form them into a funereal pile of your disappointed hopes—to cast yourself heroically on this altar of ill-fated ambition—and throwing one last lingering glance on your triumphant rival, while some sympathising hand applies the fatal torch, exclaim with Dido, in the language of revengeful desperation:—

> "Hauriat hunc oculis ignem crudelis ab alto
> Dardanus et nostræ secum ferat omina mortis?"

A Hospital Reporter.

DR. MACKINTOSH ON HYDROCEPHALUS.

To the Editor of The Lancet.

Sir,—If you consider the enclosed paper worthy of going before the profession, I beg you will give it a place in the Lancet. I am induced to make this request at the earnest solicitation of my pupils, and I have made choice of the Lancet, myself, for the following reasons:—

1. To test your liberality, as you must be aware of having given *a favourable* notice of Dr. Monro's work.

2. Because I feel convinced your publication has done a great deal of good to suffering humanity, and will ultimately improve the state of the profession. The *remedies* employed have been, in my opinion, too severe; but you may have found, in the course of your own experience, that severe diseases, which have become deeply rooted, require the application of the actual cauterie.

3. Because I have reason to know that your Journal is the one, in most extensive circulation, both at home and abroad; and I believe you to be as honest and impartial as any of your contemporaries.

I am, sir,
Your most obedient humble servant,
John Mackintosh.
31, Albany Street,
Edinburgh, 26 April, 1828.

Inquiry into the Causes of the Effusion in the Disease denominated Hydrocephalus Acutus, being the Subject of two Lectures, delivered to his Pupils, in the beginning of March, 1828, *by* John Mackintosh, M.D., acting Surgeon to the Ordnance, in North Britain, and Lecturer on the Practice of Physic, &c. in Edinburgh.

Gentlemen,—Having described to you, yesterday, the morbid changes produced within the skull by inflammation of the meninges of the brain, and having exhibited drawings and preparations, representing these changes; I have now to inquire into the causes of the watery exudation which is so often found on dissections. But before entering into this investigation, it is necessary to mention that two works on the pathology of the brain, have lately come from the press. One from the pen of Dr. Abercrombie; the other from that of Dr. Monro—names well known to the profession in all parts of the universe where medicine is cultivated. The first is a zealous and useful pathologist, and a practical writer on various subjects, and the first physician in Scotland. The second is professor of anatomy in the University of Edinburgh, author of several anatomical works; and more particularly of one on the morbid anatomy of the gullet, stomach and intestines, which is now justly considered as a valuable publication. I deem it my duty, however, to state, in the most explicit manner, that Dr. Monro is not known in Edinburgh as a practical man, daily in the habit of interrogating diseases at the bed-side, which a stranger would suppose him to be from the style which he has adopted in his work on hydrocephalus. It is also necessary to mention that these works have undergone various criticisms by different reviewers; and it appears to me, after a careful perusal of the books themselves, as well as the reviews that there has been some unaccountable secret influence at work. It grieves me to think of the venality which pervades the medical periodical press; and in making this remark, it would be agreeable to my feelings if I could, in truth and justice, exclude that of Scotland from the charge. The press would be a powerful and useful engine in medicine, were it properly directed, if it actually exposed the nakedness of false and erroneous views, and applauded *only* those which were good and true. Instead of this line of conduct, the editors will, generally, be found to look at the names of the authors, and if they prove to be friends and partisans, and still more particularly *if patrons*, the work is praised. If the authors are not friends, if they are independent-minded, men; and still more particularly, if they are not likely to be of service to the editors, then an opposite course is too generally adopted. You, who are as yet unacquainted with the wicked ways of this world, and more particularly with the selfish conduct of reviewers, will naturally exclaim, how can these things be. Listen, gentlemen, to the following statement, for the truth of which I pledge myself. A highly accomplished gentleman, who had finished his studies, and graduated many years before, did me the honour of attending my lectures during a temporary residence in Edinburgh. He was so deeply impressed with the truth of my views on the pathology of erysipelas, and the practical conclusions which were deduced, that having an opportunity a short time afterwards he put them to the test of experiment, and with the best possible results. He wrote a paper on the subject, in which he was pleased to speak in perhaps too flattering terms, of me as a pathologist. It was sent to a journalist, but returned, and was not finally accepted, till all notice of my name was erased from its pages by the express desire of one of the editors.

The editors of the Edinburgh Journal have given a favourable review of Dr. Monro's book, in their last number, whilst that of Dr. Abercrombie, which was published before the other, *has passed unnoticed, even, I am told, in the list of books received by the editors;* but the reasons are too evident; Dr. Abercrombie is *not a professor!* He was chosen by the public and by the profession, on the death of Dr. Gregory, to fill the high rank of consulting physician, from that of *surgeon apothecary*, while many hungry physicians, who were waiting in their closets for employment, were passed over! But as soon as this review appeared, a very unpleasant sensation took place among former editors and supporters of this Journal; and it is to be hoped, that as the younger editors have more than once found it convenient to *favour particular friends*, they will be compelled on this occasion to make the *amende honorable*, to one who formerly raised the character of the Edinburgh Journal as high, as their own long, stupid, reviews, and original articles, have since sunk it in public estimation.*

As to the London reviewers, I do not know them so well; but one circumstance has come to my knowledge, from a respectable source, which I shall also mention to you. A favourable notice of Dr. Abercrombie's work appeared in the LANCET. A contemporary journalist had an article on the same subject which was actually printed, or printing; but because it was cast much in the same mould, the *liberal-minded* editor suppressed it; merely, it is said, because he would not praise *that*, which had been commended in the pages of the LANCET!!

I shall now proceed to inquire into the causes of the watery fluid which is so frequently found in the heads of children who have died of the disease denominated hydrocephalus acutus.

It is believed, by most of the best pathologists of the present day, that the effusion depends, *in general*, on previous inflammatory action. One of the chief objects of Dr. Monro's book is directed to prove that it is almost always, if not altogether, the effect of debility. Thus attempting to revive the ancient pathology of hydrocephalus acutus, (which happily was not only neglected, but nearly forgotten,) and of course tending to throw disrepute upon the depleting plan of treatment, which, when judiciously employed in the proper stage of the disease, has been found to be so beneficial in its results.

I shall conduct this inquiry by following Dr. Monro's facts and arguments, and commenting upon them, as they are detailed in the chapter which treats "of the cause of the effusion in acute hydrocephalus," at page 100.

Every individual in the profession will agree with the author, that "*this point merits the most particular attention, as it regulates the mode of averting and of curing the disease.*" After noticing the opinion generally entertained, that the effusion is owing to some degree of inflammatory action, he states, at page 101, that "before subscribing to such an hypothesis," "it is necessary to inquire whether this disease usually occurs in persons who are disposed to inflammatory disorders at or near the meridian of life, when the human body is most liable to suffer from inflammatory diseases." With regard to the first of these points, it may be observed, that hydrocephalus is so rare after puberty, when the constitution is most liable to inflammatory disorders, that Cullen, and other writers of eminence, have described it as being peculiar only to infancy." On referring to the work of Cullen, I find only two pages, and seven lines on a third page, devoted to inflammatory affections of the brain, cerebellum, and membranes, and nothing is said there on the subject. But in the other volume, page 2, he mentions hydrocephalus in the chapter on apoplexy, and all he says upon this vast and important subject, is compressed into three lines, in the shape of an erroneous definition. I am not certain that watery effusion in the brain is more frequently met with in children than in adults. But granting that is the fact, it is not to be wondered at, when we consider, 1st. The wonderful changes which take place in the circulation; 2dly. The rapid growth of every part; 3dly. The large size of the head, the change the brain undergoes in appearance and consistence; 4thly. The great activity of the circulation and increased nervous irritability at that period of life; 5thly. Difficult dentition, which favours a determination towards the head; and 6thly and lastly, the difficulty on the part of nurses and parents of distinguishing diseases which are slight at first, insidious in their attack and progress, and deceitful in appearance. Ordinary attendants cannot detect giddiness in a child; "it is fretful, but then it has *no* fever; and as it has been often worse before, and got well without the Doctor, we shall not send for him now, particularly as we can never get rid of him, and then he sends us so many drugs, and runs up such a bill." This is the kind of language too generally used; and when the Doctor is called, he finds the acute stage over, the effusion has taken place, and the child is labouring under all the effects of pressure of the brain, and perhaps dies next day. It is from occasionally seeing cases of this description, that some medical men form the opinion, that there has been no acute stage, and that the effusion is the effect of debility; whereas, if an adult feels headach, particularly attended with giddiness, he takes fright; still more so if he is also affected with tinnitus aurium, disorder of vision, numbness in the extremities; medical advice is quickly sought, while the patient can yet tell his own complaints. We certainly do not see such large collections of water in adults, but I imagine this can be well explained by the difference of structure, not only of the brain itself, but in that of the bones. It is well known that the brain of a fœtus can bear a greater degree of pressure without producing death, than that of a child after birth; and I believe a child's can bear it with less danger than the brain of an adult. But Dr. Monro believes the disease is rather to be imputed to debility, and one of the reasons he brings forward in support of this opinion is, that, forsooth, "*hydrocephalus is often a disease of the fœtus in utero.*"

---

* Since this lecture was delivered, a review of Dr. Abercrombie's book has appeared in the Edinburgh Journal. It is evidently the production of an old fish, as the young fry, it is said, could not be trusted on the occasion.

This is no proof of its non-inflammatory nature, Gentlemen, for I have often seen children born with pleuritis and peritonitis.

He goes on to state, that if hydrocephalus were an inflammatory disease, it ought, like inflammation of the lungs and other inflammatory complaints, to be most prevalent amongst robust men during the period of life, when the human frame is most prone to other inflammations. Every one in practice could tell Dr. Monro, that if there is any one period of life more liable to complaints of an inflammatory nature, particularly to inflammation of the lungs, the mucous membranes generally, as well as the membranes of the brain, it is in infancy and childhood. He ought to know, that for one inflammatory fever in "robust men during the prime of life," we meet with ten in infancy and childhood. "Whereas," continues he, "it is a disease of infancy, *of debility*, and very often connected with a scrofulous habit of body."

"If it be supposed," says he, at page 102, "that hydrocephalus is always connected with inflammation *of the brain*, and that inflammation gives rise to the softening of that organ, which is the favourite opinion of Lallemand, Rostan, and others, in that case the brain should be found invariably in a softened state, which is not consonant to my observations;" and he quotes a case at page 44, in which "*the brain to the touch was evidently harder than in the sound state.*"

Modern pathologists do not assert, that the effusion is *always* caused by inflammation; they know it is sometimes produced by venous congestion, or by any mechanical cause impeding the circulation. But no pathologist, certainly neither Lallemand nor Rostan, attribute the ramollissement, which takes place in central parts of the brain, to inflammation *of the membranes.* The brain is sometimes found disorganised, in the parts which come in contact with the membranes, in chronic inflammations, and it is supposed it partakes of the same action by contiguity. But Dr. Monro must have overlooked what Rostan has said; not so Dr. Abercrombie, for at page 23 of his pathology, he will be found rather complaining of Rostan entertaining a contrary opinion to that which Dr. Monro has, I hope, inadvertently attributed to him. "Rostan," says Dr. Abercrombie, "and other French pathologists, *but Rostan in particular*, consider ramollissement as an affection of the brain, entirely *sui generis.* Rostan says it is a peculiar and primary disease of the brain, though he admits it is *sometimes* caused by inflammation. To place the point beyond all doubt, I shall quote a short passage from the original work, page 104. "Il faut donc admettre un ramollissement inflammatoire, et un ramollissement *non-inflammatoire, une dégénérescence particulière qui a ses signes, ses caractères propres.*" So much for special pleading, and random quotation.

On perusing the case to which Dr. Monro has alluded, in proof of his opinion, it will be found to be one of diseased heart, which every one knows produces frequently effusion in the brain. "He was seized last Christmas with *oppression at his breast, which has increased*; and which, he says, *resembles a knock in the breast, when he goes up stairs.*" The state of the heart had escaped observation; at least, it is not mentioned; but we are told, "that the coats of both vertebral, and both internal carotid arteries, were, for the space of an inch, of a brilliant yellow colour, very thick, and tougher than usual." The patient was seventy years of age. The case speaks for itself.

At page 103, he says, that "if inflammation of the brain had given rise to this species of hydrocephalus, (acute,) the attack of the disease should be sudden and well marked, and its course rapid, like to that of phrenitis; whereas, the origin of the disease is generally not well-marked; indeed, so much so, as often to escape the notice of the parent, *and even that of the experienced physician.*"

Dr. Armstrong, in treating of this affection in infancy, and the symptoms which announce its existence, says, "these will be easily recognised by a man who is a minute observer of nature, but never by a superficial observer, or by one whose head is burdened with black-lettered books." (See his lectures in The Lancet.)

It is doubtful to me, if Dr. Monro is even so well acquainted with Cullen's work as he ought to be, otherwise he never could have written this paragraph, and another, in the same page. "It is admitted, even by those who impute hydrocephalus to an inflammation of the brain,' that the symptoms of phrenitis *are well-marked, whereas those of hydrocephalus are often very obscure.*"

Cullen says, at page 103, "many of the symptoms by which this disease (phrenitis) is most commonly judged to be present, have appeared, when from certain considerations it was presumed, and even from dissection it appeared, that there had been no internal inflammation; and, on the other hand, dissections have shown, that the brain had been inflamed, when few of the peculiar symptoms of phrensy had before appeared."

It is admitted by Dr. Monro, that diseases of the "chest and belly" are better understood, and have been more successfully cultivated than those of the brain. In fact, the profession at large admits, that we know comparatively little of the pathology of the latter, while we are much better acquainted with diseased action in the other parts. Dr. Monro, who is not much in the habit of seeing and watching diseases, may not have seen it, but I have seen it often, and I am sure Dr. Abercrombie will not say he has not seen it—a great portion of the lungs in the first, second, and third stage of inflammation, and yet the symptoms did not correspond in severity with the extent of the disease. Nay, are not medical men, particularly those who do not take advantage of the immortal discovery of Laennec, astounded by observing the ravages of most extensive diseased action in the lungs, in cases where the symptoms were so slight as not to attract attention to the part actually diseased? I have seen, and every one extensively engaged in practice, must have seen the ravages from pericarditis, peritonitis, and pleuritis, in cases where the symptoms were as obscure as in any case of acute hydrocephalus, which Dr. Monro can bring forward. Very lately I saw the dissection of a woman, who died suddenly without much previous complaint, and who attended to her usual domestic employment, till the instant of her death. There was a large effusion of coagulable lymph in the abdomen; the intestines were slightly glued together by the interposition of thick layers of newly effused lymph, and the bowels to the parietes of the abdomen. I was also present at a dissection of a young man, in the left side of whose chest, about twenty pounds of matter were found, partly fluid, and partly composed of large masses of lymph, with thickening of the pleura; and the attending physician attributed the symptoms to disease of the heart, because there had been none of the symptoms of pleuritis, such as quickness of pulse, fever, pain, and rigors. Among others, who were conversant with the use of the stethoscope, and who saw this case, I had no hesitation in deciding, before the death of the man, that he laboured under empyema in the left side of the thorax.

But then, Dr. Monro says, "I have met with four cases, in which a watery fluid was collected within the ventricles of the brain; and, in all of these, there were none of the symptoms during life, which led to the most distant suspicion of water being lodged within the ventricles of the brain." I shall not quote the sentiments of Dr. Armstrong again, but I may allude to Dr. Cheyne's opinion on this point of diagnosis. "The disease certainly wants, in these cases, much of the decided character which it assumes in childhood or youth; but even in infancy, I believe, hydrocephalus may, in general, be easily detected by the attentive observer." Because Dr. Monro could not detect any symptoms in these four cases, are we entitled to conclude that there were no symptoms existing? or, is he himself entitled to conclude, that "if this species of hydrocephalus (the acute) be owing to an inflammatory state of the brain, there ought to be no distinction as to the symptoms, origin, progress, and consequences of phrenitis and hydrocephalus?" And to make the statement still stronger, he quotes Cullen's definition of phrenitis. "Pyrexia vehemens; dolor capitis; rubor faciei et oculorum; lucis et soni intolerantia; pervigilium; delirium ferox vel typhomania." And after doing so, he states with all the dogmatism of a true Cullenian, "the symptoms of this species of hydrocephalus do not correspond with the above definition."

If Dr. Monro has never seen inflammation of the brain in adults without violent fever; without much complaint of pain of head; presenting striking *paleness* of the face, instead of redness; without intolerance of light and sound; and without all the other items mentioned by Cullen in his definition: I repeat, if Dr. Monro has not observed these circumstances, he may depend upon it that he has yet much to learn before men of experience will be inclined to call him a brain pathologist. And, at all events, before he writes a second edition of his work on hydrocephalus, he ought, at least, to read with care and attention the two pages which Cullen has written upon phrenitis. And above all, let him not overlook this short statement of Hippocrates: "*If a person suffers and does not complain, the brain is diseased.*"

(To be concluded in our next.)

THE LANCET.

London, Saturday, May 24, 1828.

The author of the "Blast from the North," to whose production we alluded last week, has favoured his countrymen with the result of his researches respecting the mode in which the Fellows of the London College of Physicians obtain their degrees at the universities of Oxford and Cambridge. Most of them, he assures his readers, have been apothecaries, or apprentices to apothecaries, when that class of medical men were at the lowest ebb in point of education; and having afterwards walked the London Hospitals, while their names were put down at the university, they thereby, in time, acquired its routine degree. Such, we are told, is the contemptible character of the body from which the Scotch graduates complain of the degradation of being excluded; and, on the other hand, we are presented with a glowing picture of the course of studies, pursued by candidates for a medical degree at Edinburgh. The author exhibits considerable skill in dealing with the tenderest part of the case against Scotch practitioners; to wit, the selling of diplomas at Aberdeen and St. Andrew's. He admits that some unworthy and improper persons have obtained a title from the universities of Aberdeen and St. Andrew's, but he would have us believe that the functionaries of these universities are entirely free from the guilt and scandal of their admission. True it is, quoth he, that the sum of fifteen pounds sterling was too considerable to be resisted by the heads of the houses of Aberdeen and St. Andrew's; true it is, that those distinguished personages took the siller from all who offered it, and gave, or sent by the post, in return for it, their certificates of the medical ability of the applicant; but how can blame be fairly imputed to them, if they were sometimes imposed upon by improper and unworthy individuals? This is the spirit of the author's observations on this subject, and our readers will see from the following passage how far the letter differs from the spirit.

> "The College of Physicians should not so decidedly pronounce an unfavourable opinion of the Scots' graduates as a body, because some unworthy and improper individuals have, by *clandestine means*, imposed themselves upon, and obtained a title from Aberdeen and St. Andrew's."

And this is the defence set up for the two Scotch Universities, whose sale of their medical degrees, at the small price of fifteen pounds sterling, was "as notorious as the sun at noon-day." Some unworthy and improper individuals imposed themselves upon the Universities, insidiously concealing their want of qualification, and obtained a title from men too primitive and unsuspecting to doubt the competency of any correspondent, who could inclose fifteen pounds sterling in proof of his medical ability. After this explanation, the author would no doubt deem it uncandid to call in question the purity of the two Scotch Universities, but it might, nevertheless, be expedient to resort to some measures, with a view of ascertaining the precise number of Scotch graduates practising in this country, who have obtained their degrees from men so easily imposed upon.

The following is the article of Union, which, in the opinion of this writer, gives to the medical graduates of Scotch Universities, the right of being admitted *eo nomine*, without further question or qualification, as *Fellows* of the London College of Physicians:

> "Art. IV. That all the subjects of the United Kingdom of Great Britain shall, from and after the union, have full freedom and intercourse of trade and navigation to and from any port or place within the said United Kingdom, and the dominions or plantations hereunto belonging, and that there be a communication of all other rights, privileges, and advantages which do or may belong to the subjects of either kingdom, except where it is otherwise expressly agreed in these articles."

"The articles," says the author of the Blast, "make no mention of, nor notice in any way the Universities or College of Physicians; consequently, they fall within the scope of Art. IV."

The author does not perceive, that a communication of rights, privileges, and advantages between two parties, supposes that neither party shall be deprived of rights previously enjoyed. The clause *enables* Scotchmen to enjoy all the rights and privileges possessed by Englishmen before the Union, but it does not take away any rights and privileges previously enjoyed by Englishmen; consequently, it does not take away from English corporations the legal right of making and observing by-laws, by which their corporate privileges may be protected. We are not considering the question of expediency, but the question of right. It may, or may not, be expedient, that the by-laws of the College of Physicians should be enforced; it may, or may not be expedient, that such a corporation as that of the London College of Physicians should exist, or that any corporation should exist; but so long as corporations continue to be part of the legal institutions of this country, it is absurd to argue that their rights and privileges were affected by the articles of Union. Besides, the inference drawn by the writer of this pamphlet from the fourth article of Union, cannot be supported even by the most liberal construction that can be put upon that article. The clause admits Scotchmen to a community of privileges with Englishmen; and what are the privileges of Englishmen, with respect to their admissibility as Fellows into the corporation of the College of Physicians? They may be admitted into that body on certain conditions; but the argument of the author of "The Blast" is, that Scotchmen have a right to be received into the corporation, without any conditions at all. The mere fact of having obtained a Scotch diploma, purchasable with, or without qualifications, for the sum of fifteen pounds, gives a man, according to the writer of this pamphlet, the right of entering the College of Physicians, and of taking his place among the *fellows* of that Corporation. The only legitimate use that could be made of the fourth article of Union, would be to show, that it places the natives of England and Scotland on the same footing with respect to civil rights; and that, therefore, if a Scotchman comply with the conditions which would entitle an Englishman to any civil privileges or immunities, he has a right to an equal enjoyment of those privileges and immunities. If the College of Physicians had imitated the example of the Corporation of the Bank of England, and closed their doors altogether against Scotchmen, there might be some pretence for complaint; but the Fellowships of the College are equally accessible to the natives of all parts of the United Kingdom, on compliance with the conditions which the Corporation has a legal right to prescribe. *Principiis obsta* is the principle on which the Corporation of the Bank of England has acted. They were aware that when Scotchmen once obtained an ascendancy in any concern, Englishmen would soon be ousted from all participation in the control of it, and, therefore, they expressly provided against the admission of a single Scotchman into their corporation. Such a provision might, with some show of reason, be complained of as a hardship, because, without bringing the articles of union into the argument, it might be contended that one Scotchman could no more overcome a corporation, than one grenadier could surround a battalion. But admitting that the Bank of England would be able to cope with a single Scotchman, though that body has provided against the risk of exposing its corporate privileges to such an encounter, what shall we say to the proposition of five hundred Scotch doctors, who modestly say to about eighty English physicians, "We claim the right of being *severally* admitted to an *equal share* in the government of the Corporation from which you now unjustly and contumeliously exclude us." If such be the modesty of the Scotch *outs*, how meek would be their demeanour, if they once obtained a firm footing in the English Corporation. Verily the Bank showed foresight in refusing to concede a *που στω* to our brethren of the north.

A considerable portion of the "Blast from the North" is devoted to an attempt to show that the Scotch are distinguished for their classical attainments. The author cites the name of Buchanan in proof of his position, and he tells us with an air of wonderment, which furnishes a clue to his own erudition, that Buchanan's "capacity as a scholar was so great, and his knowledge of the Greek and languages so profound and masterly, that he translated the Medea and Alcestes of Euripides, from Greek iambics, *into the same measure in Latin!!*" Buchanan was, no doubt, an elegant writer, but one swallow maketh not a summer, neither can one Scotch scholar in the reign of Queen Elizabeth, prove the Scots to be a nation distinguished for their classical attainments. The author tells us, indeed, "that from the days of Buchanan he could easily enumerate the names of scholars, equal, at least, to those of England; but he adds, with laudable discretion, that he should merely quote those of Ruddiman and Adam, in addition to the most splendid Latin scholar that ever appeared, the rival of Livy in elegance of diction." Ruddiman and Adam, he also tells us, "are well known by their works to every well-educated man." We candidly confess that we are in the category of persons, whom the works of these Scotch rivals of Livy, (Numbers II. and III.) have never reached. Ruddiman and Adam rivals of Livy!

"Mention the force of learn'd Corelli's notes,
Some squeaking fiddler of the ball he quotes;
Talk of the force which Raphael's pencil gives,
Where warm with life the speaking picture lives;
Yes, Sir, quoth he, in colour and design,
Macscab and Raphael are extremely fine."

The author is, moreover, exceedingly indignant at certain bold assertions, which, as he tells us, have been hazarded with respect to the proficiency of Scotch medical graduates in the English language. "If," says he, "the partisans of the College had received the common education of a regularly educated Scot's graduate, however strongly embued with dislike or prejudice against us, they would carefully have avoided stirring that question. Do these erudite philosophers mean to say, that Hume's History, or his Essays, are not written strictly in the language of the country? I may perhaps be objected to as a judge in this matter, when I say that these works are written in the most correct and pure English style."

We certainly object to the judicial competency of the author of the "Blast" touching the matter in question, and we have not far to seek for a ground of objection, for his very next paragraph supplies us with one.

"As historians and eloquent writers, I also quote the names of Robertson and Watson; and *who* has England to place in competition as a writer on *Belles Lettres to* Dr. Blair?"

We have no great veneration for the aggregate ability and erudition of the London College of Physicians, though the voice ef all Europe acknowledges the pre-eminent talents of some few of its members; but if it were so contemptible a body as the writer of this pamphlet represents, what pretence, we repeat, have the Scotch graduates for complaining of their exclusion?

The annual meeting of the noblemen and gentlemen, subscribers to the Veterinary College, is advertised to take place at the *Thatched House Tavern* on Wednesday next, the 28th inst. The chair to be taken at two o'clock precisely. We trust that the *independent* governors will require from the *executive department* an account of the funds of the institution—in whom the property is vested—an account of all monies advanced by government—and, further, an explanation of what the officers of the College have accomplished, either in veterinary surgery, or in comparative anatomy.

EXHUMATION—DISSECTION.

COURT OF KING's BENCH.

WESTMINSTER, MAY 17th.

(Sittings in Banco.)

THE KING *v.* DAVIS AND BLUNDELL.

MR. Serjeant JONES prayed the judgment of the court on the defendants, John Davis and William Blundell, who had been convicted at the last Lancaster assizes, before Mr. Baron Hullock, of unlawfully taking into their possession the dead body of a female, with intent that it should be unlawfully dissected.

The defendants having appeared on the floor of the court, Mr. Justice LITTLEDALE proceeded to read the learned judge's report of the trial, from which it appeared that the defendants were indicted, jointly with three other persons named Hall, Box, and Ashton, for a conspiracy to procure the body to be disinterred for the purpose of dissection. All the defendants were acquitted of the conspiracy; and Davis and Blundell only were found guilty of the minor offence above stated. The body in question, which was that of Jane Fairclough, the daughter of Mr. Thomas Fairclough, of Warrington, was intered on the 28th of September last, in the burial ground of the Baptist chapel, at Hillcliff, in the eastern part of Cheshire; and a few days afterwards it was disinterred and conveyed to the premises of Dr. Moss, a physician of eminence at Warrington. It appeared that the body had been sold by a stranger for four guineas; that the defendant Davis, who was a pupil at the Warrington Dispensary, was cognizant of the fact of the disinterment, but that Blundell, who was an apprentice of a stationer at Warrington, was concerned in the transaction no farther than in assisting in the removal of the body by night, from the place where it was deposited to that where it was intended to be dissected, and that he had done so at the request of the surgeon.

Affidavits were now put in on the part of the defendants, impunging the motives of the prosecutor; and stating, that the prosecution had been carried on with funds collected by subscriptions among the Dissenters of the town of Warrington, and by pecuniary aid from the Baptist Society in that place. Some of the affidavits also stated, that proposals of compromise had been made on the part of the prosecutor, on payment by the defendants of a sum of 100*l.* The affidavit, on the part of the defendant Davis, stated, that he was under apprenticeship in the Warrington Dispensary, and had been greatly harassed and disturbed in his mind by this prosecution. Blundell's affidavit, which was confirmed by that of his master, and a medical man of Warrington, stated that he was twenty years of age, and not yet out of his apprenticeship—that he was one of five children, and entirely dependant on his father for support—that he had suffered greatly on account of this prosecution—that his mind had become unsettled, and he was now in a very delicate state of health. The affidavit of his medical adviser stated, that he was suffering under chronic inflammation of the lungs, threatening consumption, and that he was in a state of extreme weakness and debility. The appearance of the young man (whom the Court allowed to sit during the proceedings) fully confirmed this statement.

Mr. BROUGHAM addressed the Court on the part of the defendant Davis; and Mr. Courtenay addressed the Court on the part of the defendant Blundell. Mr. Serjeant Jones in support of the prosecution.

Mr. Justice BAYLEY, in passing sentence, observed, that there could be no doubt that this was an offence calculated in the highest degree to distress the feelings of the surviving friends of persons whose bodies were thus disinterred, and the Court could not, therefore, consider it a light offence; but there were degrees of guilt, and in this case the defendants were not the most criminal parties. Taking all the circumstances into consideration, the Court sentenced the defendant Davis to the payment of a fine of 20*l.*, and the defendant Blundell to a fine of 5*l.*

The defendants paid the money immediately, and were discharged.

Thus it will be perceived, that the view taken of this question in our last Number, has been fully justified by the foregoing proceedings. No attempt was made to set aside the decision of Mr. Baron Hullock, because, in the present state of the law, Mr. Brougham is fully aware that no such attempt could be successful.—As it has now been decided by the best of our Judges, that it is illegal for an anatomist to have in his possession, for the purpose of dissection, a body which had been illegally disinterred; and, further, that he is liable to indictment, fine, and imprisonment, for such possession; it becomes evident that an immediate alteration in the state of the law must be effected, or that dissection is at an end. We hail this state of things with much satisfaction, because we are assured that it will lead to good. John Bull is but a poor philosopher, unless he be in want; in fact, he does not reason, unless pressed or excited by extremes. Convince John that he is placed in great danger by the discontinuance of dissection, and he will not only cause it to be quickly resumed, but will also provide abundant materials for its execution.

We should hope that the impolicy of the subscription, announced in our last, is now sufficiently apparent; and we trust that its promoters will, at once, abandon a scheme, which can only be attended with pernicious consequences.

A Practical Treatise on the Typhus or Adynamic Fever. By John Burne, M.D. Longman and Co. 1828.

Of all the diseases to which man is subject there is none, an accurate knowledge of which is of so much importance, as fever; there is no disease so general, none more fatal, and, consequently, none that has excited more attention. Dr. Burne has, in the little volume now before us, given a good summary of all the information we are in possession of, regarding the nature and treatment of typhus fever. The author divides continued fever into two species; one, (the adynamic,) where the energy of the nervous system is prostrate; the other, (inflammatory,) where its energy is not materially affected.

"By the term fever, is to be understood a certain state of body, in which there is preternatural heat of skin, and frequency of the pulse, with more or less derangement of the functions generally; so that, whenever these signs co-exist in the same person, that person is said to be in a state of fever. Considering fever, then, as a genus of disease, I shall here propose to divide it into two species, the inflammatory and the adynamic, and each of these species again into two varieties; that is, the first species, the inflammatory fever, into the simple inflammatory fever, and the inflammatory fever, accompanied with local inflammation; the second species, the adynamic fever, into the simple adynamic fever, and the adynamic fever accompanied with local inflammation.

Continued Fever.

Inflammatory Fever:—Simple inflammatory fever; inflammatory fever accompanied with local inflammation.

Adynamic Fever:—Simple adynamic fever; adynamic fever accompanied with local inflammation.

The simple inflammatory fever is a very mild disorder, and of very short duration, lasting seldom more than twenty-four hours. It comes on at the decline of the day, with lassitude and chilliness, which, in two or three, or more hours, is succceeded by a preternatural heat of skin, and an increased action of the heart and arteries, causing an accelerated and full pulse, with slight disorder of the functions generally. The heat lasts through the night, giving rise to a degree of restlessness, and preventing sleep. Towards the morning, the skin begins to perspire, the patient then falls asleep, and awakes much relieved; and, in the course of the next day, finds himself recovered. The usual cause of this fever is a slight cold. The nature of it is an inflammatory excitement spread over the whole of the sanguiferous system, and borne equally by it, so that no particular part or organ is affected more than another. This constitutes the most simple form of fever. Now, the existence of such a state of inflammatory fever is questioned by many, and teachers of medicine, because it has never happened to them to see an example. This is not to be wondered at; for the mildness of the disorder renders the assistance of the physician unnecessary, and, therefore, it can very rarely come under his cognizance. It has occurred to me, to see a very well-marked case, and being the most simple form of fever, I have felt warranted in making it the basis of the above arrangement. If to this simple inflammatory fever, there is superadded inflammation of any determinate part, then we have a state of inflammatory fever, accompanied with local inflammation; and of this all the organic inflammations; as pneumonia, enteritis, hepatitis, and so on, are familiar examples. Such I hold to be the simple and natural division of this first species of fever, and in it the nervous system is not materially affected."

The second species, the adynamic, forms the subject of the treatise, and is intended to include the putrid or malignant fever of Sydenham, the slow nervous fever of Huxham, the nervous fever of common language, the synochus, typhus mitior, and gravior of Cullen; the jail and hospital fevers, the fièvres essentielles of the French, the epidemic of the Irish writers, the contagious of Bateman, the typhus of Dr. Armstrong, and the proper, idiopathic, or essential fever of Dr. Clutterbuck.

Dr. Burne considers, in order to the production of the adynamic fever, it is necessary that there be a certain state of the system, which state depends, in most instances, on a continued exposure to a poisoned or contaminated atmosphere. This state then existing, it will be found that the adynamic fever attacks in two ways: 1st. Spontaneously, when the development is slow and progressive, and when it is not accompanied with any organic inflammation; 2dly. From an accidental cause, as severe cold from exposure to rain, wind, &c., when, in the course of a few hours, continued fever is fully formed, and organic inflammations usually accompany it from the beginning.

The author divides the adynamic fever into four degrees. The first degree is mild.

"The complaints being merely slight headach, sometimes, indeed, none at all; some increased heat of skin, and action of the heart and arteries. The appetite is impaired, the tongue is covered with a dirty white coating, except at the end, where it is red, and red points of the prominent papillæ are here seen interspersed, making this part of the tongue maculated; the surface is moist all over. The cheeks are flushed, and the eyes rather suffused; there is a slight duskiness of the skin, and all the senses are somewhat more dull than natural; and there is a great prostration of strength, accompanied with other signs. The urine is scanty, and high-coloured; and the bowels are sluggish; there is seldom, however, delirium, and the patient has refreshing sleep during the night."

Of the second degree.

"In this degree, the pain in the head is considerable; and although the sight and hearing are less acute than usual, light and noise are disagreeable. There is general suffusion and fullness of the face, and a bluish flush upon the cheek. There is considerable action of the heart and arteries; the pulse is frequent, rather full, and rather strong, but it is, nevertheless, compressible by moderate force; its stroke is not very firm, and the artery is open and yielding. This pulse is exceedingly deceptive; the openness results from a want of tonicity, and may be easily mistaken for a great fullness. The character of the tongue is the same as in the first degree, except that the coating is thicker, and of a more dirty shade. The skin is hot, and somewhat tight, but not harsh nor contracted; there is more or less suffusion on the surface of the whole body, accompanied with the dusky shade. The bowels are disposed to constipation, and the belly often distended with flatus. The urine is high-coloured, and scanty. The prostration of strength is great; and the patient lies, at one time, on the side, at another on the back. Through the day he remains in a quiet, dull, half-sleeping state; through the night he is delirious."

The third degree is severe.

"There is great prostration of strength; the patient lies stretched upon his back, breathing slowly and deeply, as one in a lethargic sleep; he is unable to turn on his side, and not only unable, but indisposed to the slightest exertion; the want of power in the muscles of respiration is so great, that he can speak only in interrupted and broken sentences. There are tremors and twitching of the muscles; he trembles when taken out of bed, and cannot stand. There is torpor and dulness of all the senses, so that it is generally necessary to repeat a question, before an answer can be obtained; when roused, he complains of a dull pain in the head, and great thirst. His face is void of all expression; every feature is relaxed; the skin is dusky, and there is a circumscribed flush on the cheeks, of a hue more purple than red. The eyes are suffused and glassy, with shreds of tenacious matter floating in them, or oozing out of the corners; and the upper eyelids are relaxed, and depending. The lips are blue, the teeth dry and shining, and, in the corners of the mouth, is a viscid mucus, which is drawn out in filaments, when the tongue is protruded; this mucus becomes dry, and covers the lips and teeth with blackish sordes. The breath is peculiarly offensive. The tongue is very thickly coated; is brown and dry in the middle, red and dry at the tip, and whitish and moist at the sides. The pulse is not much accelerated, seldom exceeding 90; and, now and then, is not above the natural standard; it is fullish, sometimes rather firm, but always more or less compressible. The skin is dry, and rather harsh; its temperature varies; at one time it is high, at another not much increased. The urine is always scanty and high-coloured, and becomes turbid on cooling. The belly is full, and tender on heavy pressure. The bowels are commonly sluggish, sometimes relaxed; and the dejections, at this period, are dark-coloured and offensive. There is restlessness, and constant delirium through the night, with frequent efforts to get out of bed; and the delirium will sometimes be present through the day. In a few days, the symptoms undergo a gradual change for the better, or for the worse. If for the better, the prostration of strength, the lethargy, and the dulness of the senses, diminish; the patient quits the supine posture, and turns on his side, which must be regarded as a most favourable symptom. There is less viscid mucus about the mouth; the tongue gets moist, and begins to throw off the thick coating; spontaneous diarrhœa, of ochre-coloured dejections, now supervenes, and the belly is no longer full. The stroke and frequency of the pulse become natural; the skin becomes soft, and gently perspiring; the eyes begin to recover their brightness, the skin its clearness, and the countenance its wonted animation; and the delirium is changed into sound and refreshing sleep. In this way amendment gradually goes on; and, in the course of eight, or ten, or more days, the patient becomes convalescent. It is not an uncommon thing, in this degree of fever, for a favourable crisis to be brought about by a spontaneous hæmorrhage from the nose, or by a long deep sleep. If a fatal change takes place, the delirium is unceasing through the day as well as night, and is attended with continual tossing, with muttering incoherent talk, and sometimes violent and frequent screaming, which subsides only as the powers of life fail; then the lethargy increases, the dusky skin grows purple, the temperature of the body sinks, the extremities grow cold, and the vital functions cease, and close the scene. If patients afflicted with this third degree of the adynamic fever, have not the advantage of medical attendance during the early stages, they sink into a state of extreme prostration of strength and insensibility. They lie helpless on the back, with very low muttering delirium, and weak respiration. The face is very dusky, the lips purple, and the lips and mouth are loaded with sordes. The belly is highly tympanitic, the excretions involuntary, the sphincter ani entirely relaxed, the dejections very offensive, and resembling black dirty water, and the temperature of the skin is low."

The fourth degree is imminently dangerous.

"Immediately the fever is formed, the symptoms become grave. The patient lies on his back in a state of nervous agitation, constantly picking the bed-clothes; the countenance is haggard, and the visage sharp; the carotids vibrate; the respiration is quick, and the breath exhales a strong odour peculiar to the adynamic fever. The eyes are suffused, often convulsed, moving from side to side; the upper eyelids descend, and there is a ghastly stare. The mouth is parched; the tongue has a fuliginous coating, dry, and hard; and the lips and teeth are covered with black sordes. The skin is hot and dry, tight and harsh; and is frequently spotted with petechiæ. The pulse varies from 100 to 120; its stroke is unsteady, is open, but very compressible; the belly is full, and tender on heavy pressure; the bowels are relaxed; the dejections are black and highly offensive, and, together with the urine, are passed in bed without consciousness. The voice is husky, and articulation unintelligible; and emaciation goes on rapidly. Under these circumstances, the disease runs on frequently to a rapid and fatal termination. If the patient survives, the recovery is slow, and he is very many weeks before he regains his usual strength. The favourable change is denoted by an improved aspect of countenance; by an abatement in the violence of the symptoms; and by the return of tranquil sleep and consciousness. The secretions begin to establish themselves; the tongue to cast off its fuliginous coat; and now a diarrhœa of ochre-coloured frothy dejections supervenes, and relieves the full belly. The urine gets more abundant, but continues dark for some days, and throws down a copious sediment as it cools; it afterwards assumes a more healthy colour, and deposits the lateritious sediment. The frequency of the pulse diminishes, and its stroke becomes comparatively firm and steady; and in this way, from day to day, the diseased actions cease, the healthy functions are gradually restored, and convalescence is established. When the secretions are re-established, and the tongue has cast off its fuliginous coat, the lips and tongue are left red, tender, and sore, and, as it were, raw. And this condition extends throughout the mucous lining of the intestinal canal, causing great soreness of the belly, and keeping up the diarrhœa, and rendering the stomach and bowels highly sensible to the operation of medicines; or to the presence of undigested food, which makes it important to pay strict attention to this condition, in the treatment of persons recovering from the adynamic fever. When the disease goes on to a fatal termination, all the symptoms are aggravated. The prostration of strength increases; the patient continues supine, with the body motionless, and the arms stretched at length by either side, or folded across the chest; the visage grows sharper; the face sweaty and cadaverous; the eyes fixed, and the eyelids nearly closed; the lower jaw drops from the relaxation of its muscles; the belly becomes highly tympanitic; the temperature of the skin diminishes; the extremities grow cold; the pulse rapid, small, and weak, in a short time faltering, and life is gradually extinguished."

Besides the manners of attack and progress of adynamic fever now described, Dr. Burne mentions some peculiarities which differ from the usual combinations of symptoms; and these are met with in the milder cases of the adynamic fever; consisting in an unequal derangement of the functions of the different organs, the derangement in one case being chiefly in the functions of the brain; in another, in the functions of the abdominal viscera. Passing over the author's observations on the peculiar manner of attack from mental distress, &c., and of the adynamic fever, accompanied with local inflammation, we arrive at the fourth chapter, where he treats of the pulse, tongue, tympanitic belly, diarrhœa, retention of the urine, condition of the blood, and deafness, under the different heads, on which there are many judicious observations. The 5th chapter is taken up with the causes which retard convalescence, or prevent recovery. In the sixth chapter, the author treats of the accidental or exciting causes, and of the diagnosis and prognosis.

Of the distinguishing signs.—

"There is something so remarkable, so characteristic, about the adynamic fever, that where it has been once well observed, it is never afterwards difficult to recognise; a diagnosis, therefore, may always be formed without the fear of mistake. The peculiar dingy and dusky colour of the face; the bluish flush upon the cheek; the stupid countenance; the unobservant, drooping, and often glassy eye; the dulness of hearing; the slow interrupted speech; the diminished sensibility to external impressions; and, indeed, the blunted state of all the senses; together with the red-tipped and dirty-coated tongue, and the very great prostration of strength, are all distinctive signs, and point out unequivocally the nature of the disease to one. To one accustomed to contemplate the physiognomy of patients afflicted with the adynamic fever, the disease is recognised at a single glance; the want of animation and expression, indeed the lifelessness, as it were, combined with the dusky colour of the face, being, in themselves, signs diagnostic. There are only two affections with which the adynamic fever is likely to be confounded, namely, delirium tremens, and a febrile state which accompanies the latter stages of some diseases of the urinary organs. And there is so much similarity in the disordered condition of the nervous system in all these diseases, that I think it would not be difficult to show, that they are only modifications of the same thing, produced by different causes. They may, nevertheless, be easily distinguished. Delirium tremens is known by the peculiar and excessive tremor of the muscles, from which its name is, in part, derived; by the very short and breathless inspiration, caused by the tremor affecting the diaphragm, and, also, by the vacant, unsteady, and staring roll of the eye; by the constant and extreme agitation, and by the history of the patient's habits. The febrile state which accompanies affections of the urinary organs, is at once distinguished by the presence of the local disease. There is an aspect of the face attending some diseases of the lungs, which, at the first view, may give the inexperienced the impression of the adynamic fever; but a second glance will rectify the mistake; for, although the colour of the skin corresponds very nearly with that in the adynamic fever, the eye has not lost its lustre, nor the face its animation."

Dr. Burne has described a sudden manner of attack, in which there is an alarming congestion of the brain, and the state of the patient very much resembles a state of apoplexy; but he thinks it may be distinguished by referring

- - - - "To the history of the patient prior to the attack; the signs of the adynamic fever, the prostration of strength, the dirty-coated tongue, and dusky colour of the body, with a quick and feeble, instead of a slow labouring pulse, will show that it is a congestion of the brain from an attack of the adynamic fever, not from an ordinary apoplexy. The age of the patient, too, in conjunction with the other signs, is distinctive; the adynamic fever, generally attacking young persons, and apoplexy those past the middle period of life."

The prognosis may be collected from the following:—

"The prognosis in most cases, where there is no serious local affection, is favourable throughout the disease. The following signs may be considered almost critical, and always portend well: they are, first, a re-establishment of the secretions, which is soon evident about the lips, teeth, and tongue; the sordes are replaced by healthy mucus, the coating of the tongue loosens, and the skin grows less harsh. Secondly, the lowering of the pulse, if it has been quick, and an increased tonicity of the artery by a diminution of its calibre; a diminution or cessation of the delirium and restlessness, tranquil, continued sleep, and also a profound, or, in vulgar language, 'a dead sleep,' which will, at times, last 24 hours, to the alarm of the friends; the voluntary change of posture from the back to the side; the return of taste and desire for food; diarrhœa of ochre-coloured dejections, followed by the subsidence of the flatulent distended belly; and voluntary succeeding to involuntary dejections; and all these favourable signs succeed each other, for the most part, in the order in which they have been above set down. The dangerous signs are, great restlessness, great and continued muscular exertion, with excited circulation, heat of head, and haggard countenance; and if succeeded by coma, they are not only dangerous, but fatal. When the disease of the lungs indicates danger, it is generally at the decline of the fever; and the diseased condition is not sufficient to destroy quickly, but to prevent, the patient in his weakened state becoming convalescent, and so gradually to wear him out. The signs are, short respiration, cough, blueness of the face and countenance, loss of strength, notwithstanding the capability to take considerable support. When there is danger from an affection of the intestinal canal, it happens at two periods, and is of two kinds; the one, after the fever has existed for a considerable time, but is still urgent; the other, after all febrile signs have subsided, and the patient approaches to convalescence. The affection which happens at the first period is indicated by voluntary, black, offensive dejections, and a tympanitic belly; by the supine position, and the dropping of the lower jaw; by the eyes being imperfectly closed, and the temperature preternaturally decreased; and these, together with extreme prostration of strength, mostly prove fatal; the affection which happens at the second period, is indicated by unrestrained diarrhœa of ochre-coloured dejections; by tenderness of the belly, and sometimes sickness; and by continued emaciation and loss of strength; all which exhaust, and eventually destroy the patient. There is here no affection of the sensorium, nor any sign whatever, of the adynamic fever; the diarrhœa prevents convalescence, and wears the patient out. The ochre-coloured diarrhœa is in no way dangerous in itself, but is highly so if kept up and aggravated by an unsuitable treatment. When there is danger from obstinate general functional disorder, without any prominent organic affection, it is indicated by a protracted interruption to the secretions; by continued loss of flesh and strength; by low temperature and feeble pulse, succeeding to hot skin and excited circulation, and continuing in despite of remedies. This last condition occurs mostly in old people, and frequently carries them off. An attack of inflammation of any organ during convalescence, is very apt to prove fatal, on account of the already debilitated state of the patient."

In the 7th chapter, Dr. Burne gives the pathology of the adynamic fever, for which we must refer our readers to the work itself; but we may observe, that we were much surprised to find him altogether overlooking the morbid alterations in the stomach, and those found in the intestines are ascribed to the fæces and secretions lodging in the most depending portions of the canal:

"And are said to grow out of the adynamic fever, and therefore, are an effect, not a cause of that disease."

Such is the reasoning Dr. Burne adopts for accounting for the morbid appearances formed in this part of the body; but this mechanical explanation is so absurd as to require no refutation. The 8th chapter is taken up with the *rationale* of the signs of the adynamic fever; the 9th chapter, the state of the brain, as compared with Phrenitis; in which we think the author has combated the opinions of Dr. Clutterbuck and his followers. In the 10th chapter, Dr. Burne enters on the seat and nature of the adynamic fever; and observes:

"It may, indeed, be said to be a local seat to all disorders and diseases; than which, nothing can be more subject to error. The present state of our knowledge, however, goes to show that the adynamic fever is a disease of the whole system, and that, therefore, it has no local seat; and further, that the organic affections, which have been set forth as secondary causes, establish themselves at the commencement, or during the course of the fever, and are produced and modified by it; consequently, that the adynamic fever does not arise out of the organic affections, but is accompanied by them."

The 11th and 12th chapters comprise the treatment. The author first comments shortly on the remedial agents usually employed, and afterwards, speaks of the treatment which is specially adapted to the various stages, the different degrees, and the peculiar states, and phenomena, and complications, which have been described in the body of the work.

The treatment of the adynamic fever resolves itself into four principal objects, namely:

To arrest the progress of its development.

To cure the disease when fully established.

To subdue any organic inflammation which may accompany it.

To conduct the patient from convalescence to health.

And the means by which these objects are to be accomplished, are emetics, aperients, bark, cold affusion, ventilation, febrifuges, blood-letting, mercury, hyosciamus, and opium, stimulants, and regimen. Each of these remedial agents is treated of separately, but our limits will not allow us to follow the author. From the extensive review we have given of the work, our readers will be enabled to judge for themselves of its merits; but we may, in conclusion, state, that the book is well deserving of attentive perusal, and is highly creditable to the talents and industry of the author.

LONDON MEDICAL SOCIETY.

May 19, 1828.

Dr. HASLAM, President, in the Chair.

EFFICACY OF ANTIMONY.—OPERATIONS ON THE VAS DEFERENS.

THE reading of the minutes of the former evening, led to a conversation on the efficacy of antimony as a medicine generally. Dr. Clutterbuck had stated, that from the uncertainty of this medicine, he scarcely knew in what diseases it could be regarded as applicable; on this, Mr. Kingdon remarked, that he had found the tartar emetic extremely useful in cases of erysipelas, administered in small doses, and in combination with sulphate and carbonate of magnesia. Dr. Walshman said that he had employed antimony most extensively for many years, and believed it to be a medicine possessing high remedial powers. The Doctor indulged in a "*poke*," as the Yankees term it, at long incisions in cases of erysipelas, and advocated the stimulating plan of treatment. Mr. Callaway spoke in favour of the use of antimony; he said that he had entirely relinquished the employment of the pulvis antimonialis of the pharmacopœia, believing it to be very uncertain in its effects, but such was not the case with the tartar emetic. These remarks being concluded,

Mr. LAMBERT made some observations on diseases of the testicle. In speaking of the most common form of disease affecting this organ, simple chronic enlargement, he remarked, that the disease essentially consists in chronic inflammation of the substance of the testicle, the result of which is a deposit of lymph in the cellular tissue connecting the tubular substance. In such cases, it was absolutely necessary to cure, that mercury should be administered so as to produce a most decided effect on the system; the alterative system was of no avail, he had seen numerous instances where it had failed. In the affection termed lipoma, or superficial fungus of the testicle, following an abscess, Mr. Lambert thought, that the opening in the tunica albuginea should be enlarged, being of opinion that the fungus arises from a forcible constriction of the enlarged gland, by the unyielding tunic.

Having alluded to scrofulous enlargement of the testicle, where the chronic inflammation is of a specific kind, and scrofulous matter is deposited in lieu of lymph; and recommended the administration of iodine in such cases, Mr. Lambert spoke of the opinion of the late Mr. Ramsden, in respect to chronic enlargement of the testicle being frequently a consequence of disease in the urethra. Mr. Lambert had not found this to be the case in a vast number of cases, which he had carefully noted.

In conclusion, Mr. Lambert called the attention of the Society to the proposition of dividing the vas deferens, in lieu of castration. From experiments which he had instituted on dogs, he had found, that by tying the duct, by simply dividing it, or removing a portion, that absorption of the testicle ensued; he was not prepared to say in what diseases of the human testicle this particular operation was applicable, but it might certainly be employed as a substitute for castration on the horse, a most dangerous operation. Mr. Lambert said, that his attention had been directed to the subject by Mr. J. Morgan, subsequently to which, he found that the operation of dividing the seminal duct had once been performed on the human subject, in a case of disease of the testicle, and that absorption of the gland had ensued. He was not aware of the precise nature of the disease, but the whole of the chord, if he recollected rightly, was divided. It had been stated that a division of the arteries of the chord was sufficient to produce absorption of the testes; on this point, however, he had made no experiments.

Mr. Holmes said, that he had, with a pair of scissars, cut through each spermatic chord of a male cat, and the consequence had been, that the testicles were nearly wasted away, and the animal was entirely deprived of generative powers, and of sexual appetency.

Mr. Kingdon remarked, that he could not see in what cases of disease the operation would be beneficial; as a substitute for castration in animals, he thought the idea highly ingenious, and, if substantiated by further experiments, worthy of general adoption.

Mr. Callaway inquired whether excruciating pain was not produced in tying the vas deferens of the dog; he had remarked, that during the operation of castration, in laying hold of the vas deferens, in order to secure its artery, the patient always experienced great pain, and this apparently independent of the nerves by which it is surrounded.

The President observed, that the musical world would be highly indebted to Mr. Lambert, for having drawn attention to this mode of eunuch-making.

At the latter part of the evening, Mr. Holmes (of Old Fish Street) submitted to the notice of the Society, a set of midwifery instruments, for which the Society of Arts have lately awarded their gold medal. They consist of improved forceps for ordinary extraction, craniotomy forceps, a perforator, and a stilette for the purpose of rupturing the membranes. We shall give a full description of these instruments, which appear to us highly ingenious, especially the craniotomy forceps.

ON MINERAL WATERS, NATURAL AND ARTIFICIAL.

Notwithstanding that many ascribe the cures performed under the administration of mineral waters, to the conjoint influence of a strictly regulated diet, change of air, and relaxation from business, yet experience has amply confirmed the opinion of their intrinsic value as important remedial agents in various chronic diseases. Hence arises the question, whether we are enabled, by means of art, to provide adequate substitutes for these salutary remedies, with a view to extend the benefit of their use to persons whose occupations, or whose pecuniary circumstances preclude a visit to the natural springs.

This highly important subject is well argued in a paper by Mr. Walcker, contained in the last number of Brande's Quarterly Journal. In the opinion of the writer, an artificial mineral water, professing to be a perfect substitute for a natural one, must contain all the ingredients of the latter; and in the proportions established by accurate chemical analysis. Secondly, it must coincide with the original in all physical phenomena, as well as in its impression on the external senses. A fallacious notion has been entertained, that a knowledge of the effects of a mineral water was deducible from the ingredients, as they are enumerated in the tables of analysis. Again, imitations have been considered satisfactory, if they but contained those few substances that preponderate in the originals, and which are known in themselves as possessed of medical power; whilst others, either existing in smaller portions, or whose curative virtues, under the form the analytical tables gave to them, were less striking, were either entirely omitted, or added in incorrect proportions. A mineral water cannot be regarded as a mere solution of the various salts enumerated in the tables of analysis; for instance, the earthy carbonates which, as such, are of little medical value, exist in mineral waters in the form of sulphates, muriates, and bi-carbonates, and are of considerable efficacy.

The carbonate of iron, however minute its portion may be, powerfully modifies the effect of mineral waters. It has been proved, repeatedly, that with the artificial Carlsbad waters, if the small quantity of iron be omitted, they become possessed of the debilitating tendency which saline aperients generally acquire when used for too great a length of time. This instance shows the propriety of a very strict adherence to the principle, that the artificial mineral water should contain *all* the ingredients (no matter how small their proportion) found in the natural water.

It has been said, that art can never succeed in closely following up nature, in the reproduction of a mineral water, because, with many of the natural waters, the virtue is, in a great measure, attributable to the agency of imponderable bodies, especially electricity. The experiments of Sir H. Davy and Mr. Walcker on this point are totally subversive of this doctrine, it having been ascertained that the mineral waters of Germany evinced no signs of electrical action whatever. Further, it has been argued, that the warmth of thermal springs is different from that obtained by artificial means; it has been said, they produce a different sensation on the frame, and require a longer period for the reduction of their temperature, than common water heated to the same degree. This assumption, however, has been amply refuted by the numerous experiments of Longchamp, Steinmann, and others; the results proved, that the water of naturally warm springs, and water artificially heated, *cæteris paribus*, require the same time to cool.

The imitation of natural springs has one more obstacle to encounter in the argument, that the degree of perfection to which our analyses have lately arrived, rather encourages than precludes the hopes of their further improvement. But the fact is, that if we compare the recent elaborate analyses, we shall find them to correspond with former analyses in all the essential points; the improvement consists in the detection of a few ingredients in very minute portions.

Thus we must admit, that mineral waters, prepared on scientific principles, afford us remedies as valuable as the original springs. Indeed, it might fairly be argued, that the artificial waters promise even more uniform efficacy than can be looked for in many of the native springs, whose constituent proportions are found to vary from atmospherical influences. Variations of this nature have been experienced in the waters of Carlsbad* and Ems, and the baths of Töplitz, in Bohemia, have, within a period of twenty-five years, gradually been deprived of one-half of their solid contents.

Since the year 1821, Dr. Struve, who has devoted much attention to the subject, has erected establishments for the purpose of exhibiting artificial mineral waters, at Dresden, Berlin, Leipsic, Warsaw, and Moscow; and the public, who formerly were in the habit of resorting to the natural springs, now entirely rely on the imitations. In this country, at Brighton, an attempt has been made, under the superintendence of scientific men, to form an establishment for the supply of artificial mineral waters—those of Carlsbad and Ems, of Spa, Pyrmont, Eger, &c. As far as we have been able to ascertain, the attempt has been highly successful; and it must, undoubtedly, be a source of gratification to many invalids, to reflect, that they can now obtain, in their own country, remedies which they formerly were compelled to seek by travelling many hundred miles. It has been already shown, that artificial mineral waters, if carefully prepared, are fully equivalent to the natural springs; hence a most important desideratum is supplied at the German Spa, Brighton, provided that (which we believe to be the case) the waters are prepared with accuracy.

THE INQUEST AT ST. THOMAS'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—As you have thought proper to insert, in this week's "LANCET," an account of an inquest held at this Hospital, as reported in the "Morning Chronicle," perhaps you will not object to correct the statement that is there made, upon the assurance of one who was present at the inquest.—The fact is, that the man was seen by the dresser as soon as he was brought to the Surgery; he was ordered to be put to bed, and as soon as he was put to bed he was attended to, and soothing applications were applied to his arm.

The surgeon of the Hospital also saw him between three and four hours after his admission; whereas it is stated that he remained twelve hours without any assistance. It is a fact, also, that the woman who gave her evidence, was obliged materially to alter it after the dresser had given his.—Mr. Shelton, the coroner, was not satisfied because splints were not applied immediately, not being convinced that it is highly improper to do so at first, in many instances.

I am, Sir,
Your obedient servant,
A LOOKER-ON.
St. Thomas's Hospital, May 17, 1828.

---

* These celebrated springs are situated in Bohemia, and, it is said, were discovered by the Emperor Charles IV., who, whilst engaged in hunting, was attracted into the rocky glen, where the waters rise, by the howling of one of his hounds: he found the animal struggling in a hot well, into which it had fallen whilst in pursuit of a stag. The Emperor was subsequently induced by his physician, Peter Baier, to use the waters, on account of a wound received at the battle of Cresse.

ST. BARTHOLOMEW'S HOSPITAL.

ANEURISM OF THE AORTA, PERFORATING THE STERNUM, BURSTING EXTERNALLY SOME WEEKS BEFORE DEATH, AND THEN NEARLY CLOSING.

Anne Leedham, ætat. 53, a woman of dark complexion and spare habit, was admitted into St. Bartholomew's Hospital, under the care of Mr. Lawrence. Excepting a cough, to which she has been subject for 13 years, she has always enjoyed good health. Five months ago she perceived a pulsating tumour, the size of a pigeon's egg, on the right side of the sternum, just below the clavicle. She had previously experienced great pain in those bones, extending along the side of the neck, and becoming more severe after using the right arm. The swelling gradually enlarged, and became painful, particularly when she coughed: the cough since December last, has been accompanied with spitting of blood.

Jan. 31. Below the right sterno-clavicular articulation is a circumscribed prominent swelling, with a circular basis, about three inches in diameter; it is elevated at its centre into a conical protuberance. The base occupies the right half of the sternum, the junction of the second and third ribs with that bone, and the sternal articulation of the right clavicle. The swelling is elastic, soft at the conical projection, where the skin is tense, thin, and shining, firmer in the circumference, and it pulsates throughout, the beating being sensible to the eye as well as to the touch. A powerful throbbing, like the beating of the heart, is heard when the ear is applied immediately to the surface, or through the intervention of the stethoscope. No pulsation is felt above the sternum. The heart, the carotids, and the arteries of both upper extremities beat naturally; the pulse is frequent; she has occasionally a troublesome cough, and expectorates a viscid mucus streaked with blood. She can distend the chest fully with air; it sounds well on percussion, and the use of the stethoscope detects no deviation from the healthy state. She has pain in the head when she lies on the right side.

In explaining the case to the pupils, Mr. Lawrence expressed his decided opinion that it was an aneurism of the aorta, which had made its way through the sternum. He considered that the position, form, and other characters of the tumour, clearly shewed it to be aneurism, while the aorta, at its arch, was the only point from which it could be supposed to proceed. The uninterrupted state of circulation in the right carotid and subclavian, was irreconcilable with the supposition of aneurism of the innominata; and he had never seen nor heard of aneurism of that vessel causing absorption of the sternum. He observed, that the only object of treatment could be to moderate the force of the circulation by occasional venesection, purgatives, low diet, and rest; and that these means would retard the progress of the complaint, and lessen suffering, although they could not be expected to cure.

Feb. 18. Since the last report, the patient has experienced less pain; for the last three or four days the pulsation has much diminished, and can now scarcely be felt; the cough and spitting of blood are lessened, but she complains of occasional throbbing pain in the head.

23. The tumour is increased in size, and the skin covering its middle part is thin, shining, livid, and soft. No pulsation can be felt, but on applying the ear or the stethoscope it is very audible. She complains of great pain in the shoulder and clavicle: the pulse is natural.

March 3. The central projection of the tumour is increased and become softer. It seems to consist of coagulated blood, covered by a thin pellicle. Throbbing pain is felt in the swelling. The pulse is feeble.

5. The tumour has suddenly increased in size, and become firm; she suffers severe pain in it, with a sense of tension, as if it were going to burst. The pulse is accelerated, and great distress is expressed in the countenance. Seventy drops of laudanum were given, with great relief; she slept, and was much better the following morning. The tumour had lost its firm feel, and again become soft.

14. The projecting part of the swelling, which had become quite black, gave way; a portion of skin, as large as a half-crown, separated, together with a mass of soft coagulum, leaving an ulcerated opening with ragged edges. There was a copious discharge of bloody fluid, which continued two days, when the swelling was much reduced, and nearly on a level with the surrounding parts. A ragged opening was exposed, in the centre of which was seen a small depression of dirty brown colour, as if formed by a coagulum of blood: this was raised at each contraction of the heart.

17. The dark coloured central spot distinctly pulsates: the surrounding surface is granulating like a common ulcer. The bloody-coloured discharge has ceased, and the swelling has nearly subsided. The cough and expectoration continues, with occasional severe pain about the sternum and shoulder. The healing process went on favourably; the part which had been occupied by the tumour now exhibited a depression; the opening was nearly closed, and the pulsation in the centre could no

longer be seen. Still a powerful beating could be distinguished by the ear or with the stethoscope, and the upper half of the sternum afforded a dull sound on percussion. Some gentlemen, who had not seen this case until after the pulsation of the tumour had ceased, had doubted whether it was aneurism; and now that the external opening was on the point of closing, they expressed a confident opinion that it could not be aneurism. Mr. Lawrence said, that he knew of no instance of an aneurismal tumour coming through the sternum, bursting and then healing; that the case was, in this respect, quite novel to him; he thought, however, the circumstances might be easily accounted for, by the opening in the bone being small, and closed by the formation of coagulum within; and he therefore entertained not the slighest doubt that the disease was aneurism of the aorta.

About the middle of April, a firm pulsating swelling was felt immediately behind the upper edge of the sternum, and the left sterno clavicular articulation, showing clearly that the aneurism was extending above the sternum. The ulcer had increased in size, and secreted some purulent fluid; the granulations were pale. Mr. Lawrence found, by passing a probe, that there was an opening in the right side of the sternum, but he did not feel any bare bone.

April 23. She complains of increased pain about the sternum, extending to the right shoulder and upper arm; the cough and expectoration are much increased; the veins on the left side of the neck and upper part of the chest are much distended; the pulsation and swelling above the sternum are more distinct; pulse frequent and sharp. She was bled to ten ounces, and hot fomentations applied to the arm and shoulder, and opium was given at night.

24. Has passed a comfortable night; the pain is lessened; her pulse is very frequent, skin hot, tongue coated.

25. The swelling above the sternum is very much increased, and extends in front of the trachea; it feels soft and puffy; the pulsation is less distinct; the right jugular, and other veins are very much distended; the skin is hot and red; the ulcer discharges a thin sanies; the pain of the arm is less, but she complains of great pain in the swelling, increased in breathing.

26. The pain and numbness of the arm have nearly subsided; a large quantity of blood and bloody fluid has been discharged from an opening at the edge of the skin at the upper part of the ulcer, and the swelling has nearly disappeared. There is audible pulsation over the upper part of the sternum; the pulse is very feeble; the pain and difficulty of the breathing are so great that she is obliged to take opium to procure rest. (Vini rub. ℥iv. quotidie).

30. Sudden and violent hæmorrhage came on, and she lost about a pound of arterial blood. The bleeding was arrested by compresses, but left her extremely feeble with a scarcely perceptible pulse. She rallied a little, but hæmorrhage to a slight extent came on the next day, and she expired on the 2nd of May. (During the time the patient was in the Hospital, she had been repeatedly bled; and the bowels, which were habitually constipated, were kept open by saline aperients; and low diet and absolute rest were strictly observed.)

Examination.—An aneurismal tumor, considerably larger than the fist, filled the middle and upper part of the chest, from the basis of the heart to the root of the neck: it adhered to the back of the sternum, clavicular articulation in front, and pressed on the trachea behind. It arose from the convexity of the aortic arch, in which situation, when the vessel was laid open, a large regularly oval aperture was seen, about three inches in its ring, and rather more than an inch in its short diameter, with a smooth prominent edge. The aorta was not generally dilated, but its internal tunic was raised into slight elevations by numerous yellow depositions of various size; these had not proceeded to ossification. This membrane was continued through the oval opening into the aneurism, in which it could be traced from half an inch to an inch and a half, ending in an irregular ragged margin, which became visible on removing the coagulum. The arteria innominata was involved in the right and anterior part of the tumor; it was dilated and formed part of the aneurism, retaining its smooth internal coat: the right carotid and subclavian arose close together from this part of the sac. The left carotid and subclavian had their origin from the smooth part of the aneurism, and were separated fully three inches from the right vessels. From the part, where the dilated internal coat of the artery ended, the aneurismal sac was formed by a condensation of the cellular membrane, and involved the various surrounding parts. A large mass of firm laminated coagulum was deposited upon it internally; it was at least two inches thick in some situations, and gave to the swelling, before it was laid open, the feel of a solid body. The entrance of the large vessels was not interrupted by this deposition, which was partially ossified. The anterior surface of the aneurism adhered closely to the back of the sternum throughout the upper half of the bone. The sac, however, as well as the sternum, had been ulcerated at two points; that is, on each side of the upper bone and at its broadest part, so as to form two excavations, in which the bone was bare, equal in size to the end of the little finger. The sternum was perforated in the right of these by an opening equal to the large end of a blow-pipe, and corresponding to the centre of the ulcer. It was nearly, but not quite, perforated in the left. The upper part of the sac lay behind the sterno-clavicular articulations, ascended a little above the left, and communicated over the upper edge of the sternum, with an irregular cavity that ended in the external ulcer. This was the part from which the bleeding had occurred.

The back of the tumor had become firmly adherent to the front of the trachea, and had pressed on the tube so as to flatten it slightly.

The superior cava was considerably elongated and incorporated with the swelling; its lining was furred by a deposition of fibrine at one spot. The root of the aneurism was first visible, at its lower and anterior part. within the pericardium. This cavity contained about three ounces of turbid, and completely opaque, fluid.

The lungs were healthy, but connected throughout by adhesions, which were for the most part recent. A very firm connexion existed at one point between the aneurismal sac aud the left lung. This was probably the source of the blood discharged by expectoration.

As the sternum was already absorbed when this patient was admitted into the Hospital, no hope was entertained that any kind of treatment would avert the fatal terminatiun of the disease. Yet, the firm strata of laminated coagulum, which filled so much of the sac, and the effectual plugging of the sternal perforation by the same process show that the means adopted were not without effect, and hold out encouragement to a trial of the same plan under more favourable circumstances.

GUY'S HOSPITAL.

FATAL CASE OF CONCUSSION OF THE BRAIN.

Mary Morris, æt. 22, was admitted into Chapel Ward, Monday, May 12, under the care of Mr. Morgan.

The friends of the patient stated, that on the preceding evening, she fell down a three pair staircase, a height of about thirty feet. She was taken up in a state of insensibility, medical assistance was procured, she was immediately bled, and, on the following morning, çonveyed to the hospital.

At the time of her admission she was perfectly insensible, and could not be roused to answer when spoken to. The head was immediately shaved, and carefully examined, but no material injury could be detected. The arms and legs displayed several bruises. The pupils were partially dilated, and there was strabismus of the left eye; the pupil of which was more dilated than that of the right. The scalp was hot and tender; the pulse 120, sharp and quick; the countenance flushed and anxious; the breathing slightly stertorous; the skin hot and dry. The powers of motion, however, were not much impaired; for, in a short time after her admission, she threw her arms and legs about the bed so violently, that it became necessary to confine them.

Twelve ounces of blood were drawn from the arm, and the spirit wash was ordered to be constantly applied to the scalp. A colocynth and calomel pill was administered, and a common enema was injected.

The bleeding lowered the pulse, but there was no return of sensibility. In a few hours, the bowels were relieved. In the evening, the pulse had again attained its former quickness and fullness, and the venesection, to the same quantity as in the morning, was repeated.

13. She has passed a restless night, and has been frequently muttering incoherently. The skin is hot and dry; the pulse 130, small, quick, and jerky; the scalp is excessively tender, manifested by her efforts of resistance when touched; the bowels have been relieved during the night rather copiously. Ordered to take a five-grain calomel pill, and to have a castor oil enema injected.

In the course of the day, a catheter was passed into the bladder, and the urine evacuated; and, in the evening, a blister was applied to the nape of the neck.

14. Since last evening, the woman has become gradually worse; she passed a very restless night, and has been constantly muttering. The breathing is very laborious and stertorous; the pupils are still but partially dilated, and are insensible to the stimulus of light; the countenance is sunk, flushed, and anxious; the pulse 140, and small.

She lingered until seven o'clock on the following evening, when she expired.

Inspectio Cadaveris.

On removing the calvaria, and the dura mater, no inflammatory appearances were detected in either the arachnoid, or the pia mater. Between the pia mater and the arachnoid, there was slight extravasation of blood. There were a few traces of lesion seen in the cortical part of the brain, and one or two in the corpus callosum, and there were numerous bloody points arising from the rupture of small vessels, clearly indicative of the severe concussion which the substance of the brain had undergone. No other morbid appearance was detected.

ST. THOMAS'S HOSPITAL.

CASE OF CHOREA, SUCCESSFULLY TREATED WITH THE SUBCARBONATE OF IRON.

The subjoined case is strikingly illustrative of the remedial powers of the carbonate of iron, in the disease in question. It has been often said, and is generally believed, that chorea may always be cured by purgatives; we have, however, seen many cases "rebellious" (as Dr. Elliotson would say) to a long-continued system of purgation.

Ann Matthews, ætat. 6, was admitted on the 14th of February, under the care of Dr. Elliotson. She could not walk or stand; she had constant motion of the arms, and indeed of the body generally, the right side appearing to be more affected than the left. The girl's appearance was tolerably healthy; her pulse was natural, and bowels regular; she had had two evacuations on the morning of admission, and they were observed to be natural. The disease, according to the mother's statement, came on six weeks prior to the patient's admission, and she was, in the commencement, affected with pain at the back part of the head, and a sense of stupor.* Under the administration of purgatives, these symptoms were removed, but the chorea, on the contrary, became worse.

Dr. Elliotson directed *two drachms of the subcarbonate of iron* to be taken three times a-day.

19. Much better; the medicine has been continued regularly, and the evacuations from the bowels, one of which takes place daily, are much impregnated with the iron.

26. The girl is mending rapidly; there is much less motion of the arms, and she is now able to stand by herself. The medicine is continued.

March 4. The affection is now very slight. The bowels are open daily; the iron is regularly administered.

Shortly after the last report, the child left the Hospital quite well.

CASE OF POPLITEAL ANEURISM.—OPERATION.

The operation of tying the femoral artery was performed by the Junior Surgeon on Friday last, May 16, in a case of popliteal aneurism. The patient, a labourer of middle stature, and thirty-seven years of age, was admitted into the Hospital about a month since, on account of fracture of the sternum. He recovered from this accident under the use of ordinary means, and in his convalescence directed the surgeon's attention to a swelling in the left ham. A pulsating tumour of the size of a hen's egg was found at this part, or, more strictly speaking, it might be said to be femero-popliteal aneurism, the swelling commencing before the artery had fairly reached the ham.

The nature of the disease was very apparent; pressure at the middle of the thigh stayed the pulsation of the tumour. In the performance of the operation nothing remarkable occurred; one silk ligature was used.

It is right to mention, that the swelling had existed, according to the man's statement, upwards of two years, and he attributed its formation to an injury of the leg, which he had received from a cart-load of lime falling upon it. The tumour did not make its appearance until about three months after this accident; subsequently it lessened, and until within six months of his admission, produced no inconvenience; but, at that time, it began to enlarge, and became painful.

On the 21st, the patient was doing well; blood was abstracted from the arm on the 18th, in consequence of tenderness of the abdomen.

HYDROCYANIC ACID.

Dr. Elliotson reports, as the result of his further experience with this medicine, that it is highly useful when administered with medicines which have a tendency in themselves to induce nausea and sickness. For instance, when given in conjunction with colchicum, the latter will not irritate the stomach, whilst, at the same time, we have its full remedial powers. The importance of such an adjuvant we scarcely need dwell upon.

TO CORRESPONDENTS.

The letter of "L." has been accidentally mislaid, or it should have been inserted in this Number.

Thanks for the letter of "Fag." The affair shall be noticed in our next.

Other Correspondents must stand over.

---

* Dr. Elliotson says, that iron may sometimes be safely given, even when there are headach, a foul tongue, and torpid bowels; but that the abstraction of blood, and the use of purgatives, may sometimes be the correct plan of treatment, at least in the first instance.

THE LANCET.

Vol. II.] LONDON, SATURDAY, MAY 31. [1827-8.

LECTURES
ON THE
THEORY AND PRACTICE OF MIDWIFERY,
DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

Lecture XXX.

Retention of the Placenta.

Before I proceed to the subject of our inquiries this morning, I mean the retention of the placenta, it may be well to premise an observation omitted yesterday, and which, though brief, is not without its importance. Of laborious labours it is not to be forgotten, that though they sometimes arise from one cause only, yet, however, they are occasionally referrible to the co-operation of several; thus, rigidity of the parts may concur with unfavourable position of the fœtus, or both may be met with where there is a coarctation of the apertures of the pelvis.

In the earlier, as in the latter months, in the laborious and flooding cases, and in natural labours, the placenta does not always escape with the usual facility; difficulties sometimes impede its abstraction, and it may be retained for days, weeks, not to say one or two months.

Where the placenta in this manner remains in the uterus after the expulsion of the fœtus, occasionally for days together, not a single alarming symptom occurs, so that if you were not acquainted with the history of the case, you would scarcely suspect that the placenta was still lodged in the uterine cavity. It is a great mistake to imagine, because the placenta is lying in the uterine cavity, that the woman must *necessarily* do ill; and from this erroneous impression I would wish your minds to be liberated. So long, however, as the placenta is retained in the uterine cavity, so long the patient is liable to various symptoms more or less alarming, of which the principal are *pains, bleedings, uterine discharges, and constitutional irritation.*

When the placenta is retained in the uterus, it will sometimes give rise to cutting, grinding, sawing pains, felt in the back or the front of the abdomen near the symphysis pubis, not to mention the hips and thighs, the pains being very like the first pains of labour, or those latter pains felt after the birth of the fœtus, and which are usually denominated the *after pains.* These pains it is by no means difficult to alleviate by the use of opium, but they are rather to be sought than deprecated, for by these pains it is, or rather by the contractions which produce them, that the placenta is ultimately expected. Again.

When the placenta is retained in the uterus, whether in the earlier or the latter months, and in the latter months, more frequently, the patient is always liable to floodings more or less copious; and, indeed, this is the most dangerous symptom to which she is obnoxious. From my own personal observation, I am prepared to state, that the placenta may lie quiet—innocuous in the uterus—for one or two weeks together, large eruptions of blood ultimately occurring notwithstanding; and you may, therefore, set down, among the dangers to which women are always exposed, whether in the earlier or the latter months, but in the latter months more especially, these copious eruptions of blood from the uterine cavity. After what has been said so largely on the subject of floodings, you will not be at a loss as to the management of discharges of this kind. For a fuller exposition of the method of treatment, I must refer you to the principles before laid down; suffice it to remark here, that the only effectual remedy for putting a stop to the discharge, is the removal of the placenta, and, therefore, if a woman is liable, not merely to small shows of blood, but to the larger eruptions, the sooner the placenta, whether by manual operations or otherwise, is, in an easy manner, extricated from the uterus, the better.

When the placenta is retained in the uterus, you will sometimes find that the patient remains, in good measure, or entirely, free from any offensive or fœtid discharge; but so long as the placenta is lying in the uterine cavity, so long is she liable to all the effects of its putrescence there; and sometimes the discharges become offensive in a high degree, the chamber, though spacious, becoming infected with the offensive odour, which may, by a delicate sense, be now and then perceived in the adjoining apartments.

Why it is in some cases, that the placenta putrifies rapidly, while, in others, it remains unchanged, I am not able, in a satisfactory manner, to explain, though the subject is well worth investigation; I strongly suspect, however, that the placenta will be found to putrify much more readily, if it is completely detached from the uterus, than in those cases in which it continues to adhere to the uterine surface; for detachment from the uterus, seems to imply a consequent extinction of vitality.

Lotions may be found of service here, provided, by means of a long tube syringe, they are thoroughly injected into the uterine cavity. For the performance of this injection, the accoucheur will be found the best operator; and it is desirable, that the fluid be injected repeatedly in the course of the day, unless bleeding, or other symptoms, forbid. Warm water, decoction of bark, or other injections, diluent or antiseptic, may be recommended in these cases. The fluid being absorbed, you bear the syringe in the right hand, carrying the fingers of the left, in the way of a director, to the mouth of the uterus, and then the tube being passed along the finger into the uterine cavity, by the action of the syringe, it may be very completely washed out. After all, however, the only effectual mode of arresting these discharges so offensive, is the abstraction of the placenta, either by manual operation, or the deobstruent remedies, of which I shall hereafter treat; and to this remedy we must ultimately have recourse, should symptoms become pressing, and should other means fail us.

When the placenta is retained in the uterus, we sometimes have the satisfaction to find, that no active symptoms of constitutional irritation occur, but the woman lies perfectly quiet, her appetite good, her bowels regular, and her general health undisturbed; so long, however, as the placenta remains, so long constitutional symptoms, of the most alarming kind, are liable, sooner or later, to supervene; purgings, vomitings, sweatings, a pulse of 140, a cheek of typhoid tint, and a tongue that is brown. Now, I once imagined that these constitutional symptoms might rather be ascribed to violence, used to get away the placenta—occasioning contusions and lacerations of the genitals, than to the mere action of the placenta itself; and the rather, because, having paid a good deal of attention to this subject, I had noted more than one case, in which the placenta had remained for a long time in the uterus, without a single conspicuous symptom of irritation becoming manifest; but from observations since made, I have been induced to believe, that independently of all manual practice, these irritations may be produced. A girl, in St. Thomas's, aborting about the fourth month, I was requested to see her, when I found that the placenta could not be got away without force and danger; and I deemed it wise, therefore, not to make the attempt. On the fifth day putrid discharges appeared, and, at this time, there was a good deal of constitutional irritation; a cheek flushed, a countenance anxious, a pulse of 140, vomiting, purging, and copious perspirations. Urged by the symptoms, I removed the placenta at this time, for it appeared to be pushed some little way into the vagina; all the symptoms giving way very rapidly afterwards, and the girl ultimately recovering. Is the *putrid* placenta alone liable to occasion these irritations? I doubt; for it is a matter of fact, well worthy of notice, not only in midwifery, but in surgical science also, that substances may become very putrid, and yet they may lie in the vagina for a length of time, without occasioning much constitutional irritation. And thus much then respecting the various symptoms, more or less alarming, which may result from a failure in the abstraction of the placenta—pains, floodings, putrid discharges, and violent constitutional irritation. Let us now consider what these cases require.

It is, I believe, agreed on all hands, among practical men, that as the woman is always obnoxious to these symptoms, so long as the placenta is retained, it is always desirable that the placenta should be got away. Now the means to be employed for this purpose, are divisible into two kinds; the deobstruents, as they are called, and those which require active manual operation.

When the placenta is retained in the uterus, independent of any very active manual operation, we may, sometimes, obtain its expulsion, merely by laying the hand on the womb externally, feeling it through the abdominal coverings, grasping it, and thus stimulating its fibres to contract, the placenta being expelled, or, to use a coarse but significant expression, this viscus being squeezed forth by the action of the hand. This is a very simple mode of ridding the uterus of its contents, proper, more especially, where it is retained in the later months; nor is much active manual exertion required for the purpose.

When the placenta is retained in the uterus, whether in the earlier or latter months, we may sometimes ensure its expulsion by the use of some remedy which may stimulate the bowels, as purgatives, for example. Mr. Fagg, a practitioner of experience, informs me, that he has found the injection of senna and salts into the rectum to be of no small use; six or eight ounces of the infusion of senna, with an ounce of salts, formed into an injection, and thrown into the rectum, have, apparently, had the effect of exciting the pains, and thereby accelerating the expulsion of the fœtus; and, on his authority, I recommend the remedy to your attention. The action of the womb may be brought on by the application of cold; not that I should recommend you to advise your patient to plunge her hips into cold water, but you may venture to administer the cold as if you were applying it in flooding cases, sprinkling the napkin, and suddenly and smartly dashing up on the abdomen and thighs; and perhaps the stimulus of this sudden impulse may cause the womb to contract. I think it proper to mention this, as one of the deobstruents which may be resorted to in these cases; but, after all, it is one that is not to be relied on. Coughing, sneezing, blowing on the back of the hand, not to mention voluntary bearing, may bring on the action of the womb, and these, therefore, may be recommended where deobstruents are required; but of all deobstruents of this kind, the most efficient is retching; the placenta sometimes speedily escaping when the patient begins to vomit. In the commencement of practice, you may occasionally be at a loss to know how to get the placenta away, not because there really is difficulty, but because you are timid, and very properly so, while yet unexperienced. In these difficulties you very unwisely leave the patient, instead of writing to procure further assistance, and while you are away, perhaps an old woman comes into the room, puts a candle into the throat, excites retching, and liberates the placenta at once. Nor is retching to be despised as a deobstruent —not that I would advise you to nauseate the patient with a candle, but you may insert a feather into the back of the throat, as the emetic is, perhaps, no less efficacious, and is certainly more elegant.

In cases where the placenta is retained, if the *ergot* is at hand, I would recommend you to make a trial of this; not that I have such experience of it in these difficulties, as enables me to state positively that it has much effect; but I have reason to believe, that in many cases, it has been used with advantage. The ergot, or *secale cornutum*, you may now purchase in any quantity at Butler's, in Covent Garden, and, I believe, at most of the respectable druggists. A drachm of this ergot, coarsely powdered, may be mixed with three ounces of boiling water, to be poured upon it; and this being decocted to an ounce and a half, you may give the patient a table spoonful as a dose, repeating it every twenty minutes, unless you perceive that the action of the womb has been previously brought on. Besides these deobstruent remedies, and which require but little manual operation, the hand or fingers of the accoucheur may be used with advantage for the removal of the placenta. In the earlier months, perhaps, we may remove the remains of the ovum, by passing two fingers into the vagina; or, if it lie too high to admit of abstraction in this manner, then, if the hand be small, the vagina large, and the parts relaxed, we may introduce the whole hand into the vagina without the risk of tearing, and the two fingers being carried into the cavity of the uterus, securing a hold of the ovum in this manner by the action of the fingers, you may often at once bring it away. In the later months, also, independently of the introduction of the hand into the uterus, the placenta may sometimes be abstracted, as it often lies down in the vagina; and when it lies there you may lay hold of it, careful not to tear any part. The whole may then be abstracted at once; the mass being diligently inspected afterwards, so as to ascertain that no part have been left behind in the uterus. It very frequently happens, however, in difficult cases, that the bulk of the after-birth is lying in the womb, and you must then, though unwillingly, carry the hand into the cavity of the uterus, where you may first detach it by passing the fingers between the womb and the viscus, and having detached it, you may lay hold of its substance, and cautiously bring it away. Nor is it difficult to perform this operation, where the accoucheur has been long in practice, and has the perfect use of his fingers.

When the placenta is retained, it sometimes becomes a point of great nicety to decide when you are to operate manually and when you are not. And sometimes my obstetric friends come to me in great perplexity, asking what they are to do; whether they are to leave the patient to her natural powers to trust to deobstruent remedies, or to interfere manually? I think it may be observed with truth, that it is always highly desirable the placenta should be got away, if it can be withdrawn without violence; because, as I before explained to you, though it may lie in the uterus quiet for a time, so long as it lies there the patient is liable to floodings and other dangerous symptoms. Now, this being the case, I have endeavoured to establish certain principles for my own guidance here, and they are, in few words, the following:—If the placenta be retained, and I can, by manual operations, abstract it without violence, without the risk of bruising or tearing I mean, and if there be no reasonable hope of liberating it by the use of deobstruent remedies, there being an obvious necessity for manual operation, I abstract it in this manner. I repeat this: if the placenta be retained, I say, and there is reason to believe, on a careful examination of all circumstances, that it may be removed without violence, without the risk of bruising or tearing, and if there is no reasonable hope of liberating it by the deobstruent means before mentioned, I then by all means endeavour to remove it manually. On the other hand, if the placenta be retained, and I find the hand cannot be carried up so high as to secure the command of the placenta without the risk of bruising or lacerating, I then leave it in the uterine cavity, not because it is not an evil to leave it there, but because, to leave it in the uterus, is a smaller evil than to abstract it with violence, and we had better abide by the smaller evil, than expose ourselves to the greater evil, that of lacerating, bruising, and killing. But to proceed: If, acting on this principle I leave the placenta behind in the uterus, which I have sometimes done for days or weeks, and with success too, I watch the patient diligently during the whole term of retention; and if any alarming symptoms supervene, I again examine; and although I could not before have removed the placenta, I now, perhaps, find that I can abstract it with facility; should the abstraction of the placenta, however, still remain difficult, provided the danger be great, I urge my endeavours to remove it more diligently than before, in flooding cases especially, the most dangerous, and those too happily in which the parts are the most relaxed.

In fine, the rule of practice here is this: First,—Immediately after the birth of the child, when the placenta is retained, provided it can be removed without consequent danger, let it, by all means, be taken from the uterus. Secondly,—When the placenta is retained for days together, and no symptoms of danger appear, examine occasionally, removing the placenta at the time of examination, provided it can be withdrawn, as it were, by a mere touch, and committing the expulsion of it to the natural efforts, provided it cannot be abstracted with facility. Lastly,—When dangerous symptoms appear, and the placenta is lying in the uterus, *the symptoms being clearly referrible to the retention of the placenta*—if the symptoms are not urgent, you had better leave the placenta, if it cannot be abstracted without violence; and even where the symptoms are pressing, *you are still scarcely justifiable in abstracting manually, provided the operation be attended with the risk of laceration*; for when a patient must be exposed to dangers, in the general, perhaps, she had better be exposed to the dangers which arise naturally from her situation, than to those which may result from obstetric violence. Much, however, must depend on the individual character of the accoucheur; a skilful practitioner may venture to operate where one who is wanting in dexterity ought to refrain. It is often better to fall into the hands of nature than those of nature's much-favoured, but often misguided, son.

Having said thus much, generally, respecting the symptoms and management of the retained placenta, we will now, if you please, proceed to the consideration of the different varieties of this accident.

After the birth of the child, the umbilical chord in some cases breaks away, close upon the after-birth, so that you lose your hold of the placenta, and, in other cases, where the placenta is large, in attempting to abstract, you may leave a third or a half of it behind; this portion being torn off from the rest. Now, in those cases in which the placenta is lying in the uterus wholly or partially, your hold being lost, some difficulty may attend its abstraction; and if you have never reflected on it before you meet the accident, you may be at a loss as to the mode of procedure. When, in this manner, you lose your bearing on the placenta, a portion of it being left behind in the uterine cavity, it may sometimes be expelled from the uterus, nevertheless, by the unaided efforts of the womb. Waiting for one or two hours, more especially if you give some of the *ergot* in the way formerly advised, you may reasonably hope, that, under the uterine efforts, the placenta will be expelled completely from the uterus, or, at any rate, that it will be pushed into the upper part of the vagina, so that the fingers may reach it. Suppose, however, that the pains are feeble or failing? in these cases the expulsion of the placenta may be effectively assisted, by merely laying the hand on the abdomen above the symphysis pubis, and feeling for the uterus, and pressing it, the placenta being urged out of the uterine cavity by compression, in the same manner as you might, by well-directed pressure, expel any other substance from a bag. Tenderly—resolutely—dexterously—prudently proceeding in this way, you may press the entire mass into the vagina, or at any rate so large a portion of the placenta may frequently be detruded, that, lying under the action of the fingers, the whole of it may be easily got away. Should these means further fail you, however, there is yet a third mode, the least desirable, but the most effectual, by which the placenta may be removed, (and to this you may have recourse in the last resort,) I mean the introduction of the hand into the uterine cavity, an operation, against the unnecessary performance of which you have already been so frequently cautioned. In performing this operation, you will not, probably, meet with much difficulty, because, as half an hour or an hour before, the head and body of the child have been transmitted along the vagina, your hand, of course, unless it be unusually bulky, if duly lubricated, will pass up with facility. The hand then being in the uterine cavity, you may grasp the placenta and draw it downwards, proceeding with the usual obstetric mixture, resolution and tenderness, careful that you leave no portion of after-birth behind. Here, then, are the three practices to be adopted for the removal of tho placenta; in difficulties of this kind, the introduction of the hand, the external compression of the uterus, and the commission of the expulsion to the unaided efforts of the womb. Provided you find that the parts are very lax, and that the hand may be carried into the uterus with perfect safety, I would excuse your having *early* recourse even to manual operation; but if in making this essay, or if on making an examination, and considering all circumstances previously, you expect there will be the least difficulty to the introduction of the hand, or the smallest probability of laceration, then, by all means, first confide the birth of the placenta to the other two modes of treatment, and satisfy yourselves of their inefficiency before you have recourse to this undesirable operation.

When examinations have been frequent, or deliveries have been laborious, or instruments have been administered, and sometimes independently of the action of these causes, the softer parts occasionally become unusually inflamed and excoriated, and the genitals swelled and irritable, are totally impatient of the touch. In these cases, then, in which there is excoriation, swelling, and irritability, embarrassment may arise in the abstraction of the placenta, in general, however, to be subdued with facility. The parts being in this condition, provided the patient possess a moderate share of strength, you ought, I think, to take away 12 or 16 ounces of blood, giving afterwards a somewhat copious dose of opium, and 50 or 60 drops, for example, drops, I mean, not minims, may be given at once in cases of this kind. This done, procuring a full supply of warm water, you may very thoroughly foment the parts; and after a thorough fomentation, large doses of opium, and the extraction of blood from the arm, you will most probably find the irritability so much allayed, that the necessary manual operations may be performed, so that seizing the chord with the one hand, and the substance of the placenta with the other, with resolution and gentleness, you solicit and lead it forth from the uterine cavity.

There is yet a third and an important cause, to which the retention of the placenta may sometimes be ascribed; and this cause is an irregular contraction of the womb, to the consideration of which we will next proceed. After the expulsion of the fœtus, when the birth of the placenta takes place in the usual manner, the summit or fundus of the uterus is first contracted, then the body, then the neck, the mouth contracting ultimately; there being in general a tendency to contractions of the upper part of the uterus, before the under portions become constricted. Now the womb contracting in this manner, in ordinary cases, the placenta and uterus mutually separate; for when the womb contracts, being muscular, the placenta wanting that muscularity, cannot contract itself in a corresponding manner, and the surface of the uterus moving, of consequence, on the placentar surface, a mutual dissolution of adhesion ensues. The placenta then being detached in this manner, and the uterine contractions proceeding, the detached mass is pushed lower and lower towards the vagina; and if the uterus be very vigorous and active, it may even be urged beyond the external parts, or a considerable way into the vagina, becoming, in most cases, partially pushed into the vagina, so that it may be easily seized and taken away. But when the irregular contractions now under consideration occur, in some cases we find the uterus contracted around the placenta, as if anxious to retain it, so that you can neither abstract the after-birth, nor insinuate your hand into the cavity of the womb, (observe the preparation which I now circulate,) and, in other cases, in their occurrence more common, the placenta is retained by circular contraction of the uterus, seated more frequently at the mouth of the womb, and more rarely in the centre, insomuch, that the cavity of the womb becomes divided into two chambers, the superior, and one below. This constitutes what, from an analogy of form, has been denominated the *hour-glass* contraction; not, however, of so frequent occurrence as many imagine, for unless an accoucheur be tolerably skilful, he may think there is this clepsydral contraction of the uterus, when in reality the contraction is oral, the upper part of the vagina long and dilated, being, in examination, mistaken for the lower part of the cavity of the womb.

These irregular contractions are not of difficult detection. In a preceding lecture, when we were speaking of the delivery of the placenta in ordinary cases, it was, you may remember, observed, that you ought to carry your fingers along the umbilical chord, until you reach the mouth of the uterus. After which, when you find any portion of the placenta lying forth at the mouth of the womb, this part should be secured, and, in this manner, with the chord in one hand,

and the body of the placenta in the other, you may withdraw the entire mass from the uterus, the uterine contractions effectually assisting. Now, if it so happen, in these difficulties, that the uterus is firmly embracing the whole of the placenta, examining externally above the symphysis pubis, this contraction may, perhaps, be detected pretty easily; feeling for the uterus above the symphysis pubis, grasping it as you ought always to do, and finding it very round and hard, while yet no part of the placenta stretches down into the vagina, you will have a pretty clear proof, that it is in this way that the placenta is retained. While, in cases where a circular contraction, whether oral or central, is the retaining cause, the contracted aperture may be felt on passing up the fingers.

When a retention of the placenta occurs in consequence of these irregular contractions, by a little manual skill and labour, you may sometimes abstract the placenta easily enough: carry one or two fingers of the left hand up to the os uteri, and insert those fingers into the aperture; then the fingers being deposited there, act with them, as now demonstrated, in the manner of a dilator; tenderly, resolutely, perseveringly, and again I say tenderly, expanding the uterine mouth as it may bear, and thus room may be obtained to bring the placenta away.

In some few cases, on carrying the hand to the entrance of the uterus, you may find lying in it a portion of the placenta. Now, in these cases, if the constriction of the uterus be firm, it may not be safe to draw down by this portion, lest laceration and detachment should ensue; yet, should it so happen, that the mouth and neck of the uterus are lax, then, without further trouble, the placenta may be abstracted, the viscus being gently worked through the opening, in the mode here demonstrated, with the handkerchief. After abstraction examine the secundines, and ascertain that the whole mass has been abstracted entire.

But it is not always that you meet with these cases of easy management, for sometimes the mouth and body of the uterus are contracted with more than ordinary firmness; or, if you dilate, the part contracts again more firmly than before; and, if you again dilate it, again it contracts; and if attempting to overbear resistance, you use a greater force, you lacerate. DEATH. When, in this way, the contractions are very strong, and the womb is very irritable, before you attempt to abstract the placenta, you ought to have recourse to relaxents. Bleeding to faintness might sometimes effectually resolve the uterine contraction, and some few cases might perhaps justify it. It must be admitted, however, that this is a rough measure, and not perhaps altogether without its danger; for the bleeding might be followed by flooding from the uterus, and the patient, if of feeble constitution, might sink. The *tobacco injection*, I have little doubt, would relax the uterus, even in the most difficult cases, so as to admit the introduction of the hand; but the tobacco injection is attended with considerable danger; and I have already laid it down as a principle, that the retention of the placenta is not attended with that degree of danger which may justify you in resorting to the more perilous measures. It has too been advised in these cases, that we should try the effect of cold emetics, and other remedies insignificant, and unimportant, and sometimes a nauseating or emetic dose, sulphate of zinc or ipecacuanha, for example, may have the effect of expelling the placenta; or the sudden application of cold over the uterus, or the lower part of the abdomen, may relax the spasms. For myself, however, in all cases which I have hitherto met, I have found that the uterus has relaxed sufficiently under very simple mode of treatment. From the arm I have abstracted sixteen or twenty ounces of blood, a loss which most patients can bear very well; then, immediately afterwards, I have administered a copious dose of opium, sixty or seventy drops of the tincture, or a corresponding quantity of the solid, or of Batley's excellent anodyne. This done, I have waited half an hour till the irritability of the parts has been quieted, and then I have proceeded to dilate the os uteri, and abstract the placenta as before explained, always bearing in mind the two grand principles of management here: I mean, first, that the placenta is never to be abstracted with violence; and, secondly, that if without violence it may be got away, its removal is desirable, as during its retention the woman is never altogether secure.

I here show you a beautiful specimen of a retained placenta, produced by a general contraction of the uterus. In some women, there seems to be a strong *predisposition* to this *irregular contraction* of the womb after delivery; and this being the case, it comes to be a question of some importance, whether we may have recourse to any effectual preventive. Of the preventives proposed, one of the most promising is that which used, I think, to be recommended by Dr. Hamilton of Edinburgh, and this consists in committing the birth of the body to the natural efforts, the womb being suffered to expel it slowly after the birth of the head. If the head being expelled, we hastily draw the body from the vagina, before the womb is contracted, the uterus, suddenly emptied, becomes more obnoxious to irregular contractions afterwards; but where the body, arms, and legs, are pushed away by the regular and healthy actions of the uterus, a more regular and healthy contraction may be afterwards expected.

It rarely happens that the placenta is retained in the uterus, in consequence of inflammatory adhesions of that kind, which has been denominated the *scirrhous*; for though you may frequently hear of cases so called, yet I am persuaded, from my own observations, as well as from the experience of my valued predecessor, Dr. Haighton, that the genuine scirrhous adhesion is by no means very common in its occurrence. Sometimes, however, the womb inflames; and, in consequence of this inflammation, the placenta may become attached to its surface; and if this have been going on in the earlier or middle part of gestation, the adhesions may be extensive and strong. With induration of the placenta, these adhesions may be accompanied, in consequence, I suppose, of an interstitious deposition of lymph in the pores of the placentar structure; and this induration, I apprehend it is, and not a genuine schirrosity, which has given rise to the epithet by which the disease is designated; for although the parts are hardened and altered in their structure, I am not aware that there is that peculiar change of organisation, which the morbid anatomist understands by this disease.

LECTURES ON CHEMISTRY,

BY

PROFESSOR BRANDE.

Delivered at the Royal Institution of Great Britain.

LECTURE XLII.

On Gold; the combinations of Platinum with Palladium, Rhodium, Osmium, and Iridium; and Silica.

If gold be heated in chlorine, in a state of minute division, a deep yellow-coloured compound is produced, which, when acted upon by water, is a *muriate of gold*; and by adding a solution of potash to this muriate, and heating the mixture, you obtain a precipitate, which is *oxide of gold*. The oxide should be washed in a weak solution of potash, and then with water, and dried at a temperature not exceeding 100°; if you exceed this, a portion of the oxide is reduced.

The nitric acid scarcely acts upon the metal, although it readily dissolves the oxide; and the only true solvents of gold, are the *nitro-muriatic* acid and *chlorine*. Two parts of muriatic acid, and one of nitric, dissolve gold readily; and by evaporation, prismatic crystals of muriate of gold may be obtained. When liquid ammonia is added to a solution of muriate of gold, diluted with about three times its weight of water, a brown precipitate is formed, which, if carefully dried at a temperature of 212°, is a very *fulminating* powder. It explodes by friction with hard bodies, and by an electrical shock; and if detonated upon a piece of platinum leaf, the platinum is torn by the explosion. If a piece of tin foil be immersed in a dilute solution of muriate of gold, a purple powder is thrown down, which is much used for enamel painting, and for tinging glass of a fine red colour, a compound generally known as the *purple of Cassius*; and it appears to be composed of three parts of oxide of tin, and one of oxide of gold, in a very low state of oxidisement.

The *ætherial solution of gold*, or *aurum potabile*, as it was called, is made by mixing sulphuric æther with a solution of the muriate of gold. It was, at one time, proposed to give it as a medicine; and true it is that gold is very useful in medicine, but only when given by the patient to the physician, the physician giving other metals to the patient. It is used for gilding other metals, but not without injury to the edge of cutting instruments; and a curious circumstance attending it is, that if kept long, the metal is deposited in the crystalline state.

The *alloys* of gold are of considerable importance; with zinc, tin, lead, nickel, cobalt, and bismuth, it forms alloys, all of which are so brittle as to be useless; and it is curious to inquire how such small quantities of tin or lead should render the gold brittle, and that to such a degree, that it is even dangerous to have lead or tin in the neighbourhood of the furnace in which the gold is melted. On the other hand, gold may be alloyed with silver, and the compound will be harder than either metal itself. With copper it forms a hard alloy, which is generally employed for coinage, and many other purposes. Eleven parts of gold, that is, standard gold, the specific gravity of which is 19, when mixed with one part of copper, produce an alloy, the specific gravity of which is about 17; of this alloy, twenty pounds troy are coined into 934½ sovereigns, or fifteen pounds into 700 sovereigns. One pound was formed into 44½ guineas, but now it is coined into 46 sovereigns. Arsenic and antimony combine with gold, and render it brittle.

The other morning I described to you the mode of assaying silver, in order to determine the quantity of copper which it may contain. Now gold is assayed in the same way; but, in consequence of the strong attraction which it has for copper, it is generally necessary to dilute the gold by an alloy of copper and gold, in which a certain quantity of silver is already mixed; it is then submitted to the process of cupellation, and the silver is afterwards separated by digestion in nitric acid, which takes up the silver, and leaves the gold in the form of a fine film, which is melted down into a button, and then weighed. The use of the silver is to render the copper more accessible to, and more easily attacked by, the oxide of lead, otherwise the gold would protect the copper from the action of the oxide of lead, and the separation would be very incomplete. Silver is often coated or gilded with gold, forming gold plate, and generally by a process called water gilding, which consists in submitting the heated silver to an amalgam of gold and mercury. The gold and mercury are first made into an amalgam, with which the surface of the silver is rubbed; the mercury is driven off by heat, and the gold is left, which is afterwards burnished, and, in that manner, a coating of gold is easily applied; of course, by using a dilute, or a strong amalgam, you may give a greater or less coating of gold to the silver. What is called *or molu*, is brass or copper, or bronze gilded in a similar way; and the French are very expert in this mode of gilding. There, a great deal of common gilding is done, by sticking on gold leaf upon varnishes. In gilding porcelain, which I shall describe to you in the next lecture, a powder of gold is mixed with glass which is employed and burnished, after it is brought from the furnace.

Platinum.—Now we come to a subject which gives great difficulty to the chemical lecturer, namely, *platinum*, and its including metals, because they do not admit of much experimental illustration; I shall endeavour, however, to make the subject as clear as I can; that which is brought to this country under the name of platinum having substances combined with it of great variety.

If you examine this ore with a magnifying glass, you see that it is manifestly composed of different substances, and that it is, in fact, a very heterogeneous mixture, consisting, in the first place, of platinum; and, in the next place, of four other metals, namely, *palladium*, *rhodium*, *iridium*, and *osmium*, including also, ores of copper, iron, gold, and lead; and these substances the chemist has to separate. The general mode of separating some of these metals is, first, by washing the grains of platinum in dilute nitric, sulphuric, or muriatic acids, which will not have any important effect upon the platinum, or the four first mentioned metals. Having then cleared them, as far as possible, from iron, by the magnet and by dilute sulphuric acid, you then proceed to boil them in nitro-muriatic acid; but, in performing this operation, you will remark, that the grains are by no means entirely soluble in nitro-muriatic acid, but that there will be a black powder remaining, as you see here, which we shall examine by-and-by, and you will remember that it is insoluble, or nearly so, in nitro-muriatic acid. The acid has, however, taken up the platinum, and two other metals, namely, the palladium and rhodium, which are thus held in solution. Now as to the mode of separating these: this may be effected by a solution of sal ammoniac, or, at least, to a considerable extent. When a solution of this salt is added in excess, a yellow powder falls down, which is a triple muriate of ammonia and platinum; so that you have the palladium and rhodium left in solution, and you have carried off the platinum in triple combination with the muriatic acid and ammonia. Nothing can be now easier than to get the platinum; you have only to heat the precipitate red hot, which drives off every thing but the platinum, which may be then drawn into wire, cast into plates, or any form you may require, and the platinum thus obtained is in considerable purity.

Platinum, obtained in this way, I have just stated to you, is in the form of a spongy mass, and you see a portion of it here; and in this state it has the singular property of becoming ignited when brought into contact with a mixture of oxygen and hydrogen gas, but no satisfactory explanation has yet been adduced of this phenomenon; the heat produced, however, is sometimes sufficient to ignite the hydrogen gas, and, for the success of the experiment, it is necessary that the platinum should be recently heated. You observe, that where a piece of platinum is brought into contact with a current of hydrogen, the hydrogen becomes immediately ignited, and this furnishes us with a very elegant mode of obtaining instantaneous light, and although it is a very curious experiment, I can find no way to account for it. It has been supposed, that it was owing to the strong attraction between the hydrogen and the platinum, and that the rush of hydrogen upon the metal produced a sort of electrical action, by which the heat was generated; but all this is unsatisfactory.

The *oxide of platinum* dissolves in æther, and you may coat substances with it as with gold. When earthenware is rubbed over with the muriate of ammonia and platinum, and exposed to heat, the platinum is left upon the surface, and is afterwards burnished, giving a bright metallic coating to the vessel; and all the shining earthenware which you see is coated with platinum.

Now having, according to the process before described, separated the platinum with muriate of ammonia, Dr. Wollaston detected two metals in the remaining solution, to which he gave the names of *palladium* and *rhodium*. With regard to the mode of separating these, it may be done by adding cyanuret of mercury to the liquor, which will precipitate the palladium and not the rhodium; and if you add to the remaining liquor common salt, and evaporate it, you will get a triple salt of soda and rhodium, which, by careful management, may be crystallised, of which you here see a specimen. Now then, you will understand, that you may obtain the metal platinum free from the others, by proceeding as I have described, and by boiling it in nitro-muriatic acid, and having added a solution of the muriate of ammonia, a triple salt falls down, which is a muriate of ammonia and platinum, and, by driving off the ammonia, the platinum is left. Having done that, you add cyanuret of mercury to the liquor from which you have precipitated the platinum, by which you throw down the palladium and leave the rhodium, and the rhodium may be obtained by the process I have described.

Dr. Wollaston reduced these several substances to the metallic state, and examined their properties; he found that *rhodium* was of a silvery colour, very hard and difficult of fusion; next to titanium, it is the hardest metal upon our list, and has been employed for making the nibs of pens, and although such pens answer very well when new, yet it is like writing with a skewer, and if you should by chance let such a pen fall, it is useless. *Palladium* is a metal of a white colour, malleable and ductile, very hard and unchangeable on exposure to air. [Specimens of the metal were then shown.]

We have stated to you the mode of separating three of the metals contained in this complicated compound, and we must now go back to the insoluble powder, which I said always remained in the form of a black and insoluble substance, although it is true that, by long boiling, a little of it may be dissolved in nitric acid. Mr. Tennant examined this residue, and he found that he could entirely dissolve it, by acting upon it alternately with nitro-muriatic acid and soda, and he at last reduced it to a substance, which he called *iridium*; the term iridium being given to it in consequence of the variety of colours, which its oxides exhibit. A part of the powder, which he dissolved by fusing with potash, he found to have peculiar properties when distilled with sulphuric acid; he found that the oxide of a metal passed over with the vapour, forming a colourless solution in the receiver, of a sweetish taste, and he gave it the name of *osmium*, derived from its singular smell, having the smell of newly baked bread, or as some say, the smell of chlorine. With regard to *osmium*, the fact is, we know very little of its properties; it is a very singular body, and, among other things, it deserves to be known that it is eminently poisonous. You will now observe, that with regard to these two metals, fusion with soda separates the osmium and leaves the iridium. The iridium, boiled with sulphuric acid, forms *sulphate of iridium*; but I do not think it necessary particularly to advert to it.

Now with regard to the number representing *platinum*, you will find it to be about 96, and that the *ammoniated bichloride of platinum* will be represented by the number 222; the muriatic acid being 54, and the bichloride of platinum 168; so that we may conclude that 222 parts of this yellow precipitate, which I before described to you, are equal to 96 parts of metallic platinum. There is an alloy of arsenic and platinum, and this was one of the early modes of obtaining platinum before the art of welding it was discovered. At present, the mode of working platinum is very simple; it consists in decomposing the yellow powder just mentioned, and making pressure on it whilst in a state of great heat. Now the alloys of tin and platinum are very fusible; if you merely heat the two together, they readily combine, and run down into a readily fusible alloy; but if you heat them suddenly at a high temperature, the attraction of the two metals is so great, that they unite with intense ignition, and a kind of explosion, as I shall endeavour to show. (A piece of platinum foil was wrapped up in a piece of tin foil, and heated suddenly, by plunging into a red hot crucible, when the explosion took place.) Tin, lead, zinc, and antimony, all readily combine with platinum, and form fusible alloys. Messrs. Faraday and Stodart have made alloys of steel and platinum, and some manufacturers at Sheffield make this alloy, and they call it *Peruvian steel*, particularly well calculated for the manufacture of fine cutting instruments, but when once out of order, the ordinary means would not repair them again; as long, however, as the edge lasts, it is very keen.

Here we conclude the history of the metals properly so called, the substances remaining to be considered, being placed among the metals rather from courtesy than from any other reason; as they are only known in the state of oxides, and have never yet been reduced, so that the nature of their bases is not well determined.

Silica.—As regards *silica*, its base appears more to resemble boron than a metal. We will, at all events, however, consider silica as an oxide, either of a primary substance, or a metal, and that its base is combined with at least its own weight of oxygen. Now when you come to consider what an immensely large proportion of our globe is made up of silicious materials, and the weight of the half of this material consists of oxygen, it will give you some idea of the prevalence of oxygen in nature. When you take into account also, the large proportion of oxygen in water, forming eight parts by weight of the nine; that it forms one-fifth of the composition of the atmosphere; that it exists abundantly in vegetables, and forms one half of the weight of nitre, you will, perhaps, feel some surprise at the immense quantity of oxygen continually about us.

This statement of the nature of silica is founded upon the experiments of Sir Humphry Davy and Berzelius; and it is curious that Mr. Hume, of Long Acre, some years ago, anticipated this discovery in observing the large quantity of oxygen contained in the frame-work of the solid materials of the globe. Silica exists in such abundance that there is no difficulty in obtaining great quantities of it, and in its purest state it forms *rock-crystal* or quartz, as it is called, which does not contain more than ½ per cent. of impurities. Common flint, indeed, is silica in a very pure state. In the chalcedony, and a variety of other minerals which I might point out, the silica, if not absolutely pure, does not contain more than 1 or 2 per cent. of impurities. To obtain pure silica you may heat rock-crystal red-hot, then quench it in water, and powder it, and thus you obtain silica. Another method resorted to, in order to obtain silica, is to pour the powder thus obtained with potash in excess, which produces a compound soluble in water; and if you then precipitate this compound, by means of an acid, silica falls down; but I could never yet obtain silica in this way free from the alkali; you may wash it for a length of time, but it is always in combination with an alkali. The decomposition of chalcedony or of rock-crystal, or of the silicated fluorine gas by water, affords you a ready mode of obtaining silica, which, afterwards washed, will be found to be silica in a state of great purity. [Several specimens of pure silica were then shown.]

Now, as silica contains half its weight of oxygen, it is clear that the number representing oxygen will also represent *silicium*, or the base of the silica, and that 8 oxygen, and 8 silicium will give you 16 as the equivalent of silica. It enters into a great variety of combinations with the alkaline earths and metallic oxides, but it does not form any distinct class of salts with the acids, and, indeed, it is insoluble in the greater number of the acids. Chalcedony, cornelian, heliotropes, and agates of different kinds, are composed of this material; some of them are very beautiful, especially the variety of agate, called *opal*, which, when cut and polished, is the most beautiful of the productions of the mineral world, and is distinguished by its very brilliant play of the prismatic colours. It is composed of 90 per cent. silica and 10 of water, it is, therefore, a native hydrate of silica. Pitch-stone, obsidian, and a number of other minerals, are compounds containing a large proportion of silica.

But the compounds of the most importance are those which it forms with the alkalies to produce *glass*, and with the aluminous earths to produce the varieties of pottery. In the next lecture we shall therefore take up these two subjects, and thus terminate this division of the course.

DR. MACKINTOSH ON HYDROCEPHALUS.

(*Continued from page* 240.)

Another point which Dr. Monro urges in proof of his theory, that hydrocephalus acutus depends on debility, and not on inflammation, is the condition of the pulse; but he shall speak for himself.

"One of the most striking features of inflammation of the brain is the state of the pulse; but that character is also wanting in hydrocephalus; for the state of the pulse is widely different from that of a person afflicted by apoplexy or inflammation of the brain. It is not full as in the former, or hard as in the latter. It is no doubt quick, as in other diseases, *which are the effect of debility.*" V. (See p. 104.)

"Besides (says he) no author, who has described the symptoms of phrenitis, has stated that the pulse becomes slower some time after the commencement of the disorder; *and on the other hand, bleedings from the eyes, mouth, bladder and intestines, which are so frequent during phrenitis,* have seldom or never been observed to occur during the progress of hydrocephalus."

Morgagni has well described the great varieties of the pulse in acute diseases: and all men of the present day, who deserve the name of pathologists, are well acquainted with the varieties in the pulse in head cases, even in the same individual, during the course of the same day. Capuron, in his work on diseases of children, says, in treating of acute hydrocephalus: "The pulse is very irregular, sometimes extremely slow, and the moment afterwards so quick as scarcely to be counted. The temperature of the skin varies without end; it is alternately very hot or very cold," p. 492. It is a most remarkable circumstance, however, with respect to the pulse during acute affections of the brain in adults, that it becomes slower and frequently sinks below the natural standard soon after the commencement of the disease. Such a state of pulse is, according to my experience, more frequently met with in adults than in children. In hydrocephalus, during childhood, it does not invariably happen. Indeed, Dr. Monro, himself, allows this at p. 97. "*It very often happens that the pulse does not become slow during the whole course of the disease.*" Dr. Abercrombie, in giving a general view of the symptoms which indicate inflammatory affections within the head, says, at p. 12, "*The fifth form of the disease I have usually observed in adults,*" and in speaking of the pulse, observes, "The pulse is about the natural standard, or below it, frequently about 60;" in other parts of the description he says, "the pulse having continued from 70 to 80, through the whole course of the disease." In other cases, the pulse is at first about the natural standard, *afterwards falls to* 60 *or* 50, and at last rises to 120 or 130. Again he states, "as the pulse falls, the patient is disposed to sleep, this is, perhaps, considered as favourable, it falls to the natural staadard; he then sleeps almost constantly; and in another day this sleep terminates in coma. The pulse then begins to rise again; it rises to extreme frequency, and in a few days more the patient dies;" p. 14.

It is a curious thing that Cullen, *in the* 70 *lines* which he has written on Phrenitis, as occuring in adults, does not notice the state of the pulse at all, neither is it mentioned in his definition, which clearly proves that *he* thought it had no regular character.

I have seen in warm climates, and in this country also, a number of cases of inflammation of the brain in adults, attended with violent symptoms, but have never observed the *hæmorrhage from the eyes, mouth, &c. &c.*, which Dr. Monro says takes place *so frequently* during phrenitis, and seldom or never in hydrocephalus. I may here remark that one disease is often mistaken for another; thus I have often seen phthisis treated for dyspepsia and liver complaint; pericarditis for liver complaint; head-affections mistaken for "nervousness, affections of the stomach and hypochondriasis," &c. &c. But I believe, of all affections, we have hitherto been most liable to confound diseases of the brain with other disorders. Besides which, the brain is liable to be affected like the heart, liver, stomach, or kidneys, *functionally*; when this is the case, we have all the symptoms of intractable head affection, which last for hours or days, attended with disorders of vision and a train of nervous symytoms, and even spasms of the extremities; and these all disappear like magic. This curious combination of symptoms frequently occurs to young women at the menstrual period. Other circumstances take place which have thrown a mystery over these complaints which deserve to be mentioned. A person has a violent head attack and dies in the first stage, merely from the shock, and no trace of disease is left.

In another very violent attack, a patient, from peculiarity of constitution, cannot bear the remedies, and dies early; no traces are to be seen of diseased action. One statement more respecting the pulse. Its different states have never been satisfactorily accounted for in diseases of the brain. 1. Pressure, produced by congestion of the vessels of the brain, produces slowness. 2. From effusion of water. 3. When the substance of the brain is inflamed, there is also, in general, a slow pulse. And a slow pulse always denotes danger. But upon what principle is the subsequent rising of the pulse to be explained, when there is more extensive effusion, of course more pressure on the brain, and when the disease is going into a fatal termination?

Dr. Monro, at p. 110, tries to force an invariable connection between hydrocephalus and dropsy, *both depending on debility*; now if this were true, children ought to be very liable to dropsical affections in other parts of the body, which is not the case. But looking *pathologically* at these affections, there certainly is a strong analogy. Dropsy sometimes arises from inflammation, so does hydrocephalus. Dropsy sometimes arises from morbid alterations in the structure of the heart, so does hydrocephalus. Dropsy is sometimes caused by disease of the lungs, and particularly bronchitis, so is hydrocephalus. Dropsy in the belly frequently depends on diseases of the liver, obstructing the circulation in the mesenteric vessels, so does hydrocephalus occasionally depend on obstructions in the venous system of the head.

Dropsy sometimes depends on diseases of the kidneys, so does hydrocephalus. But the head affection is nevertheless not the consequence of debility in these cases. Lastly, dropsy is *sometimes* cured by bleeding, so is hydrocephalus.

Dr. Monro then goes on to state that the detraction of blood has sometimes occasioned dropsy of the abdomen or chest. The same observation may be extended to hydrocephalus, of which the subjoined case, says he, is an example. But before noticing this remarkable case, I may be permitted to observe, that after all GREAT losses of blood, a state of fever follows, which is called reaction; every experienced man is aware of this, and he takes steps to counteract it. It is during this state of reaction, I imagine, that the dropsical tendency generally manifests itself: so that it is to be regarded more as *acute* dropsy, than as proceeding from debility. The case which Dr. Monro quotes to illustrate his statement, is a case of bronchitis, accompanying, or succeeding to an attack of the croup; there were slight head symptoms produced, most probably by impeded circulation through the lungs, retarding the motion of the blood in the head; the boy recovered, and he certainly would have recovered, without the aid of the terrible Tartar emetic blister, which was applied over the whole head.—This case is quoted as an instance of hydrocephalus produced by bleeding!!

"A suppression (says Dr. Monro, at p. 115) of the usual discharges, is stated by authors to be one of the most frequent causes of dropsy, and the same observation may be extended to hydrocephalus." Dr. Golis (a warm advocate for the opinion that hydrocephalus is connected with inflammation of the brain and its membranes) has justly stated "when the urine is scanty, the physician ought to be on the watch for an affection of the head." In this I certainly agree, but not because the urine, or rather the watery part of the urine, is deposited in the brain by translation, but because the kidneys are excretory organs. If urine is not secreted, something noxious is retained in the blood, which we know by experience (although we cannot explain the reason) to be peculiarly liable to excite acute diseases in the brain. Dr. Golis, of course, must have known this. There is one other point of the evidence, which Dr. Monro has brought forward in proof of this old and exploded theory, that the effusion depends on debility, and which I thought it best to delay till now, to prevent confusion.

Dr. Monro, at p. 101, states "That the disease is rather to be imputed to debility, follows from the well-known fact, that hydrocephalus is frequently a disease which may be traced to bad nursing, improper food, dentition, the sequel of the most tedious and debilitating disorders, as hooping cough, and scarlatina." The disease under consideration, certainly does occasionally occur in debilitated habits, but I have seen it more frequently attack strong healthy children, who had not the slightest debility or appearance of scrofulous taint. Capuron also states, he had observed, in general, that the children before they were attacked with this disease, presented all the signs of perfect health; "ils étaient gros, bien nourris, bien potelés; leur etat n'annoçoit que la pléthore et la vigeur." Bad nursing and improper food, certainly tend to produce debility, but the weakness is in general, in such cases the result of diseased action, engendered by the bad nursing and improper food. If a child is much exposed, badly clothed and fed, and allowed to remain wet, irregular determinations of blood will be the consequence; from want of vigour in the constitution, congestion takes place, the various functions are imperfectly performed, and, under such circumstances, if there is any predisposition to head affection, or should there be any irritations, such as teething, producing a determination to the brain, sub-acute action will sometimes be lighted up, in this case it will not be announced by *violent* symptoms, but there will be *such* symptoms that an experienced eye shall be able to detect them. I have often told you, that it is in this state of the system we meet with the worst kinds of inflammation, and the most intractable, because the patient cannot stand the nceessary remedies. When treating of the pathology of hooping-cough, scarlatina, and measles, I described to you the danger which existed from inflammation in the head, and that there were two periods in the exanthematous affections at which the danger was greatest, viz. the period at which the eruption ought to appear, and the period at which it naturally receeded. In the first case the head affection takes place by the flow of blood from the head, being impeded in consequence of diseased action, which may be always in such instances discovered in the respiratory organs; or from a direct determination of blood towards the head, from predisposition, or from teething. In such cases the affection is, generally, ushered in by convulsions, but an experienced eye can often detect these appearances before the convulsions take place.

I have also told you that the head symptoms shew themselves at the period when the eruption naturally recedes. In slight cases the eruption, generally, mitigates the violence of the symptons, produced by internal causes which may have existed for several days, during the eruptive fever. Matters go on quite well, owing to the eruption acting the part of a good counter-irritant, or natural blister. In truth, the disease is divided between internal parts and the surface of the body. But when the eruption vanishes, we frequently find the bronchitic symptoms become worse, and head-symptoms lighted up. This is the period when cases, which had hitherto been slight, go wrong, and when so much may be done by prompt and judicious treatment. Dropsical affections sometimes follow these eruptive diseases, which may frequently be traced to rash and premature exposure with insufficient clothing, upsetting the balance of the circulation, or to a neglected state of bowels and errors of diet, as over-eating, or taking indigestible food. But in what light do practical men look upon dropsical effusions, under such circumstances, in general, as acute dropsies? Bleeding moderately, and purging; or, indeed, purging alone, with light digestible food, in small quantities at a time are the remedies.

I have thought it my duty to make this critique of this part of Dr. Monro's work, to show you what are its precise merits. It were to be wished that this duty had been performed in the proper quarters; but when reviewers shrink or bend from their proper course, it is my business, as a lecturer on pathology, to correct the evil as far as is in my power. You all know my opinion of Dr. Monro's great talents; perhaps I may be allowed to say, without giving offence to any one, that he is the most talented among the professors; therefore, it is the greater shame and discredit, not only to himself, but to the university, to have sent such a flimsy ill-conditioned book from the press—a book displaying, not only a remarkable slovenliness in composition, flagrant contradiction, and erroneous statements, but also a want of common acquaintance with the best writers on the same subject—a book which also affords an example of the bad effects of unguarded quotations. Many of these points have been already proved, I trust, to your satisfaction, I shall now proceed to substantiate the others.

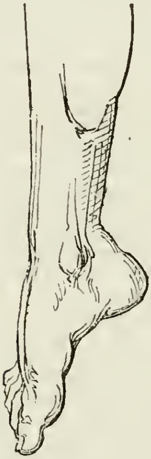
The author states, that the most severe form of hydrocephalus, which is "very rapid in its progress, proving fatal in three, four, or five days, is very rare, and has not been described by any author *with whose works I am acquainted*," p. 69. This is a modest claim to originality! Why, there is scarcely an apothecary's boy in any village in Great Britain, who could not quote authors who have described it. I never had the misfortune to read a book so full of contradictions; it will suffice to quote one or two. Dr. Monro (at page 71) gives, at very considerable length, the history of a case—as good a case of *bronchitis* as is anywhere ot be found in the records of medicine, are apparently as badly treated; and no wonder, for it appears that the united wisdom of three physicians could not discover the nature of the disease; at first it was supposed to be croup; but, at page 74, the author makes the following candid statement. "I conceived, at this period, the disease was not the common croup. The disease was not in the windpipe, in which opinion Mr. Pryce also coincided; and *added, that we had not discovered* the cause *of the symptoms*!" The child died. When I had read the conclusion of the case, I anxiously turned my eyes to the defective report, as I felt persuaded it was a case of bronchitis, and that I should find it stated the lungs did not collapse on opening the thorax, and that the air-passages and cells of the lungs would be found filled with mucus; but I really doubted my own powers of vision, upon reading the following account of this stage of the examination of the body: "*The trachea and branches of the windpipe, as far as they could be traced*, were also healthy, *and free of mucus*," p. 77. But you may easily fancy my astonishment, Gentlemen, when, on turning over *only* three pages, I found the following remarkable contradiction: "and upon examination after death, *the air-tubes and cells of the lungs were found filled with a frothy fluid, and hence the lungs did not collapse*;" page 80.

Which is the true account? One of them must be erroneous, to use the very gentlest expression. It must have been from the knowledge of the frequent commission of such delinquencies, that induced the late Dr. Cullen to declare that there were "more false facts in medicine than false theories."

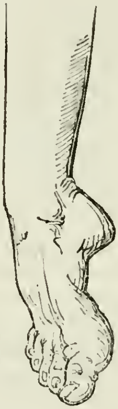
An important question here naturally suggests itself—have the circumstances attending this case, and the appearances found on dissection, been prosecuted to suit particular theories? In order to determine this point, you must read that part of the work yourselves. That you may be assisted, however, in forming a true opinion, you must also attend to the following statement. Dr. Monro wishes to prove at page 80, that the symptoms in this case arose from irritation applied to the eighth pair of nerves, which ought, if correct, to affect the functions of the stomach as well as the lungs; and he observes, "In the case above-mentioned, the vegetable substances which the child had taken in broth, were *indigested, though they had been within the stomach for twenty hours*."

Now, Gentlemen, how do you think the simple, unvarnished fact actually stands recorded. You will find, on turning to page 71, that Dr. Monro, in relating the effects of several emetics, states, in the report made at half-past eleven o'clock P.M., of Sunday, Jan. 2d, "The emetic operated slightly, and he vomited a quantity of viscid ropy mucus, *mixed with a little bile, and some small pieces of turnip and carrot, which he got for dinner at two o'clock, p.m., which seem not changed in any respect*." The actual period being not *twenty hours, according to* Dr. Monro, but only nine hours and a half according to the rules of arithmetic, a most material difference with respect to such a physiological point! I am sorry to report, Gentlemen, for Dr. Monro's sake, and for the credit of the Reviewers, that in almost every page there are enormities of the same kind. But as it would be tiresome to pursue such a very painful subject, I shall conclude, by calling your attention to one more point. At page 166, Dr. Monro, in treating of the compressibility of the brain, observes,—"It may be further observed, that *the brain may be artificially compressed into a smaller bulk*, *by being placed under the exhausted receiver of an air pump.* Professor Leslie condensed the brain in this manner, and assured me, that *the pressure did not exceed the thirtieth part of that of an atmosphere.*" You may, indeed, Gentlemen, laugh at this wonderful phenomenon in natural philosophy, a substance "*compressed* into smaller bulk," by having pressure *removed* from it, "under the exhausted receiver of an air pump," so "that the pressure did not exceed the thirtieth part of that of an atmosphere"! What will this great and acute philosopher think of Dr. Monro? I shall leave you to your own ingenuity to solve this riddle, and the following query—Do reviewers carefully peruse the works which they take upon themselves to criticise?

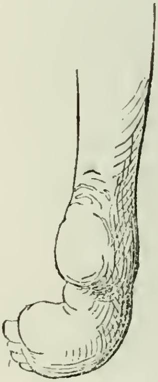
1



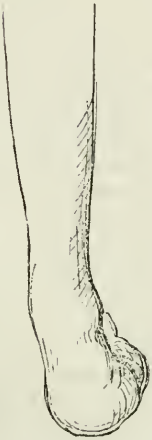
2



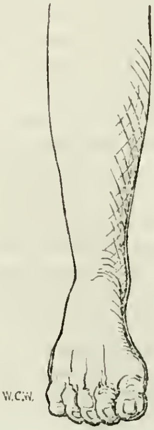
3



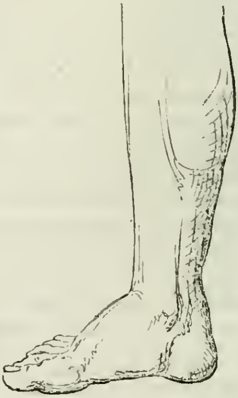
6



5



4



MR. SHELDRAKE ON DISTORTION OF THE FOOT.

To the Editor of THE LANCET.

SIR,—I now send the account of the case which was mentioned in my last communication.

I am, Sir,
Your most obedient servant,
T. SHELDRAKE.
No. 276, Regent Street.

A son of Captain Darley, of the Royal Wagon Train, had one foot distorted, from causes, and in a manner, that will be hereafter described. Captain Darley had consulted many professional men, who agreed in representing the case to be irremediable; he had, therefore, reconciled himself to what he thought was the inevitable fate of the child, and applied to me to furnish him with some contrivance that would enable him to walk on his foot in the crippled state he was, with less inconvenience than he could move about upon crutches, which he was then obliged to use. When I suggested the possibility of curing the defect, he determined to place him under my care.

His foot was distorted and rigidly fixed in the position represented by the annexed figure 1; by his continual attempts to walk upon it, that distortion was rapidly increasing; his leg was much wasted; he had a sickly appearance, and, indeed, had very bad health; doubtless in consequence of his not being able to take any exercise.

He was placed under my care, June 1st, 1808; by the following December his foot was perfectly reduced to its natural form and position. His foot and leg were much increased in size; his general health was improved, and he was able to take as much exercise as many boys of his age; he had laid his crutches aside, but was unable to use his foot without instruments, which were necessary to keep it in its proper position.

I had a cast taken from his foot when he was first placed under my care in June, 1808, and another in the following December; from the first cast I have made the three sketches that are annexed:

Fig. 1, a profile view of the foot, looking at the inside of the leg.

Fig. 2, a front view of the foot, looking at the front of the tibia.

Fig. 3, a view of the back of the leg, which shows the shape of the sole and position of the heel.

From the cast of the restored leg, I have drawn the annexed Fig. 4; a profile view of the restored foot, viewed in the same position as the Fig. 1, represents the deformed foot.

Fig. 5, a front view of the restored foot, which corresponds with Fig. 2.

Fig. 6, a view of the back of the restored leg; by comparing it with Fig. 3, the improvement will be most visible. On measuring the two casts in different parts, but taking the same part in each, the following measures were ascertained to be correct. The cast of the deformed leg had the following dimensions:—

	Inches
The length of the foot	8¼
When measured round the toes	7¾
Round the instep and heel	10¼
Round the smallest part of the leg ..	6¼
Round the largest part of the leg ..	8
Length of the leg from the inside of the knee to the heel	14

The measurements of the cast from the restored leg were,

The length of the foot	9¾
Measure round the toes	8
Round the instep and heel	11
Round the smallest part of the leg ..	7
Round the largest part of the leg ..	9¼
Length of the leg from the inside of the knee to the heel	16

It will be proper to observe, that the difference between the length of the leg and foot, in their deformed, and in their restored, state, must be attributed to the alteration that was produced in the form of those parts, by restoring the bones of the patient to their natural position with respect to each other; but the difference in the size of the legs, as it was proved by actual measurements at the two distinct periods, can only be accounted for by the growth of the gastronimic muscles; and that growth can only be accounted for by the constant state of action in which those muscles were kept by the treatment that was adopted.

As this case was of much consequence in every view, I determined to place its authenticity in every point beyond the possibility of contradiction; with that view, I requested Captain Darley to give me a history of the case before it was placed under my care, which he did in the following terms:—

Kensington, 10th July, 1809.

Dear Sir,—In the year 1802, my son George, then about four years old, suddenly lost the use of his right leg, without any cause that I could account for; the circumstance happened at night, after he had been some time in bed.

The late Mr. Cruikshank came to see him in the morning, and made light of the business, assuring me there was no danger to be apprehended, and that he would recover very speedily the use of his limb. He recommended the use of a blister across his loins, and the application of essence of mustard, and other patent medicines from Mr. Grindle in the Haymarket; but finding, after many weeks of painful anxiety, that the child remained in the same state, I called in Mr. Adair Hawkins, who was of opinion than an issue of considerable magnitude would be serviceable, and then remove him to the salt water; but the child being at that time much reduced by a severe cold, he directed the issue to be postponed for some time. In the mean time, a friend urged me to let Mr. Rush, then living in Albemarle Street, see him; this gentleman entirely disapproved of the issue; he said the boy would perfectly recover the use of his leg, by removing him to the sea side, and attending to his general health.

In consequence of this advice, and the delicate state the child was in, we removed him to the sea coast in Devonshire, where he remained, without any advantage to his limb, for nearly four years; at this period I was ordered to the East Indies, and Mr. Rush being dead, in order to have his advice and direction how to proceed, as the instep was getting contracted, I was solicitous to know if some mechanical means could not be resorted to; but Mr. Heaviside, whom I then consulted, was decidedly of opinion, that nothing of this kind would avail, and directed only attention to his general health, and his continuing at the sea side.

After an absence of about three years, I returned to Devonshire, and found the foot quite distorted; when, fortunately, hearing of you from my friend Dr. Neale, physician to the forces, I determined to bring him to you; but, by a strange fatality, I took him to a Mr. William Sheldrake, who could not do anything for him, but had not the generosity to say so, or to direct me to you. This mistake was the cause of four or five months longer delay; during which time, and before I had heard there were two Mr. Sheldrakes, and that I had, unfortunately, stumbled upon the wrong one, a friend begged me to permit him to refer him to Mr. Thomas Blizard, to have his *friendly* opinion, whether any mechanical means would be likely to benefit him. I consented, of course, and my friend acquainted me that Mr. Blizard had minutely examined the child, and was of opinion that nothing could be done for his relief; but having made up my mind to bring him to you, I lost no further time in doing so.

The plaster cast taken from his limb, at this period, well shows the situation he was in; his heel not within four inches of the ground, and the instep entirely distorted; his former state I need not remark upon; you have most wonderfully removed all distortion from the limb; he now walks with his heel completely on the ground; and if the muscles could be brought into action, which would, as you have stated, entirely have restored the leg and thigh to its natural vigour, we should have nothing to regret; *but the want of liberality we have met with, in not having been directed to you sooner, by some one of the medical gentlemen we had* recourse to in this unhappy case.

Before I conclude, I beg leave to express the sense I have, of the kind and generous manner you undertook to give your assistance to my son, a circumstance most peculiarly grateful to me, after the repeated disappointments I experienced.

I remain, my dear Sir,
Yours, &c.,
GEORGE DARLEY,
Captain Royal Wagon Train.

As this gentleman did, in this case, unfortunately, purchase *golden opinions from all sorts of men*, without receiving any value for his money, I shall do well to be satisfied with the consciousness of having cured a case that was thought to be quite incapable of being in any way relieved.

This patient continued under my care two years longer, during which I supported his leg with proper instruments, and used such other means as were then within my knowledge, and enabled me to restore his foot and leg to their full natural powers. After the expiration of those two years, he was quite well, and never had any relapse of any part of his original distortion; he obtained a place in a public office, which did not require bodily exertion. I saw him long afterwards in very good health, and had subsequent opportunities of knowing that he continued in the same state that he was in when he left me.

GUY'S HOSPITAL.

WOUND OF THE KNEE—SUPPURATION OF THE JOINT—AMPUTATION.

J. MIDDLETON was admitted into Accident Ward April 15th, under the care of Mr. Key, in consequence of his having received an incised wound of the knee from an adze.

The patient stated, that he was cutting a piece of timber, when he missed his object and the instrument came against the inner side of the right knee, inflicting a wound of about an inch and a half in length. In a few hours afterwards he was conveyed to the Hospital, where, on examination, it was found that the cut had penetrated into the joint, just above the internal lateral ligament, and that it had also divided a small portion of the inter articular cartilage. At the time of his admission, very little blood flowed from the wound, but a good deal of synovial fluid had escaped. The patient was put to bed, the limb was semiflexed, laid upon its outer side, and raised upon a pillow. The edges of the wound were as closely approximated as possible by means of lint and adhesive straps; the limb was kept cool, and the patient put upon a very low diet. Ordered to take a dose of colocynth and calomel immediately, and as there was already some increase of heat in the part, twenty leeches to be applied in the neighbourhood of the joint, with the subsequent use of the spirit lotion.

16. He is rather feverish, having slept but little during the night; the limb has been tolerably easy; the bowels have been freely evacuated. Ordered to take the effervescing mixture every four hours.

19. Continues feverish, but the wound shows a disposition to unite at the upper part. At the lower part there is a portion of the wound unadherent, through which escapes a small quantity of synovia, mixed with purulent matter.

21. To day all attempts at union by adhesion have evidently failed. There is an evident increase of fever; the whole of the wound now gapes, and there is a very copious discharge of pus and synovia.

24. The febrile symptoms are much the same; he continues to take the effervescing mixture. The discharge has increased; the patient has become much emaciated. A lotion composed of the sulphate of zinc, in the proportion of five grains to an ounce of water, was ordered for the knee. A piece of lint to be dipped in this lotion and applied to the wound, and over it a piece of simple dressing.

May 3. The discharge is exceedingly copious; the febrile symptoms have assumed the hectic form, and the emaciation increases. Nights are sleepless; pulse is small and quick; countenance is sunk and pallid, and the tongue is covered with a dark fur. Ordered to take a grain of opium every night.

The position has been altered; the limb is now laid upon the heel, the knee is slightly bent, and the leg and thigh are raised upon one of Mackintire's screw splints. He was put upon middle diet.

7. The discharge seems now to consist wholly of pus. The wound shows no disposition to granulate. The solution of the chlorate of soda, in the proportion of two drachms to eight ounces of water, was ordered for him. A piece of lint to be dipped in this lotion, and applied to the wound, and over it a linseed meal poultice.

9. He is much the same. The effervescing mixture is still continued. The discharge is very copious.

13. The patient is getting lower, and it is evident that recourse must be had to an operation.

14. The limb was removed by the double flap operation to-day; very little blood was lost.

15. The patient has passed a good night, and the stump has been tolerably easy.

18. The bowels were relieved yesterday evening for the first time since the operation. He slept tolerably during the night, and is doing well.

28. There has been copious suppuration of the stump; but the patient, up to the present period, is in a fair way of recovery.

CASE OF REDUCIBLE FEMORAL HERNIA, (WHICH HAD BEEN TREATED FOR ENTERITIS,) ENDING FATALLY.

Sarah Wells, ætat. 38, a stout and muscular woman, was admitted into Chapel Ward, May 12, for a femoral rupture on the right side, of moderate size, which had been down seven days.

The patient stated, that she had been the subject of hernia for many years, and that it had frequently descended, but could always be readily reduced. On Tuesday morning last, when engaged in her domestic occupations, it again descended, and she then found that she was unable to effect the reduction as formerly. In the evening, the tumour became so painful that she sent for a surgeon, who made some attempt to reduce it, but did not succeed: he then ordered her some cathartic medicine. No evacuation was produced; and the next morning, not finding her better, blood was taken from the arm; in the evening a blister was applied to the abdomen, but no further attempts were made at reduction. In the meanwhile, the poor woman was made to swallow pills and potions in abundance. Finding there was no amelioration or abatement of her symptoms, but, on the contrary, that they were much aggravated, glysters were had recourse to, with the same unsuccessful result. On the Saturday, distressing nausea came on, with an increase of pain in the abdomen, and considerable distension. On Sunday she vomited frequently, and the vomiting continued more or less distressing till Monday, the day she was admitted into the Hospital.

At the time we visited her, (which was shortly after her admission,) the pulse was sharp and quick; the tongue furred; skin hot and dry; the abdomen tympanitic and tender; the countenance was anxious, and there was great prostration of strength; the vomiting was frequent and distressing, and she had ejected a considerable quantity of stercoraceous matter.

As the case appeared urgent, and the

symptoms of strangulation were so clearly marked, it was judged necessary to send for the assistant-surgeon, before the taxis was tried by the dresser. In the meantime a few ounces of blood were drawn from the arm, and shortly afterwards Mr. Callaway arrived, and, in a few minutes, by the steady application of the taxis, the hernia was unexpectedly reduced. The patient was then ordered to take two drachms of the sulphate of magnesia in peppermint-water every four hours, and a common enema was administered. In the course of a few hours the bowels were freely opened, and the woman appeared much relieved.

13. She has passed a restless night, and complains of much pain in the abdomen; the tongue is moist, but partially covered with a dirty white fur. The skin is hot and dry; the face flushed, the pulse small and quick, and the extremities cold. Twenty leeches applied to the abdomen, and bottles of warm water to the feet.

In the evening, the symptoms were of an aggravated nature. The pulse was thready, the face flushed, and the countenance anxious. The tympanitic distension was much increased; she complained still more of pain in the abdomen, and was continually throwing her arms about the bed. Vomiting had again supervened, and the stomach ejected every thing as soon as it was taken. A pill, consisting of one grain of calomel, and two grains of opium, was ordered to be taken immediately, and two table spoonsful of brandy to be given at intervals.

14. This morning we find that she had had no sleep. The abdomen is enormously distended, and the skin covering it has a shining appearance; the pulse is small and thready, the surface of the body universally cold and damp. The vomiting is most distressing, and the countenance exceedingly anxious. In short, she appears to be sinking. Ordered to take the vitriolated infusion of mint every three hours, and the julep of ammonia occasionally. The brandy discontinued.

In the evening the distressing sickness ceased. She became warmer, and during the night had some sleep.

15. The tongue is cleaner, and the pulse increased in volume, but it is softer. The abdomen is more flaccid and less tender, and there is less anxiety of the countenance. She is, however, a good deal distressed with flatulency.

16. She slept tolerably well last night; the tongue is much cleaner and less furred, and the countenance is more cheerful. The tympanitic distension of the abdomen has almost disappeared, and she can bear moderate pressure without its producing much pain. The pulse is fuller and softer, and at 84. The bowels have been freely relieved, and skin is about its natural temperature. Ordered to continue his medicines, and to take good beef tea.

17. She has passed a bad night, and suffers much from flatulency. The countenance has much altered for the worse, the features being more sunk; the pulse is again small and thready; the surface of the body universally cold and damp; the respiration quick; she has occasional hiccough and nausea.

19. She has continued in the state last reported till this morning, when she again rallied. When we visited her, the pulse was rather fuller, and the surface of the body warmer, but the legs and feet were still cold. Ordered to continue the medicines, and to have four ounces of wine per day.

20. She has passed a sleepless night, and the bowels have been very much relaxed. The tongue is dry and polished. The pulse small, thready, and fluttering, and the surface of the body covered with a cold sweat; in short, she is dying.

She expired at seven o'clock the same evening.

Post-mortem Examination.

The peritoneum exhibited no traces of disease having prevailed. Ulceration had taken place in the portion of intestine supposed to have constituted the hernia, which was a part of the ileum, and was much congested. It is especially worthy of remark, that Nature had apparently made an attempt at remedying the mischief in the gut; the edges of the wound were inverted, and there were vessels to be observed shooting from the peritoneal surface across the ulcer to the opposite side.

FUNGOID DISEASE OF THE ELBOW JOINT.—AMPUTATION.

William Dendy, ætatis 51, of middle stature, was admitted into Luke's Ward, May 14th, under the care of Mr. B. Cooper.

The patient stated, that about six years and a half since, he received a slight blow upon the elbow, and, in a short time afterwards, he perceived, at this part, a small lump, which was rather tender to the touch, and occasionally painful. The swelling continuing to increase, he consulted a surgeon, and he was advised to have it removed. This was done; the wound soon healed, and the arm appeared quite well. About two years after it had been removed, he again perceived a swelling, and, in a very short time, it attained the size of a walnut, and, in some measure, impeded the motions of the limb. Surgical advice was had recourse to, and it was a second time excised. Before the wound had quite healed, a fungus, for the first time, made its appearance; it was apparently attached to the external lateral ligament of the joint, and it seemed to increase very rapidly.

With a view of restraining its growth, pressure was applied, but this did not succeed, and was productive of considerable pain and suffering. In a short time the fungus had increased to such a size that it was a third time excised, and apparently with the same result as before. Numerous escharotics and astringents were repeatedly had recourse to, but with no beneficial effects. As often as it re-appeared it was removed with the knife, and escharotics applied; but these served only as temporary remedies, and the patient's health becoming disordered, he was anxious to have other advice, and accordingly came to town.

The fungus is situated at the outer part of the elbow joint, and it appears to originate from the periosteum covering the external condyle of the humerus, and from the external lateral ligament. It is of a circular form, and a lobulated appearance, having an apparently broad base, and it is convex upon the upper part. When the dressings are removed it frequently bleeds a little, and has done so for some months past. It secretes an ill-conditioned bloody discharge, and exhales a most unpleasant fœtid odour. It is several inches in circumference, and entirely impedes the motions of the limb. The arm is fixed in the semi-flexed position. The patient's health has not been much impaired; the bowels are tolerably regular, but his appetite is but moderate; his countenance has, however, the sallow appearance well known in malignant disease in the ulcerative stage. The glands in the axilla are not affected.

The opium dressing was ordered to be applied to the fungus, and he was to take two ounces of the decoction of sarsaparilla, with one drachm of the extract, and the same quantity of tincture of columba, twice a day.

The opiate dressing did not agree with the sore, and the red precipitate ointment was substituted.

20. Since he has been in the Hospital the fungus has much increased, and to day the surgeon proposed amputation.

On Friday, 23, the limb was removed by the double flap operation, and the patient is now doing well.

[When the bone was partially cut through, it was abruptly broken off, and a splinter of *about three quarters of an inch* in length detached from the upper part of the humerus, remaining attached to the lower part of the bone. Said Mr. B. Cooper to Mr. Key, as they were about to leave the Hospital, "was that splinter my fault, Key?" No, said the senior Nevvy, it was caused by the action of the deltoid. We must now put our query: Was it the patient's or the operator's deltoid?—Ed.]

ST. THOMAS'S HOSPITAL.

CASE OF OBLIQUE FRACTURE OF THE FEMUR, OCCURRING AT A SHORT DISTANCE ABOVE THE CONDYLES, TREATED WITHOUT DEFORMITY.

The acknowledged difficulty of treating oblique fractures of the lower part of the thigh-bone, without the occurrence of deformity, renders the following case highly interesting:—

Ann Taylor, upwards of 60 years of age, was admitted into the Hospital on the 10th of January, under the care of the Senior Surgeon. She had an oblique fracture of the left femur, immediately above the condyles, extending obliquely downwards and forwards; the accident occurred from falling down stairs.

There was not much tumefaction of the limb, and it was first placed in short splints and then upon a double-inclined plane; but it was found that these means were inadequate to maintain the fractured ends in apposition. The apparatus employed by Mr. Amesbury, for fractures of the middle and lower third of the thigh, was in consequence applied on the fifth day. At this time the shortening of the limb amounted to one inch and three quarters. The apparatus was worn forty-four days, at the expiration of which time firm union had taken place, without shortening or deformity of any kind.

The woman had her bed made several times during the process of cure, and, being in her dotage, she was very restless, frequently moving the limb and the body from side to side, without any care. It is also important to remark, that previously to the occurrence of the fracture the patient walked with considerable reversion of the foot, which she attributed to an injury done to the knee some years ago. When the apparatus was removed, at the end of six weeks, it was found that she could walk without turning the foot outwards; but when stepping carelessly, it was remarked, that she placed the foot with the toe somewhat more everted than the opposite.

She was eventually dismissed the Hospital quite well—perfectly free from deformity.

THE LANCET.

London, Saturday, May 31, 1828.

The distinction between attacks on private character, and animadversions on the conduct of individuals holding public and responsible situations, is one which the enemies of a free medical press either do not, or, which is perhaps more probable, affect not, to understand. No assertion has been more frequently repeated by those who are opposed to the independent principles on which this Journal is conducted, than that The Lancet is indebted, in a great degree, for its popularity, to the skill with which it has administered to the appetite for private slander, which is supposed to characterise the profession; and yet a more false and unfounded assertion was never attempted to be palmed upon a portion of the public. We may safely challenge the most vigilant and malignant of our opponents, to point out a single instance in which we have invaded the sanctuary of domestic life, or attacked the private character of a single individual in the profession. We have repeatedly expressed our indignation at the conduct of those who have the malignity and the cowardice to make a public journal the vehicle of slander on private character; and if a single offence of this description could be brought home to us, we should be content to stand self-condemned by that verdict of infamy, to which all honourable and honest minds must unite in consigning such offenders. But The Lancet, it is said, abounds in *personal attacks.* Here is the fallacy. Slander on private character is confounded with animadversion on the public conduct of men holding public official situations; and when the changes have been rung upon two things essentially and totally distinct, so as to render them apparently identical and convertible, the charge of making attacks on private character is fixed upon The Lancet. As to personalities and *personal attacks,* as they are termed, these are, to a certain extent, inseparable from the task of exposing abuses, and from the obligation which is imposed on an independent medical journalist, freely and fearlessly to animadvert on the errors or misconduct of individuals, who may fail, either from incapacity, or negligence, or corruption, to discharge their public duties. It is undeniable, and no attempt is made to deny, that many abuses have been corrected, in consequence of the animadversions which have been made in this Journal, on the conduct of those to whose influence such abuses owed their origin or continuance. How was this public benefit to be accomplished, without subjecting the authors or abettors of such abuses to a species of discipline not altogether pleasing to their feelings? It may be the duty of a medical journalist to expose the incapacity of a public hospital functionary; it may be the duty of a medical journalist, to lay bare to public view the corrupt influence which has raised such a functionary to a situation he is incapable of filling; it may be the duty of a medical journalist, to call for a strict investigation of the mode in which immense revenues, which ought to be devoted to the purposes of charity, may have been diverted from those purposes, and improvidently or corruptly misapplied. All these are duties, which it is impossible for an honest and independent medical journalist to discharge, without resorting to language and observations, which the objects of censure and animadversion may, no doubt, justly regard as personalities. But there are limits, it is contended, beyond which no decorous journalist ought to suffer his zeal for the good of the profession, or the public, to carry him.

"Sunt quibus in satira videar nimis acer, et ultra
Legem tendere opus."

There is a tenderness, it is argued, due to incapacity, and a forbearance to which even corruption is entitled at the hands of a discreet conductor of the medical press. In this respect we are free to confess our indiscretion. From the very outset of this Journal, our war with corruption and imbecility has, we admit, been a war of extermination, and the contracted portion of territory now occupied by the medical oligarchy, furnishes the best evidence of the success with which we have carried on the contest. *Personal attacks*, forsooth! We acknowledge that there is not a member of the medical oligarchy, who has signalised himself by his activity in endeavouring to uphold the corrupt few at the expense of the great body of the profession, who is not smarting under the effects of our personalities, and smarting the more acutely, because he feels the necessity of declaring that his withers are unwrung! The bully in the *Old Bachelor*, when he supposes that his adversary is weary of kicking him, declares, that if the discipline be continued, he shall consider it *personal*. Such is the relative situation of the corruptionists and THE LANCET; and it is upon some such miscalculation, as that of *Congreve's* bully, that Doctor JAMES JOHNSTONE, (who, incredible as the fact may appear to all, save his publisher and the trunk-makers, has put forth another fasciculus,) declares that we are about to make a truce with the champions of corruption. "The stormy passions," he says, "are allayed; the lion (meaning thereby THE LANCET) is seen feeding with the lamb," (meaning thereby, that tuneful medical Melibœus, RODERICK MACLEOD,) and a certain weekly Journal (meaning thereby THE LANCET,) is as decent as it is dull." Poor JAMIE JOHNSTONE! We remember the time when we twitted thee with thy dullness, that thou wast content to exclaim, "better be dull than indecent!" Of a truth, O ABERDEEN DUB, there is no pleasing thee. Thou art like the soldier under the discipline of flogging, and whether the lash be applied high or low, thou art never satisfied. When thou thinkest us witty, thou complainest of our want of decency, and when thou thinkest us decent, thou reproachest us with want of wit.

DISTRIBUTION OF PRIZES TO PUPILS, AT ST. THOMAS'S HOSPITAL.

WE have on a former occasion expressed our cordial approbation of the custom of publicly rewarding meritorious students, believing it to be an incentive to industry—a stimulus to honourable exertion,—and calculated to draw forth dormant talent. We have now to record the names of the successful candidates at St. Thomas's Hospital for the present session.

The Surgical prize, a large silver medal was awarded to Mr. F. WARD, for the best collection of Hospital reports.

The Anatomical prize, a silver medal, to Mr. H. DENNE, for the best anatomical preparations.

The Demonstrator's senior prixe, a handsome set of books, bound in quarto, to Mr. J. T. MARTIN, for the greatest proficiency and accuracy in the knowledge of the anatomy of the human body.

The Demonstrator's junior prize, a set of books, to Mr. FERRON for the most accurate knowledge of the bones and muscles.

This latter prize was virtually gained by three gentlemen, Mr. DAVIS, Mr. FERRON, and Mr. B. TRAVERS, whose knowledge of the parts of the body upon which they were examined, was so equal, that it was necessary to decide the prize by lot, when it fell to Mr. FERRON. It has, however, been since determined, that Mr. DAVIS and Mr. TRAVERS shall each be presented with a set of books equal to the prize.

For the surgical prize, we were sorry to observe, there were but few candidates; this is certainly to be attributed to the despicable enactments of the college. The whole of the pupil's time, one year, is employed in learning anatomy, (which knowledge he must not acquire elsewhere than in London,) and it is really distressing to witness the negligent manner in which the most important of all, clinical studies, are neglected. This evil we believe, however, is partly attributable to the shameful want of regularity in the attendance of the surgeons at the stated hours, as well as to the hurried manner in which their rounds are made; especially, if it be an "eye-day," or private practice be very urgent.

The reports of cases, furnished by Mr. Ward, are, in our estimation, highly creditable to his talents and industry. The anatomical examinations reflected much credit, not only upon the gentlemen who gained the prizes, but upon the class in general; and we rejoiced to find in them a source of consolation, after the assertion of Sir A. Cooper, reported to have been made before the committee of the House of Commons, namely, that in his capacity of examiner he had of late observed a decrease in the anatomical knowledge of the pupils. The "worthy baronet" attributed the deficiency of knowledge to a want of subjects for dissection; but, perhaps, omitted to state that *he* was the principal means of rejecting certificates from places where subjects were plentiful; and where, according to his own showing, a better knowledge of anatomy could have been obtained!

Researches respecting the Natural History, Chemical Analysis, and Medicinal Virtues, of the Spur, or Ergot of Rye, when administered as a Remedy in certain states of the Uterus. By Adam Neale, M.D., Physician to his Majesty's Forces, and to his late Royal Highness the Duke of Kent, &c. &c. Horatio Phillips, 1828.

The *spurred* rye, so called, from its supposed resemblance to the spur of a cock, may now be regarded as a standard medicine in obstetric practice. It has been most extensively used on the continent, and in America, for several years, and from all the facts which we have been able to collect, together with our own experience in its use, we are decidedly of opinion, that it is a valuable remedial agent, in *certain* cases of parturition. To this latter point, namely, that the medicine is only admissible under peculiar circumstances, we are particularly desirous of drawing attention. What those circumstances are, we shall presently enumerate.

The author of the work before us, states in his preface, that he has strong grounds for believing the employment of obstetrical instruments to be a source of much misery, and that it is of increasing frequency. Further, that he is persuaded, a more intimate knowledge of the efficacy and virtues of the ergot, will tend very much to remove this "evil practice." The natural history of the ergot is briefly glanced at by the author, in the second chapter. On this head, there has been much disputation; some contending that the *spur* is a disease of the grain itself, whilst others maintain that it is a sort of parasitic fungus, a clavus, or species of ustilago, which attaches itself to the grain. Duhamel, Ray, and others, believed the spur or ergot, like the gall-nut, to be the result of the stings of certain insects. Vauquelin regarded this peculiar alteration of the rye, as the result of putrefaction; and Parmentier considered it as originating from the covering of the grain. The recent observations of a French physician, Dr. Leveille, quoted by Dr. Neale on this point, appear to us so important, that we transcribe them.

> "He states, that having observed attentively the spurred rye at different stages of its growth, he has discovered that this vegetable substance is composed of two portions altogether different. The one which is only the unimpregnated ovary, and which is the spurred rye universally known; the other scarcely observed, because it can only

be perceived at a certain period of the growth of the *spur*, is susceptible of being detached with the greatest ease, or indeed of melting down under the appearance of a viscid juice, into which it distils itself. This latter portion is a true mushroom or fungus, to which he gives the name of *sphacelaria segetum*, on account of the property which he attributes to it of producing gangrene, when taken into the human stomach for any period of time. This fungus shows itself at the detached extremity of the spur, in the form of a yellowish substance of a conical shape, and varying in size, being often some fractions of an inch in length, unequal in surface, and covered over with very minute irregular undulations. Its base, divided into four or five portions, embraces the whole of the external extremity of the spurred ovary. Its upper part is roundish or tuberculous, and sometimes presents a down, which, however, is foreign to its structure. This *sphacelaria*, when fully developed, gives issue to a thickish liquid, which is oleaginous, and drying up, covers the surface of the spur, forming a slender crust of a dirty yellow hue, which splitting, finally detaches itself in the form of scales. By degrees the sphacelaria itself diminishes in bulk, becomes dry and wrinkled, and separates with the greatest facility from the spurred ovary.

" But the growth of the sphacelaria is not always so regular in its progress. When the weather is rainy, at the time when this fungus has reached its full size, it is thoroughly washed, and then the juice which exudes from it being diluted, is carried off by the rain-water, so that there remains no trace of its existence upon the spurred rye. Frequently, the body of the sphacelaria itself is swept off, and, at other times, it is reduced to a very minute size.

Messrs. Baudeloque and Léveillé, who however have not made any experiments themselves, are desirous that the sphacelaria should be administered alone in some cases, where the use of spurred rye is indicated, but only in the dose of four or five grains; whilst, in others, the spur itself should be given in the usual doses, and deprived as much as possible of the substance before mentioned."

Various species of grain, it may be observed, are subject to the spur, but whether the ergot in these different instances would produce effects on the system similar to those arising from the use of the ergot of rye, has not yet been satisfactorily ascertained. Dr. Neale gives the following description of the spurred rye :—

" *Description and Physical Properties.*

" Spurred rye, in its mature state, is of a violet or brownish colour. Its size is very variable, some grains being less than healthy rye, and can scarcely be perceived in their husks, whilst others are from one inch to an inch and a half in length, and of a thickness in proportion. However, the mean size of the grains of spurred rye is from six to ten-eighths of an inch in length, and two-eighths of an inch in diameter. Its form is nearly cylindrical, having its ends somewhat obtuse, at times a little pointed, and bent a little in the shape of a crescent. But there is a great variety in this respect, although in all the shape is more or less *monstrous*. They have generally a longitudinal depression or two running from end to end. Some grains have cracks, apparently from dryness; and in others small cavities, apparently the bites of coleopterous insects. On being broken transversely, they snap like dried almonds; and internally display a greyish white substance, closely covered by the coloured cortical part, which does not separate from it on ebullition. Seen through a microscope, this fracture presents in its centre an appearance of white brilliant grains like starch, and towards the circumference a violet shading besprinkled with minute whitish spots. When reduced to a powder, it is of an ashen-grey colour, and of a very dry feel between the fingers. If quite fresh, spurred rye is of a disagreeable sickly odour; but if dry, and the grains are in a good state of preservation, it is altogether inodorous."

With respect to the chemical analysis of the substance in question, no satisfactory information exists. There is some reason to believe that it possesses an active principle *sui generis*, as in the instance of cinchona, &c.

The deleterious effects of the ergot of rye when taken with food, have been noticed by various historians and medical writers for several centuries past. There is a very interesting paper on this subject in the Philosophical Transactions, by Tissot, who gives a very copious account of the diseases produced from eating spurred rye; he states, that two forms of disease arise, the spasmodic and the gangrenous; in the first there are giddiness, spasms, and epileptic convulsions; in the second, gangrene and sloughing of the extremities. An epidemic, caused by the use of spurred rye, ravaged the kingdom of Hesse in the year 1596, and, according to Hoffman, the spasmodic form of disease prevailed as an epidemic in various parts of Germany, at different periods in the seventeenth and at the commencement of the eighteenth century. The gangrenous form of disease was known in France as early as 1630, and in 1670, when it raged at Aquitaine and Cologne, the attention of the Academy of Sciences was drawn to the circumstance. The fatality caused by this species of gangrene was very great; according to Duhamel, not more than five or six persons recovering from out of the number of 120 whom he saw afflicted. Of late years, the disease has appeared in France on various occasions, but it has not raged with the virulence of former times; in this country it has rarely been seen, but it must be remembered, that rye does not here, as on some parts of the Continent, constitute a principal article of food.

It is a remarkable fact, and is especially dwelt upon by Dr. Neale, that notwithstanding the different accidents caused by the use of diseased rye had been repeatedly noticed even during a whole century, yet no allusion was ever made to the influence which the ergot most undoubtedly exercises on the actions of the uterus. In 1688, acording to Dr. N. a German writer, Camerarius, stated that the women in Germany were in the habit of employing this sort of grain with a view of accelerating parturition. From the period enumerated, until 1777, no attention was paid to the statement, but at the latter time, Desgranges, an eminent accoucheur at Lyons, drew attention to the singular property of spurred rye. Every thing, however, (which, indeed, may be said of all medicines,) depends on the precise adaptation of the remedy. If failures have arisen in the use of the spurred rye, we believe them to be attributable to a want of attention to the requisite conditions for its employment. They are stated by the author to be,

"1st. Provided always, that there exists no fault in the conformation of the bones of the pelvis, or of the soft parts of the mother, which can oppose any remarkable obstacle to the passage of the fœtus.

"If the dimensions of the pelvis be small, that is, not sufficient, *easily* to afford a passage to the expulsion of a full grown fœtus; as, for instance, less than three inches and a half between the pubes and sacrum; the spurred rye, by exciting strong uterine contractions, without any possibility of overcoming the mechanical obstacle opposed by the straitness of the bones of the pelvis to the birth of the child, might be the cause of producing that very fatal occurrence—a rupture of the uterus itself. A similar inconvenience might result too, if the passage should be obstructed by any large tumour, or by any excessive straitness or great rigidity of the orifice or sides of the vulva. The obliquity also, or any great deviation from a natural position of the womb, would form an obstacle, at least for a time, to the administration of this remedy.

"2dly. Provided, that the neck of the womb be quite supple and yielding, and partly dilated; and that the time of parturition shall have decidedly commenced, or already existed for some hours.

"Rigidity and hardness of the neck of the womb, from any cause whatever, as well as a diseased enlargement of this part, contra-indicate in an essential degree the employment of this remedy; for the expulsive contractions of the muscular fibres of the uterus taking place from its fundus downwards, and towards its orifice, any great obstacle existing there to the muscular contractions, might be productive of a rupture, either in that spot, or in some other parts of that organ.

"3dly. Provided also, that the fœtus is presenting in such a manner as to be expelled naturally; or without any necessity for the interference of art to change its position, and that its bulk is not too great for the natural passages."

The ergot should never be administered under a state of plethora, *where the use of bloodletting is indicated*. The actual presence, or even the threatening of spasm and convulsion, either of the whole frame or womb alone, constitutes a powerful reason against the use of the ergot; although it is right to observe, that Drs. Chapman and Stearns recommend the medicine, in order to expedite delivery in the case of child-bed convulsions. Where the fœtus is dead, the death being clearly indicated by all the usual characteristic symptoms, and the womb makes no effort to rid itself of its contents, it is considered, by Dr. Neale, advisable to give the ergot, in order to induce the requisite muscular contractions; but he regards this instance as the only exception from a general rule—" that *art should never precede nature*, in hastening the natural act of delivery." An extreme degree of nervous sensibility, either habitual or acquired, is a circumstance which contra-indicates the use of the ergot. We should also avoid giving it to females, who possess an irritable stomach; nor, perhaps, is it prudent to administer it in those cases where the patients have been afflicted with *peritonitis.*

The different preparations, or forms, under which the ergot of rye may be given, are stated by the author as follows :—

> " 1st, the powder; 2d, the infusion; 3d, decoction; 4th, watery extract; 5th, spirituous tincture; 6th, ætherial tincture; 7th, spirituous extract; 8th, the syrup."

Of these preparations, Dr. Neale deems the powder most efficient. The dose must be varied according to circumstances, and it is especially to be borne in mind, that the spurred rye ought to be given with more caution to women bearing their *first* children than to others. From ten grains to ninety, or even more, may be given during one parturition; but Dr. Neale thinks, we ought never to exceed *twenty* grains for the first dose, which had better be given in two portions, taken after a short interval; and if, at the expiration of an hour, there should result no apparent effect in the action of the uterus, an equal quantity may be repeated. If necessary to repeat a third dose, *thirty* grains may be given; and even if the third dose should fail in producing uterine contraction, a fourth of the same weight may be administered :—here it may be prudent to abstain. The infusion is most commonly used in this country, prepared according to the formula recommended by Dr. Merriman, two drachms of the rye to six ounces of water. Mr. Waller, however, has stated, in a publication on this subject, that he employs an infusion made with eight scruples to six ounces of water, having found the former quantity insufficient for the purpose. Some of the French writers have recommended the exhibition of the spurred rye in *lavements*, where there is too great a susceptibility of the stomach. On this subject, Dr. Neale remarks, that " from the close sympathy between the rectum and uterus, we may augur well of this method of using it." We are not aware, that in England the medicine has been tried in the form of enema. The suggestion, however, is good.

In treating of " the effects of the spurred rye upon the uterus," to which the author devotes a chapter, we do not find anything very important or novel. The assertion of Dr. Davis, that the circulation is not at all affected under the use of the remedy, is positively contradicted. And it is said ;—

> " The child being born, the womb continues to contract, closing upon itself, either by means of its natural contractibility, or from the effect of the remedy. The woman then suffers no other pains than those which have produced delivery; which being completed by the expulsion of the placenta, &c., she remains then, all other things being equal, as if no remedy had been employed."

The author states that he knows of no case in which it has been necessary to administer the ergot a second time, to procure the expulsion of the placenta. Hence, he is disposed to conclude that the uterine contractions produced under its use, (in the case of torpidity of the womb during parturition,) continue sufficiently long to effect the expulsion of the placenta, as well as to prevent subsequent hæmorrhage.

Having already, we fear, exceeded our limits, we must be brief with the remainder of the work. Dr. Neale has carefully collated the various opinions on the modus agendi of the medicine in question, but we need not dwell upon these " subtleties."

He next combats the objections which have been raised to the use of the ergot; and, in reply to those who are adverse to its medicinal employment, from the deleterious effects produced by bread containing portions of this grain, he says that many individuals have eaten for twenty days of bread into which the diseased grain entered in the proportion of an *eighth*, or even a *sixth* part, and yet have experienced no ill effect. Further, that Parmentier took every morning on an empty stomach, during eight days, half a drachm of the ergot, without any ill effect; and M. Goupil states, that he has taken two drachms and a half; vomiting, colicky pains, and headach, being the only bad effects experienced. It is unquestionably the fact, however, that in very large doses the spurred rye is a poison, and its effects, as a poison, are most remarkable on the nervous system, and on the abdominal viscera generally. But admitting this, it forms no argument against the use of the medicine; or we must, on the same ground, exclude all the important agents from the materia medica. Broussais, whose name entitles an objection to a respectful consideration, has stated that he is apprehensive this remedy must produce painful consequences to the nervous system, and thereby occasion a rupture of the uterus; but, as he has adduced no facts to substantiate this opinion, we must be allowed to deem the objection fanciful.

The strongest objection which has been made to the ergot, has been on the ground of its proving detrimental to the fœtus; this assertion is met by the fact, that, in many hundred cases, the rye has been used with no injurious effect to the child. With respect to one of the heaviest charges brought against the ergot, namely, that of its being improperly employed to produce abortion, Dr. Neale expresses his belief that it has no action upon the uterus, "except when this organ, charged with the product of conception, tends to get rid of it."

From its peculiar effect in inducing contraction of the uterus, to which all our efforts, whether by pressure, the use of cold, or other means, are directed in cases of uterine hæmorrhage, the ergot has been given. Dr. Chapman, after considerable experience, pronounces it to be "highly beneficial" in such cases, and such is the opinion of various accoucheurs in America. Where the placenta is retained from *inertia* of the uterus, as also where there are clots of blood remaining in the womb, the ergot may be given with much advantage.

In conclusion, we may say of Dr. Neale's book, that we are of opinion it will be read with much interest by every obstetric practitioner. The author has taken great pains to collect all the scattered information extant, upon a highly important and practical question. At the end of the work a table is appended, which affords a view of more than 700 cases, in which the ergot of rye has been administered.

SKETCHES
OF THE
MEDICAL SCHOOLS OF SCOTLAND.
No. IX.

Dr. ALISON.

Physiognomists by impulse and habit, yet are we often deceived in the application of what appears to be one of the general laws of our disposition. We can scarcely meet an individual in the common intercourse of life, of whose character we do not instantly presume to form an opinion; and yet to judge in this precipitate manner, experience must have taught most persons, is, in the majority of instances, to come to a false conclusion on the subject of our scrutiny. There is, however, when rationally examined, nothing contradictory in the propensity which leads to these critical conjectures, though they so frequently fail in the attainment of their object. For purposes obvious and useful, a desire to be acquainted with the qualities of those with whom he communes has been implanted in the breast of man; but the reciprocal advantage of society required, that the signs from which this knowledge might be inferred, should be doubtful, and faintly expressed. For could we behold the operations of the mind through its index, the face; penetrate the sanctuary of thought, through the mask of matter, and see the fearful mysteries which it conceals, man would then turn from his brother with the same horror as he now does from the tyger or the snake. Yet, taken in connexion with other circumstances, the countenance is a mirror to many in which they find a corroboration, and when facts are added, a demonstration of their suspicions. The information which we seek may be, and indeed often is, present in the page which we contemplate, though the letters are too indistinct to be deciphered by transitory inspection; nature in this, as in other cases, having given the power and the means of accomplishing her designs, but wisely leaving the rest to our own exertion. Of these remarks, and at once of the truth, error, and difficulty of estimating men correctly by exterior indications alone, our theme affords an excellent illustration. Should you meet, for example, in the vicinity of the Royal Infirmary, about the hour of twelve, rather a tall, youthful, cross-made, plain-faced sort of personage, dressed in a black coat, blue trowsers, with, perhaps, the addition of a pair of gaiters, and his neckcloth worn in a style that would have thrown Brummel into hysterics, you might, very pardonably, mistake him for an overgrown schoolboy, who had run to seed in the wilds of Perthshire, before his growth had been checked by town air and college discipline. If along with these marks of personal identity, however, you perceive that he is surrounded by a group of supplicants, each pressing on his attention some tale of real or feigned distress, you may dismiss all doubt from your mind, for the gentleman who stands before you can be no other than the accomplished and philanthropic subject of the present sketch. Unacquainted with his rank, calling, and disposition, you might well be at a loss to discover the cause of one, whose appearance, at first sight, seems so little favourable to the supposition of his being an object of charitable and professional solicitation, being attended by such a levy of claimants on his bounty. But, informed of these particulars, how different will be the feelings with which you view the subject of your undiscerning curiosity? Imagination, ever ready to exercise its wand in the composition of a harmonious system, out of the most discordant elements, will find a thousand properties in his person to correspond with those of his mind. In the plainness of his apparel, you will detect the simplicity of the philosopher; the seeming awkwardness of his figure, vanishes in the light of the smile hovering round his lips; and, in the assemblage of wretched suitors who seek his services, you will recognise a homage to his talents and his virtues, more honourable than ever graced the thrones of princes. Follow him to the ward, to the lecture-room, and the house of mourning, where fancy fears to tread, and, as he applies the resources of his art by the bed side, explains the principles and results of his practice to an audience, and dissipates the cloud which lowers over the couch of indigence and suffering, each successive scene of his active existence will but reveal new charms in his person, while you will be unable to determine whether his skill as a physician, his excellence as a teacher, or his humanity as a philanthropist, shines the brightest in the splendid aggregation of his moral and intellectual attributes.

Reposing too much confidence in my own sagacity of measuring men by "externals," I confess I went to hear Dr. Alison with some doubts of his reputed qualifications. From a superficial observation, I found it difficult, with the doctrine of physiognomy haunting my mind, to reconcile popular opinion with so few indications to justify report. My theory, however, was not so much disproved as confirmed, when applied under the circumstances necessary to the success of the experiment. Having corrected my anticipations by a studious attention to his character, I may be permitted to offer the fruits of my observation, and to explain the grounds of their justice by describing him in the discharge of those duties in which he appears to me to warrant the conclusions come to on his merits. The miscellaneous nature of these duties, being a sort of "actor of all work" in the University of Edinburgh, without, perhaps, being the cause, developes one of the most remarkable features of his learning. Each of these offices claiming an equal share of his attention for its fulfilment, his energies have been expended, and with success, in reducing the various collateral sciences, of which medicine is composed, to his command. The exigencies of the situations which he holds, seem to have harmonised well with the cast and compass of his intellect. Without that concentration and enthusiasm, which carry men through the toils of extending the boundaries of science by discovery, it possesses the requisites of judgment for the selection of proper objects of study, perseverance for their attainment, and the faculty of skilful combination in applying to the cure and elucidation of disease, all that diffused information elaborated by individual enterprise and labour from the recesses of nature, but which often remains useless, like ore separated from the mine, until depurated and united by the hand of industry and art. To be a discoverer in any one of these branches of medicine, which he wields with so much effect, he seems neither to have aspired nor to be qualified for the task; his reading and observation have, consequently, been directed to the single but important end of becoming a practical and scientific physician—that greatest and most useful consummation of medical, perhaps of all human study and science. The ward is, therefore, the dominion where his sovereign command over scientific agents may be witnessed producing their most salutary effects, and the clinical chair, the throne from which may be heard the principles of his therapeutical administration expounded with most advantage—to both which I shall now, for a few minutes, introduce the reader.

In advancing from the entrance to the rostrum of the clinical lecture-room, even one unacquainted with Dr. Alison might discover, in his deportment, a clue to an understanding of those peculiarities which the professor is about to disclose. He picks his way to his seat with as much collectedness of ideas, and caution against a false movement, as if he had been ascending a complicated chain of reasoning in his closet, where the fear of losing one link of the series steadied each feature, and confined every motion within the limits of logical precision. He neither evinces the breathless impatience and boisterous good humour of one of Dr. Graham's *exordia*, nor the asthmatic pomposity of one of Dr. Home's introductions, after gaining the summit of one of those interminable staircases of our University, of which it might be said, in more senses than one:—

> "Oh! who can tell how hard it is to climb
> The steep where Fame's proud temple shines afar."

His gown, which effects a most favourable metamorphose in his appearance, falls over his lusty limbs in folds as graceful and regular as the lineaments of his face are destitute of all signs of agitation. Without the slightest effort at a dignified composure, he is as calm and collected as if the eyes of an audience had not been fixed on him, and the responsibility to confuse him, of settling an account of some half dozen of cases with studious creditors, many of whom are competent judges of the process. The most delightful part of the picture is its freedom from insensibility of temperament and indifference to the circumstances in which he is placed. He is composed, but conscious. By any observer of common discernment, it must be perceived, that the confidence which he assumes is the result of a knowledge of the difficulty of the duty which he is called on to discharge, and of his own power for its performance. Such self-possession, regulated by the most exquisite perception of propriety, and tempered with his natural modesty, communicates to his countenance an inexpressible charm of serious meekness, in which the light of benevolence is harmoniously blended with the severer ray of studious austerity:—

> "A certain tender gloom o'erspread his face,
> Pensive, not sad; in thought involv'd, not dark."

In the mere outlines of his face there is nothing more remarkable than their regularity, its beauty obviously depending more on the emanations of the mind than on any physical properties of matter or form; it is lengthy, elliptical, usually pallid, its component parts of the due proportion, and but indifferently filled up with muscle, which, from the consequent prominence of cheek bones, might incline some observers to include him within the pale of national beauty. The forehead is by no means of that order which man, in his audacity to penetrate the secrets of nature, has alone associated with the presence and even the causation of the higher degrees of genius. Its capacity, indeed, is less in all directions than what is commonly observed among the big-headed blockheads of the multitude, distinguished by not one particle of the talents which he possesses. The whole head is so devoid of those masses of brain and bone, which are said to be the laboratories of thought, that I doubt if any one of the organs, corresponding to his palpable qualities, could really be discovered by the most expert cranioscopist. The contour of the whole, indeed, is a much more excellent illustration of the doctrine of Lavater than of Spurzheim; the expression arising more out of the harmonious groupings of the features of the face, than the deeper-seated indications of talent belonging to the skull. To these it is indebted for that fascination which it exercises over the spectator, who, if he do not feel, on looking into that eye, the light and heat of benevolence beaming on him, like an evening glow of sunshine, blessing and blessed by all on whom it falls, can have no perception of those signs by which kindred minds hold communion with the external world. His voice, as might almost *a priori* be expected from his equanimity, is rather feeble, and modulated in delivery, at the sacrifice of animation and emphasis, to nearly one key; it is slightly nasal in its quality, smacks slightly of the "Doric" accent, and, from the extreme slowness with which it is evolved, might to many seem monstrous; it is never, however, the medium of infractions of grammar, or of infelicitous diction, the speaker scrupulously observing that custom of his countrymen, to arrange his ideas before their utterance.

He is, of all the medical reasoners whom I have ever heard, the most impartial, and least influenced by any feeling save the desire of discovering naked, abstract truth. Others preface their discourses by professions of impartiality—affect extreme candour, and all that sort of thing—Dr. Alison does nothing of this; for, not suspecting himself, he never thinks of warning others of a deception, of which he himself is totally incapable. He proceeds direct to his subject; states its relations fairly and fully; selects for the object of his criticism its acknowledged import; allows for the feasible reasons by which it may have been supported; combats it by facts and arguments of a stronger and more convincing description; and condemns by legitimate deductions alone. There is no effort to overreach an author—no exertion to amuse a class by the sound of a doctrine broken by excessive tension—if it give way, the fault is in the tissue, not in the test by which it is tried. He would seem, indeed, to take it for granted, on those occasions, that every writer is as honest in writing as he is in the analysis of the composition; a mistake which must excite the smile of all who are aware that authors, in general, are as seldom in error from ignorance as from design; the fertile points of their production being better known to themselves than to their readers. In his critical comments on authors, he does not, like Dr. Monro, " forbear to mention names," the most malignant and contemptible species of attack; nor, after consigning a writer, for the length of a lecture, to a sort of logical purgatory, relieve him from his torments, like Dr. Hamilton, by a final damnation; nor track him through the field of discovery, in all languages, from Moscow to Misenum, like Dr. Duncan, merely to arrive at the ultimate idea or germ of his opinion; nor overturn his statements by a sublime burst of indignant negation, like his colleague, Dr. Graham.—Nothing, indeed, can exceed the painful accuracy, with which he goes through the ritual of logical sacrifice to the divinity of abstract truth, without inflicting a wound on the victim. A theoretical structure, which he proposes to abolish, is taken asunder atom by atom, and its substitute built up with the same scrupulous precision. With the art of blasting in criticism, by which the members of a system, or an author, are rent to pieces by a single explosion, and with that secret of medical architecture by which fairy fabrics are suspended in the air, he seems perfectly unacquainted. His progress in the transmutation of one of these elegant but evanescent creations, resembles the process of petrification, in which the perishable materials of animal and vegetable productions are removed particle by particle, while others of a more permanent consistence are deposited in their place. He is pains-taking and punctilious in this respect, perhaps to a fault; explaining the simplest proposition with as much attention to its perfect intelligibility, as if he were demonstrating the mechanism of a toy to an audience of children. Notwithstanding the extent of the sources from which he draws the substance of his lectures—sources which include whatever is to be found in the works of every country enriched by much original observation—his disquisitions seem tedious, because from the slowness and perspicuity with which they are arranged, his conclusions are anticipated by the more acute portion of his class, many of whom I have seen smile at his minuteness as a supererogation for their understandings. He might, consequently, with a reasonable hope of an increased popularity with his class, confide a little more in their quickness of perception—enliven his discourses occasionally with a few of Dr. Graham's sentimental vollies, instead of letting his ideas off, in one of his lectures, like the slow but steady scintillations of a schoolboy's devil.

It is perhaps in the ward, in his intercourse with a class of persons whose condition unhappily renders them anything but objects of sympathy, that his manner assumes its utmost charm, and his talents may be witnessed to most advantage. There, day after day, without an instance of irritability to interrupt the suavity of his manner, may be seen the very personation of philanthropy, his genial presence composing into repose the haggard heart-broken looks of disease and despair. In his melancholy duties towards these unfortunates, the fine halo of light illuminating his serene brow, and fed by the mild pure rays issuing from an iris floating in its own trasparent fount of mercy, like the soft azure of the Turkois seen through a carriage of crystal, never suffers one moment's obscuration. Unmoved by the trying but pardonable querulousness of the sick, his voice, sweet as the faint echoes heard in the secret recesses of the benevolent heart alone, during its aspirations for universal happiness, is even ready to sooth, if it cannot promise more to the last lingering tortures of humanity. There is a balminess in its tones, a witchery in its gentle felicitating modulations, which, falling on the agonised senses of the afflicted, seems like the notes of Orpheus in another world, capable of making

" The furies sink upon their iron beds,
And snakes, uncurled, hang listening round their heads,"

which haunt the last hours of torture and of life. He never forgets that these wretches, whom fortune has cast in his way, are beings as delicately organised as himself, are endowed with the same sensibility, and that all those weaknesses of man, which, even in a state of health, he is often unable to command, are rendered still more ungovernable during disease. The unbounded gratitude and respect of all who happen to come under his care, are best measure of his amenity of demeanour to the sick, many of whom I have heard unite his name with their last aspirations to heaven. The confidence of the patient—that metaphysical drug, of which so much has been written, but available by so few—is with him as manageable as any article of the Materia Medica. It forms a necessary adjuvant in all his prescriptions; for, having nothing to conceal from the sick, their suspicions are not roused by that affectation of sincerity, which awakens instead of allaying distrust. They do not detect the bitterness of the pill through its gilding; his medicine is administered in a more agreeable medium than can be commanded by the disguise of art. In all his actions, may be seen the benevolence of his motives, and the goodness of his heart, as distinctly as if he had been formed after the mythological model of man, with a window in his breast, or as if he had been one entire vitrification. His practice, though seconded by whatever aid confidence in its correctness can impart, stands in no need of the magic influence of imagination. Its character is, probably, most strongly marked by the negative quality of being regulated by the axioms of no particular theory or established empiricism; "nullius addictus jurare verba magistri," being its fundamental principle. In the reputable sense of the phrase, he is a symptomatologist, without rejecting speculation merely as such, or depriving his patients of the benefits of empirical practice, merely because he cannot, like some sages of the day, understand the connexion between the properties of a drug, and its salutary effects on disease. No such theoretical horror of theories haunts his mind, or absurd fear of appearing ignorant of an unintelligible species of agency. He is a Cullenian, as far as he finds the doctrines of that celebrated individual correspond with more recent discoveries; but his adoption of the better parts of that system, does not prevent him, as it has done with many others, keeping an eye on John Brown. He bleeds, for example, in fever, but does not substitute pounds for ounces, like some of his colleagues, in his scale of depletion; he stimulates too in the same affection, but without reducing the "febrifuges" to a box of opium, and a bottle of brandy. His treatment, in short, as might be expected from his tolerant spirit, and the tendency of his mind to decide every question by dispassionate reflection, is the application of the most rational and approved principles of every writer to the exigencies of the particular case, in the detection of which he evinces an exquisite tact. The morbid dissections, in the theatre of the Royal Infirmary, during his attendance in the clinical wards, have verified as many of his predictions as were ever proved to be correct in the practice of his most celebrated predecessors. To his prognostications I am partly indebted for my belief, in the possibility of predicting with so much accuracy during life, the organic lesions which destroy it. So many instances of this kind have come under my observation, that were minute details consistent with these pen-and-ink outlines, in which the more prominent features alone of the figure can be given, they would be too numerous to be particularised; but while on the subject of prognosis, I must observe, by way of appendix, for the consolation of my friend and admirer Dr. James Johnstone, that Dr. Alison has a fine ear for the stethoscope, but that his admiration of that instrument ends, when the question of its utility is started.

If the example of a Tully, being blessed with a Mark, did not disprove the principle of the hereditary descent of talent, and the influence of education alone in the formation of character, there would be little difficulty in finding the origin of those abilities and moral qualities by which Dr. Alison is distinguished, in his being the son of the benevolent and celebrated preacher of that name in Edinburgh, author of a well-known work on taste, and a book of much admired sermons. Educated within the sphere of so much paternal virtue and genius, it is not surprising his natural disposition should have produced such fruits, under favourable cultivation. From the indications of general reading, evinced in his prelections, his extra-professional acquirements would seem to be equal to his proficiency in the purely medical sciences. Yet, it is extraordinary, that with so many qualifications, he should not have succeeded in private practice in proportion to his deserts, his time and talents being, for the most, expended in attendance on the poor, into whose loathsome habitations he may be daily seen entering, with the same cheerfulness as when visiting the inmates of a palace. Though the friend of humanity can scarcely regret such an expenditure of science and benevolence, yet must he regret, that there is no retributive principle of action in the conduct of the public, to remunerate the possessor of so much merit, with some more substantial reward than the reputation for abilities, and their exercise for generous ends. In this respect, however, he is not a solitary instance of public caprice, which has not unfrequently paid the penalty of its own want of discernment, by giving to the pallet of straw an exclusive monopoly of the first-rate genius; while it has added to the tortures of the bed of down, by its patronage of imbecility and ignorance. As yet, he has afforded the profession but few opportunities of estimating him as a writer; but the cause may be found, not in his incompetency to make himself known through such a medium, but in his notions of what books ought to be. He is one of those who, struck with the doubtful propriety of publishing large works, without perhaps a single novel idea, and with the practicability and expediency of condensing much information into short essays, has assisted, by his example, to introduce that system of communicating new facts through periodical journals and the records of societies, which, at present, prevails among most men of taste and sound judgment. The age, indeed, of big books, is rapidly expiring; octavo and quarto advertisements no longer answer the ends of their publication. Men have, at length, come to the rational opinion, that the discoveries of few individuals can be of sufficient extent and importance to justify the imposition of a general book-tax on the profession; and that the structure of medical science may be raised at a cheaper price, and in a more durable manner, by small contributions from the talents and experience of the multitude, than by the single exertions of a few, however valuable or voluminous. The few productions which have as yet emanated from his pen, have been executed in this prudent spirit, and will serve as illustrations of the remarks which have been hazarded on his information and style. They breathe of that candour and elegance of manner, which have made him the general favourite of all with whom he happens to come in contact. What he may do hereafter to realise the expectations of those best acquainted with his character, remains to be seen; but, at present, he is justly looked upon by all, as the most promising scion of the old stock of the university, in the management of which, as far as he is concerned, he acts in the most liberal and upright manner. In his classical taste and accomplishments as a practical physician, many recognise the blossom which may ripen into the reputation of a Gregory; but even with an equality of talent to warrant the prediction, there are many reasons against his ever attaining to the celebrity of that gifted individual. As science grows older, she becomes like the miser, more tenacious of her treasures; and each succeeding discovery is disbursed to her votaries, with a more penurious hand. The difficulty of invention seems to grow with the advanced date of the exertion, and the necessary increase of its intrinsic value; first, from the more general pre-occupation of the field; and, secondly, from the higher degree of excellence demanded in the product of labour. As man, in the audacity of his enterprise, raises each year a portion of the veil of Nature, she appears to become more jealous of her charms—to shrink into her mystic sanctuary from his intrusive curiosity — and to permit every subsequent glance to be obtained only by greater vigilance and perseverance on the part of her lovers. Her first admirers had, in this respect, a manifest advantage over their successors; they gained with comparative facility a knowledge of her more palpable and general qualities, and secured a reputation extensive and permanent in proportion to the magnifying ignorance of the times in which they lived. They stood in the same relation to her modern suitors, as the first settlers in a country to future colonists. To the former, the face of nature was open. The hill, the mountain, the plain, the valley, the river, and the ocean, were all subject to their selection; they might take the most fertile provinces, without the interruption of competitors, or their right of appropriation being contested. To the latter, antecedent possession has limited the sphere of choice, and renders the exercise of industry difficult, where every acre maintains its man. Whether these disadvantages will be overcome by Dr. Alison, his friends have yet to learn; whose character I cannot conclude better than in the words of Pope:

> "Of manners gentle, of affections mild,
> In wit, a man—simplicity, a child."

Scotus.

Edinburgh, May, 1828.

LITHOTOMY ON THE HORSE.

To the Editor of The Lancet.

Sir,—I understand you have been gulled into a belief that lithotomy was performed on a horse in Liverpool; neither I nor any other other person present saw either the stone extracted, or the stone after extraction. It is pretended, by some of the parties concerned, that a Mr. Bickerstaff, Surgeon, carried the stone away. This case ought to be cleared up a little, since it is said by some of the best informed of the veterinary faculty, to be impossible to tell whether a horse has stone or not, seeing that no instrument can be passed into the bladder along the penis.—Yours, &c.

Antihumbug.

TO CORRESPONDENTS.

Communications have been received from Mercator — Quixote — T. Y. — Der Frieschutz—Chirurgus—Mr. T. Williams—Mr. C. A. Brew—C.—Non Medicus—A Phrenologist—Mr. S. Traught—Mr. J. C. Irvine—Mr. W. Mogford—Castigator.—Several of these papers will be inserted in our next number; but we once more inform our numerous correspondents that we cannot insert reports of cases unless they are authenticated.

Thanks to X. T. N.; his re-appearance has delighted us, and we hope that the interval of his absence will not be so protracted on this, as on the last occasion.

" A Cavalier" is informed that a " committee on insanity," is now sitting at the House of Lords; we should have inserted his letter had he not altogether omitted the clause of the bill, which he so severely deprecates.

In consequence of the resignation of Dr. Forbes, the Marquis of Londonderry has withdrawn his support from the Westminster Eye Infirmary.

Will " Scrutator," who wrote to us some time since on the subject of two Advertisements on the Wrapper of the present Number, favour us with his address?

The letter of Chirurgus, or the greater part of it, will be published next week.

It is absurd to suppose that a subscription can protect persons against the consequences of an indictable offence; can it counteract the punishment and degradation of imprisonment, or the tread-mill? besides, it is a little too much for individuals, who make a profitable trade of teaching anatomy, to ask members of the profession to come forward and support them in their traffic; if they pocket the profits, they must be content to put up with the risks. Had a subscription been opened to defray the law expenses incurred by Messrs. Davies and Blundell, we have no doubt that it would have been well supported, and we should have felt much pleasure in adding our mite; but nothing could have been more impolitic, at the present moment, considering what is going forward in Parliament, than raising a fund for the protection of persons who may violate the law, by the disinterment of dead bodies. Mr. Beddingfield, of the Medical Academy, Stowmarket, in a letter which he has addressed to us, says,—" As nothing appears to me to keep up the prejudice against *dissection* so powerfully as a compliance with the statute which directs the dissection of persons executed for murder; allow me, through the medium of your widely-circulated Journal, earnestly to recommend to my professional brethren firmly, and uniformly, to reject EVERY APPLICATION which may be made to them for that purpose. Surely it is not too much to expect that gentlemen, practising a liberal profession, will forego a trifling, private, advantage in order to promote the general interest."—In this proposition there is much of good sense; but there is none in a scheme which holds out inducements to a violation of the law, or which is calculated to lessen the apparent severity of the law. Dissection is all but prohibited; the interference of Parliament therefore, is indispensable. In another year, we entertain not the slightest doubt, there will be a plentiful supply of subjects, when we trust that the loathsome practice of exhumation will be made a capital offence.

Erratum in our last Number, page 249, second column, second line from bottom, after " said to be," insert, " the rage of the profession, in the present day, to assign," &c.

We have just placed our hand on the letter " L.," and it shall be inserted next week.

The Biographical Sketch of " Sir Patrick Macsyeophant," is not altogether suited to our pages. The " Key to the Lock" is better. Forward the ——— as soon as possible.

THE LANCET.

Vol. II.] LONDON, SATURDAY, JUNE 7. [1827-8.

LECTURES ON CHEMISTRY,

BY

PROFESSOR BRANDE.

Delivered at the Royal Institution of Great Britain.

Lecture XLIII.

On Silica, Alumina, Glass, Pottery, and Porcelain.

You see, Gentlemen, from what I stated to you, that *silica* is scarcely soluble in the acids, and that it does not form a regular class of salts, and therefore you may perhaps say, that it is scarcely entitled to the term earthy body, by which we generally understand a salifiable base; but you will find that it possesses an intense power of combination with different substances, but particularly the metallic oxides, with soda, potassa, baryta, strontia, and many of their compounds, constituting numerous natural combinations with these bodies. It is right you should be aware, that silica may be precipitated from its solution in water with potash, by muriatic acid, and here you have such a solution, (pouring into it, at the same time, some muriatic acid, which caused a slight precipitation;) and this indeed shows the fact which I wish to advert to, namely, that although it is said to be insoluble in the acids, it is not altogether so; for you observe, that when precipitated, it is again taken up by excess of acid. It happens, too, that when silica is precipitated, it falls down in a glutinous state, as you may here remark (pointing to the vessel); and, in this state, it will dissolve in considerable quantities in water; so that it is no uncommon thing to find mineral waters with silica in solution. When we talk of the insolubility of silica, we talk of it in its common state; but when once collected and dried, we should in vain attempt to get it dissolved in these media; whilst recently obtained, however, it dissolves in water, and in acids, and, in short, is a tolerably soluble body.

Scheele made a curious discovery of the combination of *fluoric acid* with silica, which acts powerfully upon it, and the result is a gaseous compound. He distilled a quantity of fluor spar, sulphuric acid, and silica together, by which he obtained a gaseous product; and he found, that during the production of the hydrofluoric acid, by the action of the sulphuric acid upon the fluor spar, the retort, which was of glass, was eaten into holes and destroyed. Later inquiries have taught us, that a very curious change takes place in this experiment, with regard to the silica and fluoric acid; and that a gas comes over, to which the term *silicated fluoric acid gas* has been applied. It is colourless, very heavy, and fumes upon exposure to air; and you will remark, that if you distil the mixture, and receive the gas in water, it will be decomposed as it comes into contact with the water; a quantity of silica will be deposited, and a quantity of fluoric acid holding in solution in the water another portion of silica, for the silica always retains some fluoric acid adhering to it. Now the theory of the production of the silicated fluoric acid, will be evident to you; you have silica and hydrofluoric acid acting upon each other; the hydrofluoric acid contains, of course, fluoric acid, and the silica its base silicium, which unite to form the silicated fluoric, or fluo-silicic acid gas; whilst the hydrogen of the hydrofluoric acid, and the oxygen of the silica, combine to form water, and this is the manner in which it is obtained. You observe that the bubbles of gas (directing the attention of the class to the retort in which it was distilling) fume like muriatic acid gas, on their exposure to air; this is owing to the decomposition of the hydrofluoric acid. If we now bring it into contact with water, you will see the decomposition I have adverted to; each bubble of gas, as it comes over, is coated with a film of silica; and, in making this experiment for the first time, Scheele thought that he had made silica, but, of course, its source was afterwards determined; in this way silica may be obtained in a state of very fine division, and considerable purity.

If I act at once upon fluor spar, by applying gentle heat to a mixture of sulphuric acid and spar, I shall, as you have formerly seen, liberate hydrofluoric acid; and as this acid has a strong attraction for silica, which forms a principal ingredient in glass, it has been proposed to etch upon glass with this acid, by covering the glass with wax, and scratching the figures you wish upon it with a blunt graver. I have seen plate-glass etched upon in this way with hydrofluoric acid, and impressions taken in the manner of a copper-plate engraving.

We next proceed to *alumina*. Now alumina is the base of alum; and if we know little of silica, we know but less respecting the nature of the base of alumina; but that it is a metallic oxide is probable, from the circumstance, that when potassium is heated with the alumina, potassa is formed, and a black matter thrown off.

To obtain pure alumina, dissolve alum in water, and precipitate it, by adding carbonate of ammonia, when a very bulky white precipitate falls, which is alumina in combination with water; if you dry it in this state, you will find that it forms a sort of vitreous greyish substance, which is a hydrate of alumina, composed of equal parts of pure alumina and water, which is separated from it with difficulty at a red heat. It is, at present, considered as a metallic oxide. With regard to the number of alumina, that is a matter upon which chemists widely differ; I have adopted eighteen, which agrees pretty closely with the later experiments of Dr. Thomson, and differs from that assigned to it by Berzelius, and indeed by Dr. Thomson himself, in his former experiments. So that, if we take eighteen as the equivalent of dry alumina, and eight as the equivalent of one proportion of water, we shall have twenty-six as the equivalent of the hydrate of alumina.

Now alumina is soluble in soda and potash, and imperfectly soluble in ammonia; it does not dissolve in the carbonated alkalies. It dissolves so readily in potash, that we often avail ourselves of it to separate alumina from other earths, as from lime and magnesia, which are insoluble in potash. Now all these are matters which I can only briefly advert to here, but they are of the utmost importance in analytical chemistry; and if you are not acquainted with all the little oddities and peculiarities of these and other substances, you will be unable to effect those delicate separations, which are indispensable in minute analytical investigations. Alumina derives one of its leading points of importance, from being the base of alum. Now *alum* is a salt which crystallises in octaëdral prisms, and is a triple salt, compounded of alumina, potash, and sulphuric acid. How these are combined, chemists have not yet exactly agreed upon; I shall show you, however, Mr. Phillips' table, representing the composition of alum, which he considers to be composed of the bisulphate of potash, sulphate of alumina, and water: and that, in its crystalline state, it is composed of one proportional of bisulphate of potassa, two proportionals of sulphate of alumina, and twenty-two of water. When exposed to the action of heat, it loses a considerable quantity of its water of crystallisation, which is very great; it becomes light and spongy, and is known in pharmacy under the name of *burnt alum*. If exposed to a bright red heat, it loses a portion of its acid; but you cannot drive off the whole of the acid from it, by any known temperature. If, instead of decomposing alum alone, you heat it with charcoal, some curious things happen; and, among others, there is the production of a spontaneously inflammable body discovered by Homberg, and which he called *pyrophorus*. If you take alum and honey, or sugar, and heat them over a fire until they form a dry mass, reduce it to powder, put it into a phial coated with clay, and then expose it to a red heat in a crucible of sand, you will see a blue flame appear at the mouth of the phial. When it begins to burn dimly, you check the process, allow the phial to cool, and stop it up, so that the air cannot get admission. If your experiment succeed, you will have a black powder produced, which will inflame spontaneously on exposure to air. Sir Humphrey Davy has shown, that all that we have done here, is to decompose the potassa contained in the alum by the charcoal, and that, when the mixture is exposed to a damp air, the potassium attracts moisture with such avidity, as to ignite the charcoal. [Mr. Brande then exposed some pyrophorus on paper to the air, but it did not ignite, which led him to remark that he did not know how it happened, but that, of late, they had seldom been successful in their manufacture of it.] It has been found, also, that this substance takes fire when thrown into water. You see that it rapidly decomposes the water, owing to the presence of potassium. We find the water alkaline; and there is, therefore, no difficulty in accounting for the ignition of the compound, namely, by the presence of potassium.

Alum is a salt of great use in the arts, principally and chiefly as a dyeing material. I have already adverted to the fact, that colouring materials, of different kinds, have a strong attraction for aluminous earth; and that aluminous earth is luckily enough gifted with the property of having a strong attraction for vegetable fibres. It is upon this circumstance that the art of dyeing and calico-printing depends, and the principles of that art will be pointed out to you in a few mornings.

Alumina derives considerable importance from its being the only earth constituting the essential ingredient in *pottery*. I do not mean to say that it is the chief substance of which earthenware is composed, but that it gives to pottery its plastic character; so that when you wish to mould any substance into form, you are obliged to use alumina in consequence of its plasticity. Now the remaining short time we have, I shall apply to the description of the manufacture of *pottery*, *porcelain*, and *glass*, but only very briefly.

I might mention, however, previously, that there are a few metals which I havenot noticed, as *zirconium*, *glucinum*, and *yttrium*; they are, however, of little importance, and it is not necessary I should point out their history, and I may refer you to books for the purpose. *Zirconium* has been found in the zircons or *jargon* of Ceylon; *glucinum* was discovered by Vauquelin in the emerald and beryl; yttrium in a metal, when it was combined with columbium, by Berzelius. A substance called *thorinum*, which had been placed by Berzelius upon the list of metals, has been since withdrawn, he having been mistaken as to its peculiar nature.

In taking a general view of the manufacture of *glass*, it becomes a first question, what are its essential component parts? The answer seems to be, silicious earth and an alkali. Now silica, employed in the manufacture of glass, is of various degrees of purity; fine white sand of different kinds is frequently employed in this country; flints, and white silicious pebbles, found commonly in the bottom of many rivers. In order to prepare the silica for the manufactory, it is calcined and pulverised. The sand of Lynn on the coast of Norfolk, and the sand on the southern coast near the Needles, is very white and pure, and is generally selected for the purpose. The alkali used for the best glass is *pearl-ash*, but rougher alkalies are employed for common glass. When pearl-ash and silica are mixed together, and exposed to a strong heat, the silica acts upon the alkali, combines with it, and a kind of imperfect and difficultly fusible glass is obtained; it becomes necessary, therefore, to add some substance to it which shall improve its fusibility, and not alter its characters of transparency and insolubility, and the substance most commonly selected for this purpose is the oxide of lead; litharge, finely powdered, is employed, and you may consider our glass to be composed of potash, oxide of lead, and silica; these may be said to be its essential ingredients. The lead very much increases the tenacity and fusibility of the glass, and confers on it great advantages, especially in regard to its refractive power, for which our glass is celebrated, and enables it to bear sudden changes of temperature. But the lead confers on the glass some disadvantages, one of which is, that it makes it soft, and liable to be scratched; another quality which lead confers is, to make the glass more fusible, so that if the chemist wishes to fuse any thing in a glass vessel, he cannot employ that kind of glass in which lead is an ingredient; it begins to soften at a red heat, and melts at a little beyond that temperature, so that he is obliged to use a Florence flask, or green bottle glass, which do not contain lead. At the same time, this very circumstance of its becoming more fusible, gives it value, since it enables the manufacturer to work the glass without much difficulty. Thus are silica, oxide of lead, and pearl-ash, mixed together in pots, and gradually heated, by which a quantity of water, of carbonic acid, and other impurities are driven off, and they enter into an imperfect combination called the *fritt*. It is then put into the glass pots, where it enters into fusion; a quantity of scum arises, which is taken off, and some impurities go to the bottom. When the whole is become clean, the glass-maker stops the current of hot air which has been playing round the pot, by shutting the damper, and the mass is then allowed to cool gradually down to the temperature required for working. It is then a very plastic material, capable of being welded, of being twisted and turned into a great variety of shapes; of being blown out into globular and other forms, by means of an iron tube, and so on. Here is a model of a glass-house, by which you will observe that it is a dome-shaped furnace, built on arches, through which there is a free draught of air. A row of pots is placed round the furnace, and there are generally six in number, entirely closed, except on the side where there is an orifice opening into a recess in which the workman stands. There is a short chimney to each furnace, in which is a damper, by the management of which the current of air is admitted or shut out, as may be required. These furnaces are generally kept continually in use, and the greatest care is therefore necessary in their construction, especially in the construction of the pots, which have not only to resist a long continued heat, but the action of ingredients, which tend to accelerate their fusion or vitrification; they are, therefore, made almost entirely of pure clay. The whole of the smoke from the fires around the pots enters the dome, and is carried off in the usual way. A number of other substances are sometimes added to the glass during the process of melting; if any colouring matter should accidentally have got into the glass, the oxide of manganese is added to remove it, called in the house a *soap*; especially employed to get rid of the green tinge which is apt to arise from an impure alkali. If too much manganese should have been used, it gives the glass a purple tinge, which may be again removed, by putting a piece of wood into the glass pot. The glass having been blown or modelled into the required shape, is then put into a separate furnace, and allowed to cool very gradually; for if allowed to cool rapidly, it would be so brittle, that it would break upon the slightest touch; it would fly or crack to pieces, arising from an imperfect crystallising process, which takes place under such circumstances. This gradual cooling is called the *annealing* of glass, and the fact of the extreme brittleness of unannealed glass is shown in what are called Prince Rupert's drops, in which the particles of glass are in a state of irregular mechanical arrangement, so that, if you break off a bit of any part of it, or jar it, the whole will crumble into powder; but you may grind it down gradually without any such effect. Whereas if the drops be heated, and allowed to cool slowly, their brittleness is lost. The imperfect explanation offered of this phenomenon, has given rise to some lines in Hudibras, in derision of the philosophers who could not account for the bursting of a bubble of glass. Here are some little phials, called in the glass-houses *proofs*, they are made of unannealed glass, and will break with the slightest scratch, but will bear a considerable pressure or blow without giving way. [Mr. Brande then let fall a small bit of quartz into one of the proofs, and in a few minutes it gave way.] There are some curious properties about glass, which seem to depend upon its mechanical condition. You should never clean a glass tube with a piece of wire, which generally causes it to break, but with a piece of wood, or with hair.

There is a mixture of glass different from that pointed out, which is *plate glass*, and which is obtained by a very curious operation:—A mass of very pure glass, having been brought into perfect fusion, is rolled out upon a hot copper plate, and passed between it and a roller, until it has acquired the necessary thickness; it then has to be very carefully annealed, and afterwards to be thoroughly polished by grinding with sand, emery, and colcothar. This causes plate glass to be very expensive, especially when large. You see, too, the great necessity not only of a perfect admixture of the materials, but of perfect fusion, and so on; it must be as uniform as possible in its texture, without specks, or bubbles, or waves, and its surface perfectly plane. Then, in order to convert this into mirrors is the simplest operation imaginable; you have only to spread it over with some tinfoil, which is made to adhere to the glass, and to spread some quicksilver upon the tinfoil, which should be rubbed over with a soft material, such as a hare's foot, until the quicksilver and the tinfoil are amalgamated. If the silvering be not very pure, it will be seen by dark-coloured spots, which soon begin to appear upon the surface of the mirror.

A beautiful part of the manufacture is that which relates to the *colouring of glass*, and I am surprised that this art is not brought to greater perfection than it is, considering the richness of the effect and the great cheapness of the materials. Almost, indeed, I may say all, the colouring materials are mineral oxides; blues of beautiful shades are obtained from the oxide of cobalt; greens, the richer and finer greens, from the oxide of copper; purple, in all its tints, is afforded by the oxide of manganese; the preparation of gold, called the purple of Cassius, gives a rich deep purple; yellow is obtained from the oxides of silver and antimony; and, in this way, there is no difficulty in obtaining from the metals almost any colouring that may be required, at a cheap rate. There is a manner of colouring glass superficially, by painting it with different materials, which afterwards become vitrified on exposure to heat; in this case the colours are burnt in, as it is termed.

The manufacture of *artificial gems* is a branch of glass-making, and some of them are so exceedingly beautiful, that, unless you were allowed to examine them, as to their specific gravity, and so on, it would be impossible to discover them from the real gems. The diamond and the opal have never yet been imitated. The great art is, to have the oxides, used for giving the tints, of great purity, and to select a very pure glass with a high refracting power. *White enamel* is glass coloured by oxide of tin, which may be made of any degree of whiteness, up to a milky white.

In the manufacture of *pottery*, clay is of great importance; and under this term is comprehended a variety of mixtures of silica and alumina, and it is this which gives plasticity to the materials. Here is a specimen of Cornish clay, which is very white, and well fitted for the purpose; it is the produce of the decomposition of granite. Here is some Devonshire clay also, very good; but you are not to imagine that all clays which look white are fitted for the manufacture of pottery, for some which look very white become brown on burning. This clay is composed of silica and alumen, and is that generally selected for the fine pottery ware; coarser clay is employed for other purposes. Pipe-clay is a very fusible clay, so that if the pipe-maker should allow his batch to become too hot in the kiln, the pipes begin to bend, and to get crooked and spoiled. Common clay and sand are used for the manufacture of bricks, upon which subject one might very well give an interesting lecture; as on the quality of the materials to be used; the manner in which they act upon each other; the several means resorted to by which the mass of bricks is heated, and the changes they undergo in that process. I must limit my observations, however, to a most important branch of pottery, namely, the *Staffordshire ware*, which is an artificial mixture of alumina and silica. In the first place, the clay, and that usually selected is the Cornish clay, is made into a thinish cream, with water, and the flint having been heated red hot, and quenched in water, is ground into a powder, and made into a cream with water also, the proper portions of these two creams are put by measure into a large tank, kept in a constant state of agitation, in a heated state, by which a certain quantity of the water evaporates, and the materials are brought to a proper consistency. The mixture is then brought in a plastic state to the potter's wheel, which is merely a common piece of wood, revolving horizontally on its axis, which, on being put into motion, the clay is moulded by the potter into all those beautiful varieties of form in which it is ultimately submitted to our use. All the shallow open vessels are fashioned in this way, and if it be required to finish them very neatly, they are fitted on what is called a *chuck*, and put into a lathe, when the exterior is turned and finished in a better way than could be otherwise effected, an improvement introduced into the manufacture of pottery by Mr. Wedgwood. It is then, by a little dexterous management, taken off the lathe, and allowed to become partially dry; the different articles are then packed up in earthy boxes, called *seggars*, which are ranged in a kiln, leaving proper space for the fuel, and kept red hot for a considerable time. The ware, when thus burned, is called *biscuit*; it is very porous; it allows water to pass readily through it, to prevent which it is painted over with a vitreous coating; the oxide of lead is usually employed; which, on being again submitted to the fire, melts into a sort of glass and renders the ware water-proof; it is then ready for use; and so much for the manufacture of common pottery.

With regard to the *painting upon pottery*, all this sort of work is done by transferring to the ware, whilst in a state of biscuit, the impression of any engraving stamped upon paper. The blue colour seen in the common blue and white ware is obtained from the oxide of cobalt; oxide of lead and borax are also sometimes used; the pattern adheres permanently to the surface of the ware when heat is applied, and in this manner very elegant and cheap patterns may be obtained without any labour of painting, as is bestowed on the finer sorts of porcelain, or China, as it is called, in consequence of the perfection in which it is, or rather was, manufactured in that country.

Here, however, a variety of difficulties present themselves to the manufacturer.—The manufacture of *porcelain* is altogether a thing of great nicety; the materials must be selected with the greatest care, it being necessary that the resulting compound should remain perfectly white after exposure to heat, and that it should have a semivitreous texture, a certain degree of translucency, and bear a high temperature without fusing. Such properties will be generally found to be possessed by the old china cups, in the cabinets of the curious. They will bear great changes of temperature without cracking, and great heat without fusing, and retain their whiteness; these are requisites seldom found. If you examine the china of Sivres, you will see that it is very white, very delicate, but still it will not bear a great heat without fusing. Some of our china is very white and delicate, but retains great fusibility, approaching more to the character of glass than porcelain: you do not get a combination of the translucency and infusibility, the characteristics of good porcelain. The figures which you see on porcelain are painted on the ware whilst in a state of biscuit, and the colours are afforded by metallic oxides, which are brought out on the application of heat, and as many of the substances employed undergo great change of colour after having been heated; you see that great experience is required in their selection. Now the colours, which require a high temperature to bring them out, are laid on first, and then such as require a less temperature, and several burnings are necessary before the colouring is completed.

Now, having given you a general outline of the art of porcelain painting, you may suppose how great are the difficulties of *enamel painting*, in which the painter is obliged to copy the most delicate and beautiful drawings, and that in miniature. A piece of copper is coated with enamel, and on this the colours are laid, the execution of which requires the greatest tact and skilfulness; the risk of discoloration is very great, and if one colour should fail, the whole piece would be spoiled; and notwithstanding this, the enamel has probably to be passed through the fire twenty or thirty times; there is the great danger also of cracking the enamel, by which all the previous labour would be lost; indeed, I never look at an enamel painting without admiring the great skill of some of our artists, and the perfection to which the process is brought.

This concludes the part of the course relating to the metals, and to their combinations. In the next lecture the subject of vegetable chemistry will be commenced.

FOREIGN DEPARTMENT.

ON THE EXISTENCE OF SULPHUR IN ASAFŒTIDA.*

If liquid potass be added to asafœtida, and an acid be placed in the solution, an effervescence takes place, and a gas escapes, which colours paper tinged with the acetate of lead, in the same way as sulphuretted hydrogen does. If a solution of asafœtida be made in alcohol, and after being evaporated to dryness, be poured on the residuum and hydrochloric nitric acid, a liquid is obtained, which contains sulphuric acid; lastly, if the volatile oil of asafœtida be burned in a state of purity, a very strong odour of sulphurous acid is given off. If the same oil be heated with potass, until it nearly burns, it leaves a mixture of carbon and sulphuret of potass.

ON THE HEART.†

In a paper contained in the Journal General, M. Gendril has noticed in detail, the different malformations of the heart; the principal of which are the unusual communications of the cardiac cavities, by the absence of the inter-ventricular septum; the irregularity of the vascular orifices of the heart, for instance, the transposition of the aortic orifice to the right ventricle, the contraction or even obliteration of the pulmonary artery, and the substitution of an impervious trunk. From the similarity of these different malformations, M. Gendril concludes,

1st. That the heart, originally, is formed of a single cavity.

2nd. That afterwards this organ is divided into two cavities, an auricle and a ventricle.

3d. That, at a more advanced period, these two cavities are themselves divided each into two others, which, however, communicate for a long time after, by the imperfection of their septa. To these indisputable facts, the author submits the following opinions.

The pulmonary arteries arise at first from the aorta, by means of the arterial canal; it is only at a later period that the trunk of the pulmonary artery is formed, and opens into the heart from without inwards, by a mechanical impulse à tergo.

When the pulmonary artery opens into the ventricle, the communication between the ventricular cavities is then, for the first time, closed. The pulmonary veins open originally into the superior vena cava.

By the development of the superior part of the auricle, which is affected at the expense of the lower part of this vein, the pulmonary veins reach the auricle, and it is at this period that the formation of the auriculo-ventricular septum commences. Whatever may be the varieties of the malformation of the heart, they are nevertheless subjected to certain invariable rules, dependent on the regular and constant succession of the changes which are affected in this organ.

The aorta, or pulmonary arteries, never open into the auricles; the venæ cavæ, or pulmonary veins, never open into the ventricles; neither the right auricle, nor the left ventricle, are wanting, if there be more than one cavity. The pulmonary veins never open into the ascending vena cava, nor into the aorta; the pulmonary arteries never open into the venæ cavæ.

If there be any imperfection in the interventricular septum, it is always at its superior part towards the base of the heart, and never at its inferior part towards the apex. When the orifice of the pulmonary artery does not exist, or only exists imperfectly, the ductus arteriosus is never obliterated; this is also the case when the aortic orifice is not free; but, in this case, the orifice of the pulmonary artery is constantly present. When the orifice of the aorta, or that of the pulmonary artery, is completely obliterated, there always exists an opening in the interventricular septum. When the pulmonary artery is imperfect, it is always on the side of its orifice, and never towards its continuity, with the ductus arteriosus.

If the ductus arteriosus is obliterated at its origin, the aorta and pulmonary arteries are always perfect, and open into the same ventricle; or if they open into different ventricles, there is a communication between these cavities across the septum which separates them.

INTERMITTENT FEVER ATTACKING THE VERTICAL HALF OF THE BODY.*

Madame B., twenty-two years of age, of a sanguineous temperament, and vigorous constitution, had always enjoyed good health. She suckled her child up to the tenth month, and was in very good health, until seized, without any known cause, with a shivering, which was soon succeeded by heat and pain in the head, occupying, however, only the left half of the head and face. Some hours after, all these symptoms disappeared, and a perspiration appeared in all the corresponding part of the body. The next day, at the same hour, a fresh attack came on, but much severer, and went through the same gradations as on the preceding day. The physician, M. Lassalvy, was present, when the third paroxysm came on. The shivering, the heat, the perspiration, were confined to one half of the body. Paroxysms of this kind continuing, the sulphate of quinine was administered with complete success.

---

* Journal des Progrès.

† Journ. Gen.

* Ephemerid. Med. de Montpellier. 1827.

Similar cases are to be found on record. M. Duval (*Observ. Medico-Chirurgic.*) saw, in the military hospital of Brussels, a soldier, who was attacked with a quarta fever, which presented a remarkable anomaly. The cold fits, which lasted nearly two hours, were accompanied with a violent spasmodic contraction of the whole muscular system of the perpendicular half of the body. This contraction, more sensible in the eyes and face, gave to the patient a hideous appearance. Those parts, which had been attacked during one paroxysm, were not in the next, so that each half of the body was attacked in its turn. There is an instance of a man, who, after sleeping in a chamber recently washed out, was attacked with an intermittent fever, the effects of which were observable only on that side of the body, which was opposed to the wall where he slept.—*Revue Medicale.*

Mangold relates the history of a quarta fever combined with hemaplegia, perspiration, convulsions, all of which symptoms would sometimes show themselves in one, and at other times in the other part of the body.—*Mangold Erfurt.* 1766.

M. D'Auxiron saw an intermittent fever attacking the body horizontally,—that is to say, affecting only the lower half of the body.—*Journ. de Med.*, t. xxiv. p. 60. Jan. 1766.

Van Swieten and Lainèthrie have both seen a young lady attacked with catalepsy on one side only.—*Comment. in Herman. Boërr.*

We find in Morgagni, an example of icterus coming on in an old man labouring under hemaplegia of the right side, after being attacked with apoplexy.—*De sedibus et causis morborum.*

Etmuller, Paulinus, Pechlin, Plenck, Berger, Robert, relate similar or analogous facts. Erhard, of Strasbourg, has perspired, during his whole life, on the right side only; in fact it is not rare to observe curious cases of this description.

LONDON MEDICAL SOCIETY.

May 26, 1828.

Dr. Haslam, President, in the Chair,

(*Last Meeting for the present Session.*)

OPERATIONS ON THE VASA DEFERENTIA.—NEW INSTRUMENT FOR TRANSFUSION.—MR. HOLMES'S MIDWIFERY INSTRUMENTS.

After the reading of the minutes of the former evening, Mr. Pearson, of Clapham, made some observations on the proposition of dividing the vasa deferentia in lieu of castration. He said, that in the year 1814, he had performed the operation alluded to, upon an old stallion; the result was, that the testes wasted, and the animal entirely lost his sexual appetency, at the same time losing many of the external physical characters of the male. Since this operation was performed, he had submitted two young asses to a similar procedure, and the results were the same.

The President remarked, that Baron Larrey in his Memoirs, had spoken of a wasting of the testes, following the use of brandy made from dates. He wished to learn from Mr. Pearson, who appeared to be conversant with the diseases of animals, whether they were subject to any disease which was analogous to gout—to the podagra of the human subject. In reading a very old author, Vegetius, he had lately met with a most remarkable passage; it was as follows: "*De podagra jumentorum. Si nihil profecerit castretur et vitio carebit nam podagra raro vexat eunuchos.*"

Mr. Pearson remarked, it was a fact noticed by various writers, that eunuchs are not affected with gout; he had no doubt that venery was a strong predisposing cause.

Mr. Proctor could not subscribe to the opinion of gout being connected with venereal excitement, having lately attended a lady afflicted with this disease, who was upwards of 70 years of age.

The conversation on the foregoing subject being ended, Mr. Waller submitted to the notice of the Society an instrument invented by Mr. Lloyd, of King Street, Borough, for the purpose of transfusion. The principal defect in the instruments hitherto used, Mr. Waller remarked, consisted in the manner in which the blood was received. In the present instrument a funnel was attached to the body of the syringe, into which the blood was at once received, then, by simply turning a cock with a spring, the communication between the funnel and syringe was cut off, and the blood already in the latter can be forced onward into the vein as usual.

Mr. Holmes's midwifery instruments constituted the next theme for discussion.* The *short forceps* which Mr. Holmes has invented, are straight, and one very important deviation from the forceps ordinarily employed is, that the fenestræ are very small, consequently admitting of but a very slight portion of the head of the fœtus to pass through. In the *perforator*, the improvement consists in its being so constructed, that having been introduced into the cranium of the fœtus, the instrument is opened by pressing the handles together, in lieu of the ordinary method of pulling them open. The *craniotomy forceps* differ from those commonly used, in being large and very strong, in having on one blade three large spikes or dentiform processes, (Dr. Blundell compares them to the incisors of a rabbit,) and on the other blade three cavities in apposition with the scalpriform teeth; so that the danger of the instrument slipping is most effectually and completely guarded against.—These instruments are united by a joint, which, at the same time that it prevents the soft parts of the mother from becoming entangled, affords a powerful leverage to the operator. The instrument invented by Mr. Holmes for rupturing the membranes, consists of a long canula, in which is a stilette, and the latter is pushed forward by means of a spring at the bottom of the handle.

The size of the fenestræ was held as an objection to Mr. Holmes' short forceps, by Mr. Field, and Mr. Howell, on the principle of the large fenestræ admitting of a portion of each parietal bone to pass through, and thus taking off undue pressure from the head of the fœtus; but, on the other hand, it was contended by Mr. Amesbury and Mr. Lambert, that uniform pressure is produced by an instrument which envelops the whole of the head, in the manner of Mr. Holmes' forceps, and that with the forceps having large fenestræ, and consequently narrow and sharp rims, partial and injurious pressure is occasioned. Mr. Waller said, that he thought one defect in Mr. Holmes' forceps was in the lock, which would not close, except both the blades were exactly opposed to each other. Mr. Waller said also, that he considered it would be an improvement in the craniotomy forceps if the blades were separate. On this latter point, however, Mr. Holmes observed, that if the blades were better separate, he could claim no merit over Dr. Davis, who had already separated them; "But," said he, "if Mr. Waller makes the union of his separate blades at the point where I have made my joint, he will endanger the soft parts of the mother; if he makes that union nearer the handles, he will lose that purchase which is so essential to the safety of the instrument."

In the course of the evening, Mr. Calloway exhibited two biliary calculi, each of the size of a hazel nut. The patient, a woman 49 years of age, had a tumour in the right hypochondrium which eventually "maturated;" ill-conditioned pus, mingled with bilious matter, was discharged, and shortly afterwards one of the calculi. A fortnight, subsequently, the second calculus was discharged; the wound eventually healed, and the patient did well. She was under the care of Mr. Ravis, of Union Street, Borough.

At the conclusion of business, the President briefly addressed the Society, informing the members that the meetings for the present session were now terminated. He warmly congratulated the Society on its increased strength, not only numerically, but in respect to its accession of talent and importance, and although, undoubtedly, the exertions of the members had materially conduced to this state of things, yet it was to the Medical Press they owed most obligation. By the reports of the proceedings of the Society in The Lancet, circulated most extensively throughout the kingdom, the reputation of the Society had been enhanced to an unprecedented degree; the members owed their warmest obligations to the press, and, indeed, many of them had informed him that such was their feeling.

The worthy Doctor left the chair amidst loud applause.

The society will resume its meetings on the last Monday in September.

THE APOTHECARIES' ACT, ITS INJUSTICE TO SURGEONS.

To the Editor of The Lancet.

Sir,—As a surgeon of many years standing, I feel called on to assume, however incompetent I may be to the task of legal disputation, the advocacy of the interests and honour of my professional brethren, and therefore take leave to address myself to you, as a public journalist, judging from what I have hitherto read in your columns, that you will admit an insertion of the few observations which, on public grounds, I have to make on a recent decision in the Court of Common Pleas; I allude to the case of "*Allison* v. *Haydon*," reported in the

---

* The large gold medal of the Society of Arts was presented to Mr. Holmes, on Monday last, for the instruments in question.

"*Observer*" of Sunday the 11th instant. In the report therein given, it is stated the plaintiff, a member of the College of Surgeons, having previously brought his action for compensation for his trouble and attendance on the defendant, under a case of typhus fever, suffered a nonsuit, on the bare ground that he had not been *admitted a "member of the Apothecaries' Company*." No want of *skill* or *neglect* having been *set up* as part of the defence. The plaintiff now applied to the Court to set aside the *nonsuit*, and grant a new trial. It seems the medicine supplied had been paid for,* but whether furnished by a druggist or the plaintiff, is not stated. The action, therefore, was purely to obtain a reasonable remuneration for the *skill* and *personal services* rendered to the defendant in his illness, and under which he recovered; in fact, in *legal phraseology*, his "*work* and *labour*, *care*, *diligence*, and *attendance*," unquestionably set forth in the declaration of his suit. The application proved abortive, the "*learned*" judge giving the following most extraordinary opinion on the clause of the "Apothecaries' Act," in this instance misunderstood, tortured, and misapplied, to the cruel injury of a man belonging, as the great Perceval said, to "one of the most useful, necessary, and elegant of the professions;" and to the degradation of the whole body of which he is an acknowledged and competent member.

The Lord Chief Justice said, "although he wished to do justice to every department of the medical profession, that it was a wise law which confined each class of the profession to its own particular business, and although there could be no doubt it was often the duty of a surgeon to prescribe for a patient upon whom it was necessary to perform an operation, yet, in the present case, the patient suffered from fever, which was more properly within the province of a physician, and he could not see the necessity to prescribe, and besides, he thought that, under the Act of 53 Geo. III., he, the plaintiff, could not recover; and he also thought, that a physician who prescribed for a patient, and afterwards provided the medicine, could not recover the amount of such medicine." This is deciding with a vengeance! Let us dissect the subject a little; first, then, I am not aware of any single act or statute in existence, which constitutes the "law," dividing and subdividing, according to this "dictum" of the Chief Justice, the profession into three or four distinct branches, each to be tied or restricted to the pursuit of "its own particular business." What would the numerous country population of Great Britain do, if compelled to obtain medical aid under such a system of regulation? What would become of the surgeon apothecaries of England, Scotland, and Wales, three fourths in number of the whole body? Are they all incompetent to practise in a two-fold capacity? or do the means of the bulk of the population enable it to procure at all times those separate and distinct attendants in their hour of need? I would say *no*, although it may suit the dignity of the worthy judge and his colleagues, to have and enjoy the parade of their several medical appendages! The monstrosity of such doctrine hardly needs a reply, it is too ridiculous, and proves these lawyers are totally ignorant of that basis, on which alone the science of physic can be built with safety, or preserved with honour; the foundation of which is laid in anatomy, as proved by the labours of the immortal Hunter and others, up to the present day. And yet the surgeon, who is no surgeon without a knowledge of anatomy, is to be pronounced incapable of treating a febrile disease, perhaps arising from a surgical cause, although he may "prescribe" for, and be permitted to "prepare" his patient for an "operation, hazarding life, and requiring, frequently, a judicious course of medical treatment for several weeks, and exercise of the greatest skill in the after management, to rouse or preserve the powers of a sinking constitution!" Was there ever such an anomaly in reasoning, gratuitously delivered from the bench before? Oh, Mr. Abernethy, why have you, a surgeon and teacher of anatomy too, presumed to lecture on diseases of the digestive organs, or ventured to prescribe for their effects! But to be grave, as gravity best suits this subject, and the respect we owe to the deliberation of the judicial wig. Will the enlightened surgeons of this country, many of whom I venture to predict are not armed with the "commission" of the "Apothecaries' Company," rest quietly under such an insult offered to their learning, to their personal and professional honour. I would hope not; it is too monstrous to be passed over. A surgeon, regularly bred as such, (whatever his past experience may have been,) must be destitute of a legal remedy against any unprincipled person, who may choose to defy his honourable claim for services he may render in any case not *purely* surgical! That the discretion of the Chief Justice could have permitted, under a dubious clause of this act, a deviation from that course due to the feelings and fair claim of the plaintiff in this cause, is deeply to be lamented; the honour of both professions sustain an injury thereby, of lasting impression, for surely, in an equitable point of view, as it had not even been attempted to deny the plaintiff had performed his "work and labour" skilfully, he was entitled on every other principle of British law, to be paid for it, or no man can fairly or legally sustain a claim for compensation for personal services done to or for another.

---

* Not so; the bill was for medicine and attendance.—Ed. L.

The ambiguous and ill-defined clauses of this Act for the "protection of the medical profession," are an opprobrium, if an acknowledged surgeon is condemned by its authority to live, or rather starve, by restriction to the use of his scalpel and adhesive plaster, for such is literally the case. It is proper, for the information of those who are not, perhaps, in possession of a copy of this "notable statute" obtained by the "Company of Apothecaries," briefly to point out its evils.* Towards the gentlemen of that community, individually, I cannot be supposed to entertain any hostility of feeling, but I assert fearlessly, that the act reflects every thing but honour and credit on those who passed it, under the imperfect manner in which its clauses were filled up, and which even the very judges do not seem to comprehend. Every fair friend to the sciences of medicine and surgery must perceive, that the undefined views and enactments so ambiguously held forth therein, have created the mischief in question, and would object "*in limine*" to the classification spoken of by the Chief Justice, because it has nothing whatever to do with the general principle of the bill, which originally was solely designed to exclude ignorant men and unqualified pretenders from practising in the medical profession; or, in the cramped terms of the act, in the "art and mystery" of an apothecary, i. e. in days gone by, purely the physician's dispenser and attendant! But I also will assert, without fear of being disproved, that it never was passed designedly by the legislature to interfere either directly or indirectly in any way with the rights and privileges of either of our Colleges of Surgeons, the foundation of whose studies renders their members competent to the treatment of every variety of disease. Neither has that very act so quoted by his Lordship, any clause to compel those, over whom it assumes control, to become "members of the Apothecaries' Company," as asserted, as they only, as a Company, exercise a trading monopoly among a few persons, under some old grant or charter having formerly been united with the grocers, and that privilege, extending a short distance round the city of London, is confined to a few persons, who, to be free of the company, must be apprenticed therein. The clause of the Act, called "An Act for regulating the practice of Apothecaries in England and Wales," &c., enacts, that from and after the first day of August, 1815, persons who design to practise as apothecaries in England and Wales, shall obtain a certificate of their competency; but this regulation bore no allusion to surgeons, who, from the very nature of their education and pursuit, must be presumed competent to treat any disease of general occurrence, nor is it possible, (as every practical and well-informed man knows,) to draw that line of separation between diseases purely medical or purely surgical, to warrant the distinction, a distinction at variance with common sense, and injurious to the community! But in this very Act on which the decision is grounded, and of which I have had a copy since its passing into a law, there is a saving clause, certainly not very definite, exempting its interference with surgeons;* and yet the judges, from a hasty or incorrect view of the statute, at once pronounced against the plaintiff in the teeth of the exemption! Can any thing be more preposterous, presuming the report given to be correct? A judge in the nineteenth century deciding that a surgeon, an anatomist, having passed his examinations, and received his diploma from a chartered college of the first city in the empire, is not a competent person to prescribe for a fever; nor, even if he treat the case successfully, is he, according to the judgment of the Court, in the construction of the "Apothecaries' Act," entitled to be paid for it. Is it compatible with reason, that the former supporters of this Bill could have contemplated such an act of flagrant injustice? Certainly not. I do also maintain, that the original framers of the Act, among the first of whom, I believe, was Dr. Harrison, of Horncastle, had only in view the good of the public, and the respectability of the profession of medicine; the object to exclude uneducated men from tampering with human life, under the pangs of disease, and protect the sufferer from the designing and avaricious; and in this light, I trust, the respectable and more enlightened members of the Company of Apothecaries, still view the trust delegated to them by Parliament, not as a power to oppress, or to be applied to the degradation and injury of their coadjutors, in the pursuit of a science more valuable to mankind than any other, and who, by the law of the land, and under the protection of its constitution, exist as a learned body! Once more, I presume to maintain, the decision was contrary to the spirit of the Act in question, although its letter of imperfect definition and sweeping tendency, may have influenced it; but to whom shall we appeal, if those, from their station and office, who should afford our public character and private interests that protection we are entitled to, are the first to lessen the importance of our calling, and its absolute disconnection with the practice of medicine? To legislate in what cases a surgeon should prescribe in the present day, admits not an argument in its support; for, according to this "law," even a fever arising from local injury, may not be within his province to combat; and, again, many surgical diseases not requiring the "operation" limited by his Lordship to the surgeon's powers, may be considered unfit for his management! We must then address public opinion, and suffer not tacitly a stigma so derogatory to go abroad. What! the surgeons of Great Britain in the nineteenth century incompetent to prescribe for any case of simple disease, under the improved anatomical knowledge of its medical professors, and the advantages so many have derived from the late war! What would the medical men of Europe think of our submission? From what has transpired, it is but too evident the "Apothecaries' Act" exists as an instrument of oppression; as such, every surgeon qualified by his College, has a personal and vital interest in resisting its effects; the mischief is too palpable to pass long unnoticed. The honour and credit of the profession are involved; let them be upheld with becoming dignity and just resentment.

---

* The Apothecaries' Act was published in Number 108 of this Journal, p. 5—12. Ed. L.

* The author is not quite correct here, as we shall show on another occasion.—Ed. L.

I am totally unknown to the gentleman more immediately interested, and hope his cause will be espoused by abler hands than those of him who now addresses you. I must plead in apology the importance of the subject, and my warmth of feeling, for the length of this letter. I am, Sir,

Your obedient humble servant,
Chirurgicus.
Blackfriars' Road, May 16, 1828.

Transactions of the Association of the Fellows and Licentiates of the King and Queen's College of Physicians in Ireland.—(Continued from page 219.)

On the Peripneumonia of Children.

Dr. Cuming has given a very excellent paper on the peripneumonia of children, the substance of which we shall endeavour to lay before our readers. It seems somewhat extraordinary, that in Underwood's Treatise on the Diseases of Children, a work professedly systematic, an affection of such frequent occurrence as this should pass entirely unnoticed. Burns has concisely alluded to it, in the chapter in which he treats of catarrh and bronchitis. Dr. Hamilton speaks of a similar affection under the title of catarrhal fever; and Dr. Hastings, in his excellent Treatise on the Inflammation of the Mucous Membrane of the Lungs, has given a more extended description of the disease as his fourth variety of acute bronchitis. At the conclusion of his pathology of the mucous membrane of the larynx and trachea, Dr. Cheyne has published some admirable remarks upon what he styles the epidemic peripneumony of children. In the dissections given, by Hastings and Cheyne, the morbid appearances were chiefly confined to the lining membrane of the bronchi; whereas, in almost every fatal case of the affection which the author witnessed, the parenchymatous and mucous tissues seemed to have been equally the seat of inflammatory action. The disease occurs in children of all ages, from a few days old up to eight or nine years; but it most frequently attacks children between nine months and two years.

"In some instances it commences suddenly, and without any assignable cause. It has sometimes happened, that the child has gone to bed in perfect health, and risen next morning with all the symptoms of the disease distinctly marked. Such cases, however, are rare. In general a trifling cough, with other slight symptoms of catarrh, precedes, by a day or two, the complete formation of the disease. When fully formed, the symptoms, by which the disease is characterised, are a hurried, laborious, and wheezing respiration, a frequent, short, and dry cough, and a greater or less degree of fever. With the fever are combined an extreme degree of restlessness and impatience, moaning, starting out of sleep, and aversion to be moved. The countenance, though occasionally flushed, is, for the most part, extremely pallid, sometimes sallow; and as the disease advances, it frequently assumes a mottled livid hue, and becomes, in some cases, swollen and œdematous. When the progress of the malady cannot be stopped, the breathing amounts, in many cases, to a rattling. A state of drowsiness and prostration succeeds to the state of restlessness and pervigilium, which had existed in the beginning; the cough is suspended, the pulse becomes imperceptible, the extremities cold, and, in the course of eight or ten days from the commencement of the attack, death generally takes place by suffocation. With regard to the respiration, the average natural frequency of which in an infant under twelve months, is about thirty in the minute; I have frequently observed it to be sixty, seventy-eight, eighty, ninety, and a hundred and two in the minute; and, in one case, that of a child six months old, I counted no fewer than one hundred and eighteen inspirations in the minute. When the respiration comes down from the frequency above mentioned, to fifty-four or forty-eight in the minute, it generally indicates that the disease will terminate in recovery. In some instances, there is an intermission of the breathing; that is, for three or four inspirations and expirations it will be of natural frequency, then for about the same number it will be double or triple this frequency, and then again it will become as slow as at first. Although, in almost every instance, as the disease advances towards a fatal termination, the breathing becomes more and more hurried; I have observed in one or two cases, in which in the beginning the respiration had been excessively hurried, that it fell to near the natural frequency a short time before death. In addition to its frequency, I have mentioned that the breathing is laborious. This state of the respiration is abundantly evident from the heaving of the chest, and the alternate dilatation and contraction of the alæ nasi, symptoms which are never absent when the breathing is much oppressed. In some instances, towards the close of the disease, the head is violently retracted, while the lower jaw is depressed at each inspiration, and the patient lies for a considerable time with his mouth open and gasping for breath, before death puts a period to his sufferings. The respiration, though generally wheezing, is not always so. In some, there is no wheezing at any period of the disease; and, in others, though the breathing is loud and audible, the sound seems to proceed rather from some impediment offered to the air in its passage through the nostrils, than from mucous accumulation in the bronchi. It is difficult, by description, to convey an accurate idea of the sound to which I allude. I would call it a *dry* sound, in contradistinction to the other, which may be termed *humid*. It seems to be owing to a straightening of the air-passages, occasioned by the inflammatory turgescence of the membrane by which they are lined. When secretion takes place, the turgescence is in a great degree removed; and then the sound, from being dry, becomes moist and wheezing. In some instances, the sound emitted in respiration seems to be a compound of the two sounds already mentioned, and to proceed partly from the nasal, and partly from the bronchial obstruction. In the great majority of instances, however, the sound is distinctly wheezing, varying in degree from that of simple crepitus, up to the loud and mucous rattle. The cough, which is generally short and dry, is, for the most part, frequent at the commencement, becomes less so as the disease advances, and towards the close it is occasionally suspended altogether. A return of the cough, after it has been for some time suspended, is always to be considered as a favourable symptom. In some instances, in which there is reason to suspect a complication with croup, the cough is suppressed; in others it is hoarse, stridulous, and ringing, and attended with shrill and crowing inspirations. In some cases, the cough seems to be attended with pain, as is indicated by the expression of the countenance, and the child's crying piteously whenever it makes a forced expiration. In infants on the breast, when expectoration takes place, unless the phlegm be rejected from the mouth along with the contents of the stomach, it is generally swallowed. In children, however, of more advanced age, expectoration takes place as in adults. In those, therefore, when the disease is on the decline, the cough becomes loose, and is attended with the rejection of mucus. I am not aware that there is any disease of childhood, which is attended with a higher degree of fever than the one I am now considering. Intense heat of skin, dryness of the lips and nostrils, loaded white tongue, excessive thirst, and a pulse from 168 to 200, have been present in many instances; and to these symptoms, as I have already mentioned, have been superadded restlessness and jactitation, with moaning and starting out of sleep. In some cases, the child can only be tranquilised by being carried about in the nurse's arms. As soon as he is laid on her knee, or in his cradle, the restlessness and crying will return, and continue until he is again put in motion. By merely looking at the child, I have frequently set him a-crying, and, in this way, have been prevented from ascertaining what I was most anxious about, the state of the respiration. In the commencement of the disease, the pulse is for the most part hard, and sometimes full; during its progress it becomes feeble, and towards the close it is generally imperceptible. By simply grasping the hand, I have often been able to ascertain the force and frequency of pulsation, a pulse being felt in every finger. In some instances, the fingers are constantly and impatiently thrust into the mouth, which is hot and dry; and as the fatal termination approaches, its mucous membrane becomes more or less of a livid hue, corresponding with the lividity of the face. Though the stomach is occasionally irritable in the beginning of the disease, it is remarkable with what difficulty vomiting is excited towards the close. Indeed, so great is the insensibility of the stomach a short time before the fatal termination, that I have repeatedly administered the strongest emetic medicines, and in the largest quantities, without effect. This insensibility to the action of emetics, has also been observed in the advanced stages of croup;* and I believe the insensibility is not confined to the mucous surfaces, it extends, more or less, to every part of the body, but particularly to the skin, when we frequently fail in exciting inflammation by the application of a blister. In some cases, the bowels are obstinately confined; in others, there is diarrhœa, with thin, green, and slimy stools; the stools are occasionally lumpy and black, sometimes whitish. I have mentioned that the countenance, though, for the most part, pallid, becomes more or less of a livid hue, as the disease advances. The lividity is most remarkable in the lips and cheeks, but sometimes the palpebræ display a purplish arborescent appearance, and the veins of the forehead are tinged with blood."

Thus far, Dr. Cuming has described the symptoms in their progress to a fatal termination. When an opposite event takes place, and the disease terminates favourably, the cough becomes less frequent, the breathing less hurried, and wheezing; the fever subsides, the countenance resumes its healthy hue and expression, and a state of sound and refreshing sleep succeeds to the previous watchfulness and inquietude. With regard to the duration of the disease, when an unfavourable event takes place, it is generally upon the eighth or tenth day. When the case terminates favourably the disease is seldom prolonged beyond a week. Sometimes, after the acute symptoms have subsided, more or less cough, with wheezing respiration, will remain, and continue for weeks, the disease thus passing into the state of chronic bronchitis. The disease is most prevalent in the winter and spring, and it appeared to prevail as an epidemic amongst the children of the poor in Dublin in the winter of 1824. The disease is, in most instances, to be attributed to the application of cold or moisture, and in many cases it was evidently excited by the measles.

"The morbid appearance most frequently met with, is an increase in the solidity of the lung, varying in degree from that of the slightest sanguineous congestion, up to complete hepatisation. This increase of solidity is not equally great in every part of the lung; the inferior and posterior portion of the lung is, in general, the part principally affected; and it frequently happens that while the upper portion is in a healthy state, or merely a little more congested than natural, the inferior portion is completely hepatised. It would appear as if the morbid process, commencing in the lower part of the lung, had completed its course there, before the superior portion had advanced beyond the stage of sanguineous congestion. By hepatisation, I mean that state of the lung which is characterised by a purplish red colour externally, a bright red colour and granular appearance when the lung is incised, and a total absence of crepitus, the lung feeling firm and solid, and sinking in water. This state corresponds with the second degree of inflammation of the lung, as described by Laennec. The first degree of inflammation, according to the same author, is the state of sanguineous congestion abovementioned. Laennec's third degree of inflammation, or that which is characterised by a purulent infiltration of the lungs, I have not had an opportunity of observing. When the first degree of inflammation, or that of sanguineous congestion prevails, it is generally combined with more or less of serous effusion into the interlobular tissue of the lung; but where the lung is hepatised, its section appears dry and granular, and very little serous, or any other kind of effusion, escapes."

Besides the morbid appearances now described, there is, in almost every case, more or less inflammation of the mucous membrane of the bronchi, and in some cases the inflammation extends to the trachea, the mucous membrane of which is more vascular than natural, and smeared with a viscid mucus. The more intense the inflammation of the mucous membrane, and the more considerable the effusion into the bronchi, the less in general is the induration of the lung, and *vice versa*. The author is of opinion, that the foregoing affection is a combination of bronchitis with peripneumonia, or what, by some authors, has been called "a catarrhal peripneumony." From the appearances presented on dissection, it would appear that death, when it occurs, is to be attributed either to suffocation, occasioned by the accumulation of fluid in the bronchi, or to that indurated state of the substance of the lungs, by which they are rendered totally impermeable to the air. While the one effect is owing to the effusion of mucus or pus into the air-cells, the other seems to be the consequence of an effusion of lymph into the cellular membrane which connects the air-cells. It would seem, therefore, to follow, that in the treatment of this disease, the objects to be had in view are, therefore, 1st, To arrest the inflammation before it has proceeded to the length of effusion; 2dly, Where effusion has taken place, to prevent as much as possible its increase; 3dly, To adopt such measures as may tend to promote its absorption or expectoration.

---

* Speaking of croup, Dr. Cheyne remarks, the want of irritability, when the disease is far advanced, is sometimes so great, that I have known a child take six or eight grains of tartarised antimony, without vomiting.—*Pathology of the Membrane of the Larynx and Trachea*, p. 60.

"To accomplish the first object, the most powerful remedy we possess, is bloodletting; and provided the disease be seen at its very commencement, we may not infrequently extinguish it in its birth. In this early stage, the breathing is loud and distinctly audible; it is not wheezing, the former sound arising from the straitening of the air passages, occasioned by the turgid state of the mucous membrane. It rarely, however, happens that our assistance is required before a certain degree of effusion has taken place, as is evinced by the wheezing of the respiration. We can seldom, therefore, expect to conduct the disease to a favourable termination, except through the medium of a free expectoration, which is, indeed, the most usual way by which the inflammation of the bronchial membrane, or of the substance of the lungs, resolves itself. When effusion has taken place, provided it be not in excess, and the strength be but little reduced, it is to be considered a favourable symptom; and while we adopt measures for the promotion of its absorption or expectoration, we shall be most likely to prevent its further increase, by resolving, as soon as possible, the inflammation on which it depends. It is a great, though I fear a prevalent mistake, amongst medical men, to suppose that the diseases of children are so frequently dependant upon dentition, or some disordered state of the stomach and bowels, as seldom to require the employment of the lancet. As far as my experience goes, a very considerable number of the ailments to which children are liable, are more or less of an inflammatory nature; and if the morbid process be not speedily arrested, it very frequently runs on to irremediable disorganisation. It is a very great mistake to suppose, that children do not bear bleeding well, as that the diseases to which they are liable do not require it. Where no delicacy of constitution was manifest, I have found children bear bloodletting as well as adults; and I can speak from pretty extensive experience when I say, that there is no disease which more imperatively demands the employment of the lancet, than the pulmonary affection in question."

After condemning the opinion of Dr. Hamilton of Edinburgh, who appears amongst the most conspicuous of the objectors to bloodletting in the diseases of children, the author adduces the testimony of Sydenham, who, in speaking on the same subject, makes use of the following words.

"Nor need any one be surprised at my bleeding young children, since, as far as I have been able hitherto to observe, it may be as safely performed in them as in grown persons; and, indeed, it is so necessary in the peripneumonic fever above mentioned, and in some other disorders to which children are subject, that there is no curing them without it."*

"The earlier the bloodletting is performed, the less occasion in general will there be for its repetition. When the symptoms return after the first bleeding, we must have recourse to it a second, a third, or even a fourth time, if necessary. The quantity of blood to be withdrawn at each time, must depend upon the age and constitution of the patient, the violence of the disease, and the impression that may have been made by the previous treatment on the symptoms. In general, from two to three ounces in one infant between six, and twenty months, will be sufficient. In a child about two years of age, from three to four ounces may be abstracted; and when the age is above four, about five, six, or eight ounces may be drawn, according to circumstances. In an infant under six months, though general bloodletting may often be required, the application of three or four leeches to the back of the hand or foot, will, for the most part, answer the purpose, where a vein, which is frequently the case, cannot be found. It is better to apply the leeches to the hand or foot,* than to the thorax; for when they are applied in the latter situation, it is difficult to stop the bleeding after they have fallen off; and instances have occurred in which a fatal hæmorrhage has been the consequence of a continual oozing from four or five leech-bites. When they are applied to the hands or feet, the bleeding can be easily stopped, by placing compresses of lint over the bites, and securing them, as after the operation of V.S., by a bandage. As far as my observation goes, leeches applied to the extremities are nearly as efficacious in removing local inflammation in infants, as when applied in the vicinity of the part affected.† They seem to produce the effect of a general bloodletting, as the face and lips become pale, the pulse faulters, and syncope occasionally takes place, followed by vomiting.‡ These effects are apt to be produced when general V. S. is carried to a considerable extent, and sometimes a state of nervous agitation and general commotion is induced, which, if not speedily removed, may terminate in death. The best remedies in a case of this kind are the horizontal position, cool air, and a drop or two of the tincture of opium. Inflammatory as this affection certainly is, I have seldom seen the blood in it, or in any of the other diseases of children, distinctly buffed or cupped; in general the serum is but little disposed to seperate from the coagulum, and the whole mass very much resembles that which has been taken from adults affected with continued fever. When blood could not be procured from a vein in the arm, I have frequently obtained it from one in the back of the hand; and when we fail in this also, it can always be procured, and in a very short time, from the jugular. However useful, and indeed indispensable, bloodletting may be in the beginning of this disease, there is a point beyond which it cannot be ventured on without hazard. Where an abundant effusion has taken place into the bronchia, and where, as generally happens, this state is combined with more or less of collapse of the system, the abstraction of even a very trifling quantity of blood might be attended with a fatal prostration. In this stage of the disease, the patient's only chance of recovery depends upon the freedom and copiousness of his expectoration. We must, therefore, husband the strength, and adopt every means which may have a tendency to support the vigour of the system during the severe and frequently protracted struggle by which nature endeavours to get rid of the fluids accumulated in the bronchia."

---

* See "Account of the Measles of the year 1670."

When the debility is great, and there is danger in having recourse to the abstraction of blood, either locally or generally, we must place our principal reliance upon the application of blisters to the chest, or between the shoulders. Purgative medicines are also recommended; the author has been in the habit of using a combination of calomel and jalap, the quantity being proportioned to the age of the patient, and repeated at intervals until due evacuations are produced. When the bowels have been well opened, the action is to be kept up by administering a grain of ipecacuanha, with one of calomel, every second, third, or fourth hour, according to circumstances. This combination not infrequently excites vomiting as well as catharsis, and when this effect is produced, it is generally of service to the patient. When the lungs are much oppressed, the greatest relief has been observed to follow the administration of an antimonial emetic. In the advanced stage of the disease, when the debility is great, and suffocation appears to be impending, our principal reliance must be placed upon the administration of stimulants. Of these the best is the carbonate of ammonia, which may be given in the dose of three or four grains, every third or fourth hour, according to circumstances. The author has given several cases in illustration of what he has advanced, but our limits will not allow us to insert more than one of the fatal and one of the successful cases. The former will tend to illustrate the pathology of this disease, while the latter will serve as an exemplification of the practice recommended for its treatment.

---

* We are not of the same opinion, for although we have seen many cases of hæmorrhage from leech-bites requiring professional assistance, we have never failed in promptly arresting the bleeding, by introducing *a very small* compress of lint, wet with the muriated tincture of iron, into the bleeding orifice, and keeping up continued pressure with the point of the finger for a few minutes.—*Rev.*

† The contrary to this is the truth. It has been judiciously laid down as an axiom in the treatment of all inflammations, that the nearer to the inflamed part the blood can be withdrawn, the more immediate and permanent will the relief be.—*Rev.*

‡ This is quite correct; but the quantity of blood required to produce these effects upon the system, must be large; and are we not, therefore, guilty of an unnecessary expenditure of the vital fluid?—*Rev.*

"April 1st, 1824.—Anthony Fullam, æt. 21 months, Mounteath-street. This boy was seen on the sixth day after the disappearance of the rubeolous eruption. Symptoms: hurried, oppressed, and wheezing respiration, with short cough, unattended by expectoration; countenance and lips pallid, former expressive of much distress; skin hot; pulse frequent and feeble. The disease continued to increase under the employment of blisters, emetics, and carbonate of ammonia, with ipecacuanha; and upon the third day after I had first seen him he died.

"*Dissection.*—Slight adhesion between the superior lobe of the right lung and parietes; both lungs, with the exception of a small portion of the anterior part of either, much more solid than natural; solidity greatest towards the back part, where each lung was completely hepatised; mucous membrane of the trachea and bronchia slightly inflamed; bronchia and air-cells filled with purulent mucus; slight effusion in the pericardium; mesenteric glands enlarged.

"Master T. Y., ætat. six months, was seized, on the 9th of October, 1824, with cough and oppressed breathing, for which he was bled with leeches on the 10th, and from the arm on the 11th. I saw him for the first time, with Mr. Kennedy, on the 13th. His countenance was of a pallid yellow hue, and presented a ghastliness of expression, which startled me not a little on my first entering the room in which he lay. His breathing was hurried, (being 78 in the minute,) slightly laboured, distinctly wheezing, and attended with attenuated dilatation and contraction of the alæ nasi; cough frequent and hard; skin pretty cool, after having been very hot during the night; tongue dryish and white; and the evacuations from the bowels, of which he had only one since the preceeding evening, of a deep green colour, and slimy. He was bled to three ounces; a blister was applied to the chest; and powders, consisting of calomel, scammony, and jalap, were directed to be administered at intervals. I visited him at eight o'clock in the evening, at which time the blister had been dressed. I ascertained, that from the time he was bled until within half an hour of the time I saw him, he had remained in a tranquil state, breathing easily, sleeping a good deal, and very little affected with cough. When I saw him, however, the hurried and oppressed state of the respiration had returned, but it was by no means so wheezing as it had been in the morning. A short, hard cough occurred every now and then, during which the child made many ineffectual attempts to expectorate and vomit. To these symptoms were added restlessness, with flinging out of the hands and legs, writhing of the body, and moaning, as if from abdominal pain. He had taken three powders; the first was immediately vomited, but the two last remained in his stomach; and, as the bowels were at this time in the act of being moved by the medicine, I conceived that a good deal of the hurried state of the respiration might be attributed to the general commotion produced by the operation of the purgative. With a view to soothe and tranquillize, I had the child placed up to his hips in warm water, and kept there for a few minutes. While he was in the bath, the expression of the countenance became much more composed, and the breathing was less hurried and laboured. When removed from the bath, and laid upon his mother's knee, he soon feel asleep, and slept tranquilly for some time. While he was sleeping, the respiration, from having been about 80 in the minute, came down to 60, and even to 54, and appeared to be performed with little effort, and without noise. Every now and then he would awake with the short, dry, cough, and ineffectual attempts to vomit, which would always produce, for some time, a considerable acceleration of the breathing, and also render it louder. After the agitation thus occasioned had subsided, he would fall asleep again, and breathe as calmly and tranquilly as before. I gave him four teaspoonfuls of a mixture of syrup of squills and ipecacuanha wine, with a view to excite vomiting; but, though sickness was occasioned, it was necessary to apply a feather to the fauces before the stomach could be made to reject its contents, and even then, all that was rejected was a small quantity of tough glairy mucus. As he was restless and uneasy in consequence of the sickness thus produced, I had him again put into the bath, and it seemed to produce equally good effects as before. When taken out of the bath, he was laid on his side in the cradle, and there I left him asleep, the breathing about 60 in the minute, very slightly wheezing, and, as before, every now and then much accelerated by the cough, or any other cause that produced irritation. On the following morning, the breathing was 54, without wheezing, or much effort; cough looser; skin cooler; and general appearance of amendment. The affection of the chest becoming in a slight degree aggravated, I applied four leeches to the hand and a blister between the shoulders. Immediately after this all the symptoms subsided, and upon the 18th of October, ten days from the commencement of his illness, he was convalescent.

Case of Open Foramen Ovale in an Adult.

By John Crampton, M.D.

Although there are few cases on record of open foramen ovale in adults, except those related by Morgagni, Corvisart, Hunter, Calliot, Jurine, Louis, and Bertin, it would appear, that instances of this kind are not of very uncommon occurrence. The facilities afforded by the Dublin Hospitals, for investigating the nature of diseases after death, have enabled the physicians of those institutions to collect many curious and important facts, which must otherwise have escaped observation. Dr. Crampton has narrated three cases of open foramen ovale, one of which we shall give.

"James Spellman, æt. 18, was admitted into the Hardwicke Hospital, Feb. 6, 1827, as a fever patient. The thoracic viscera appeared to suffer from inflammation; he had a severe cough, complained of pain in different parts of his chest, chiefly at the left side, expectorated blood, and was distressed in his breathing. After two venesections, and other remedies, on the 14th he appeared convalescent. From premature exposure, however, in a ward which, at this season, was unusually cold, he soon suffered a relapse. The symptoms, which now assailed him, were those of acute rheumatism, with which almost all his joints were occupied, being excessively tumid, painful, and accompanied with a high degree of fever. In a few days the swelling of the joints abated, but the rheumatism became metastatic, the pectoral organs being again attacked, more especially the heart, in the region of which he appeared to suffer extremely. The pulse, during the first attack of fever, had been full and frequent, but regular; in the subsequent rheumatic attack, it preserved the same character; but as the attending pyrexia appeared to subside, an occasional intermission or irregularity was observed. It was necessary to adopt a very active practice. Repeated bleedings, and other modes of relief, were resorted to, otherwise it was obvious his respiratory organs would have been overpowered. It was equally clear that a cold fever-ward was not a place suited to his case, which had now become complicated, but of a more chronic character. Indeed, the conclusion which I was at this time disposed to adopt, was, that severe organic lesion in the heart and lungs had occurred, as the sequela of fever and acute rheumatism, in a subject perhaps strongly predisposed to disorder in those important viscera. On the 27th of February, the symptoms were pain in the region of the heart, severe cough, with a croupy sound, much muco-purulent expectoration, great distress in his breathing. At this time, he stated he had for years been occasionally subject to pain in the left side, but particularly after running, or any active exertion; his pulse extremely rapid, sometimes irregular; countenance pale; feet œdematous. The stethoscopse indicated acute bronchitis, with hypertrophy, and disordered action in the heart, the motions of that organ being tumultuous and irregular. On the 3d of March, the pulse became slower, about 80, but very regular. On the 4th, he suffered excessive distress in his breathing, or *smothering*, as he expressed it. On the 5th, pulse again so rapid as not to be counted; he complained of great pain in the region of the heart, and he was evidently growing worse; on the 6th a slight amelioration took place; but from this period, until the 10th, he gradually sunk. On this day he expired.

Dissection.—The thoracic cavity was examined on the 12th. On opening it, the lungs did not collapse; but the external appearance of this organ was healthy; the parenchymatous tissue exhibited some portions red, congested, and evidently inflamed; the bronchia vascular, and filled with a muco-purulent effusion. Pericardium contained about two ounces and a half of fluid, in which a considerable quantity of lymph was seen; inner surface of this membrane not inflamed; but that portion of it which is reflected on the heart, showed marks of inflammation in several places; both ventricles were much enlarged, exhibiting considerable hypertrophy; the semilunar aortic valves showed recent *cauliflower*, excrescences attached to all of them. Both ventricles were quite filled with a dense white coagulum firmly attached to the parietes. The commencement of the aorta appeared unusually narrow, in proportion to the heart and to the subject; that of the pulmonary artery greatly enlarged. The auricles of the heart were also in a state of considerable dilatation; but the circumstance which attracted most attention was, that the foramen ovale was open; but the manner of this opening must be more fully described. The septum, between the auricles, exhibited an oval depression, or attenuated space, of about one-third of an inch in diameter, guarded only by a thin membrane; but, at one side, it was evidently pervious and open, with a rounded and thickened edge. This membrane acted like a curtain or valve; when viewed, or pressed from the left auricle, it was closed, the curtain or membrane pressing close, and overlapping the opening; viewed from the right auricular cavity, or touched with a probe, it opened, and allowed a free passage, fully as large as a goose's quill, compressed so as to exhibit an elongated or oval section. The blowpipe exhibited the same difference of a closed or open space, as it was used from the left or right side of the auricular. There was no trace or appearance of inflammation in the auricular portions of the heart, at least none could be discerned on the inner membrane. In the cavity of the abdomen, there was considerable serous effusion. The villous coat of the stomach appeared red; the cæcum contained a number of small worms; the liver healthy; the gall-bladder infiltrated with serum, so as nearly to fill up its cavity."

A preparation of the heart, with the foramen ovale unclosed, is preserved in spirit. It was considered unnecessary to make a drawing, as there is a fac-simile in "Bertin, Traitê de Maladies de Cœur."

SINGULAR CASE OF SIMULTANEOUS EXTRA-UTERINE, AND UTERINE FŒTATION.*

MRS. K., ætat. 33, of robust habit, was affected a few months after marriage with slight pain in the left side of the lower part of the abdomen, accompanied with a gradual enlargement of the breasts and the abdomen, with frequent nausea and vomiting. For some time the catamenia flowed regularly, but at length entirely ceased; the pain and vomiting being at this time greatly increased. In April 1825, when the patient was first seen by Dr. Detwiller, the relater of the case, the left ovarium was greatly enlarged and hard to the touch, without much tenderness or pain in the surrounding parts of the abdomen. When the patient lay on her back, or was even in an erect position, the *distended uterus* could also be distinctly felt through the abdominal parietes, particularly on pushing the enlarged ovarium to the left side. On examination *per vaginam*, in different positions, the vaginal portion of the uterus was found tumefied, but was not so high up as it is usually found to be at this period (third month) of pregnancy. The *os tincæ* was small and circular.

It was considered probable that the woman was pregnant; treatment was employed in reference to the sickness and pain, and during the fifth month the motion of the fœtus in utero was perceived. On the 22d of October, 1825, labour commenced, and in eighteen hours a healthy and well-formed child was born. The placenta came away without difficulty, and the uterus contracted regularly; the loss of blood was not greater than usual. During parturition, and for two days after, the ovarian tumour, which was now very large, was free from pain; but on the third day the woman complained of much pain in the left hypogastric region, and the abdomen was exquisitely tender at this part. Rigors, which were succeeded by high febrile excitement, supervened: but, notwithstanding the active use of antiphlogistic means, the woman sunk on the eleventh day after delivery.

On opening the abdomen, about four quarts of serous fluid were found in its cavity. The left ovarium was situated in the left hypogastrium, of which it occupied the whole extent, covering the uterus and left kidney, and extending into the right hypogastrium. On the right side of this ovarian tumour, there was an opening of about an inch in length, through which a fluid, similar to that which was found in the abdomen, issued on pressure. The small intestines, as well as the peritoneum, were marked with a number of gangrenous spots. The uterus was gangrenous on the superior part of the left side of the fundus. The remaining portions of the uterus, and especially its neck, were sound. The fallopian tube and the broad ligament of the left side were considerably thicker than those on the right, which latter also were more fleshy and enlarged than in the natural state. The former were gangrenous throughout. The left fallopian tube appeared to be pervious through its whole length. The fimbriæ were very remarkably enlarged. The ovarium of this side, after the evacuation of about two quarts of a watery fluid, was of an irregular elliptical shape, measuring in its longest diameter (from the right to the left side) seven and a half inches; and in its shortest diameter (from before backwards) three and three quarter inches. The diameter from above downwards measured six inches. This ovarium exhibited marks of gangrene, particularly at the membranous part of the right side; on laying it open, the crowns of four molar teeth and two incisors were seen; the crown of a fifth molar tooth was also found buried in the mass of the tumour. All the teeth were very white, and perfectly regular in their structure; the six first mentioned were separately attached to pieces of bone. Throughout every part of the membranous cavity of the ovarium, a number of whitish hairs were found; in some parts there were considerable tufts of them of an inch and a half in length.

---

* Condensed from the Philadelphia Monthly Journal of Medicine and Surgery.

A number of bones, of various sizes and forms, were found imbedded in the solid mass of the tumour; none of these, however, approached to the shape of any of the bones of the human skeleton, though, in their intimate structure and composition, they were essentially osseous. The membrane, which, with the solid part of the mass, formed the large cavity, consisted of two laminæ, closely united by cellular texture. The right fallopian tube, with its fimbriated extremity, exhibited no marks of previous disease, with the exception of their increased thickness. The right ovary was enlarged, and contained about four ounces of a slightly turbid fluid. Upon cutting into the membranous sac which contained this fluid, a small fleshy mass was detected, which, like that found in the left ovary, was interwoven with hair, but contained no bony substances.

[There are various cases on record of extra-uterine fœtation, combined with ordinary pregnancy. In the first volume of the Philosophical Transactions, published in 1756, a case is related of a woman, who was pregnant with the same fœtus (extrauterine) eighteen years, during which time she was delivered of another infant, and finally discharged the bones, integuments, &c., of the first, by an abscess to which it gave rise. In the same Transactions for 1747, Mr. Francis Drake gives the history of a case of extra-uterine pregnancy, which had continued between three and four years, when the patient was delivered of a living infant at the full time, and the extra-uterine fœtus was subsequently discharged by an abscess. In the same publication, there is also a case related by Dr. Middleton, in which it is stated a woman was pregnant for sixteen years of an extra-uterine fœtus, during which time she was delivered of four infants, and, at the end of this period, the first fœtus was found in the abdomen.]

AMERICAN SURGERY.—SUCCESS IN THE OPERATION OF LITHOTOMY, WITH THE GORGET.

A recent number of the *National Gazette* contains a statement professedly from an authentic source, to the effect that Dr. Dudley, professor of surgery in the Trensylvania University, has performed the operation of lithotomy in *seventy-two* successive instances, without the occurrence of a single fatal case. Dr. Dudley employs the GORGET, but not the STRAIGHT STAFF.

SYSTEMS OF NATURAL HISTORY.

If we employ, exclusively, as the basis of our classification, any one of the systems of organs, we shall find, that having formed a *natural genus* from the obvious marks which it furnishes, it shall contain species differing greatly from each other, in the characters exhibited by one or more of the remaining organs of the other systems. The genus helix, of Linnæus, is a natural genus, in reference to a portion of the cutaneous system, the shell; but it exhibits in the characters of sentient, nutritive, and reproductive systems of the species, artificial combinations. Even when there is a very close agreement among the species, in regard to several systems of organs, remarkable differences prevail in the function of others. The genus lepus, universally considered as a natural one, may serve as an illustration, by contrasting two of the best known species, the hare and rabbit. These animals so nearly resemble each other in form and structure, that it has puzzled the most experienced zoologists to assign definite distinguishing marks.* Yet there are many circumstances in which they differ, (besides the colour of the flesh when boiled, and their manner of escaping from their foes,) in reference to the reproductive system. The nest of the hare is open, constructed without care, and destitute of a lining of fur. The nest of the rabbit is concealed in a hole of the earth, constructed of dried plants, and lined with fur, which is pulled from its own body. The young of the hare at birth, have their eyes and ears perfect, their legs in a condition for running, and their bodies covered with fur. The young of the rabbit at birth have their eyes and ears closed, are unable to travel, and are naked. The maternal duties of the hare are few in number, and consist in licking the young dry at first, and supplying them regularly with food. Those of the rabbit are more numerous, and consist of the additional duties of keeping the young in a suitable state of cleanliness and warmth. The circumstances attending the birth of a hare are analogous to those of a horse, while those of a rabbit more nearly resemble the fox. This illustration furnishes a very striking example of the danger of trusting to analogy, since very remarkable differences may prevail, even where the points of resemblance are very numerous, and justifies us in concluding, *that, in a natural genus, there are artificial combinations.*—*Fleming's Zoology*, vol. ii. p. 140.

---

* There is a paper, by the Honourable Daines Barrington, containing an "Investigation of the specific characters which distinguish the rabbit from the hare."—*Phil. Trans.* 1772, p. 4.

THE LANCET.

London, Saturday, June 7, 1828.

A PLAN for restoring a system of "Hole and Corner" surgery in our public Hospitals, has recently been put forth by one of our enlightened contemporaries, who, like the late editor of the Quarterly Journal, derives his title to our veneration from that pure fountain of medical science, the University of Aberdeen. The plan is evidently the fruit of much profound and philosophical meditation; it is bold in conception, and felicitously adapted to the wants of that portion of the profession, whose interests stand most in need of protection. It was suggested to the mind of the projector, as he himself is obliging enough to inform us, by an ingenious process of reasoning. He reflected that, when an evil becomes intolerable, it is high time to consider whether it ought to be borne, or whether it may not be easy to find a remedy for it. Having established this general proposition, he proceeded to apply it to a particular case, and to inquire whether the evil which hospital surgeons sustain from publicity being given to their failures and occasional mistakes, ought any longer to be endured; and whether, in point of fact, it did not admit of an easy remedy. These questions, the Aberdeen graduate resolves in the affirmative; and the remedies which he suggests, are the forcible ejection of students, convicted or suspected, where the grounds of suspicion are strong, of reporting cases from the wards of our public hospitals, and the exclusion of such offenders from the pale of the profession.

Such is the account which the author of this plan gives of the way in which it was suggested to his understanding; and, when we consider the time at which he brings it forth, we can hardly be too lavish of our admiration at the manner of man who, in the present state of public and professional feeling, could broach such a proposition. It is the time of its production, indeed, which constitutes its peculiar merit; for the same suggestion was in substance made by Dr. JAMES JOHNSTONE, shortly after the establishment of THE LANCET. He, too, felt a warm sympathy for the less-gifted portion of his professional brethren, and denounced the publication of cases in which a hospital surgeon might, from negligence or ignorance, destroy the life of a patient, as a demoniacal proceeding, in which none but *vampires* could indulge. He, too, recommended, at the period to which we allude, the expulsion of all students, who might be convicted of transmitting to a medical journal any report of a case occurring in a public hospital. Dr. JAMES JOHNSTONE, however, lived long enough to change his opinions, and to give the best practical proof of the sincerity of his recantation. Peace be to the *manes* of the Quarterly Journalist! but, in justice to the memory of the departed Reviewer, let us record that he lived long enough to abjure his errors, and to kiss the rod, at whose salutary application he had once the frowardness to recalcitrate. He lived long enough to denounce as *vampires*—not those who furnished reports of hospital cases to medical journals—but all who ventured to throw any obstacle in the way of hospital reporters. He lived long enough, not merely to acquiesce in the publication of hospital cases in this Journal, but quietly to transfer whole pages and sheets of our reports to his own quarterly farrago. He lived long enough, not only to repent him of the language he had once held with regard to hospital reporters, but actually to offer a premium to students, who might furnish him with reports; that premium being a complete set of his own journal, wherein he had recommended the expulsion of pupils convicted of the offence, to the commission of which he afterwards held out such irresistible inducements.

There is a class of persons, to whose understanding Nature has been sufficiently bountiful to enable them, like pigs, to smell the quarter from which the wind blows, and to make a reluctant sacrifice of individual prejudice, to what they have sagacity enough to perceive to be the general sentiment of the community. There is also a class, whose intellect is of more contracted dimensions, and from whose stock of ignorance, no experience, or opportunities of observation, subtract one iota of imbecility. To this latter class belongs the individual who has just broached his plan for the revival of a system of "Hole and Corner" surgery, in our public hospitals. Time flows in vain for a person of his intellectual *calibre*; and experience, which enlarges the perceptions of a healthy mind, serves only to confirm his prejudices, and to render his obtuseness incurable. His understanding is in the intellectual, what clay is in the chemical world; for, as that substance furnishes the exception to the expansive powers of heat, so his intellect contracts under the influence of those rays of knowledge, which expand the sphere of other men's acquisitions. He does not perceive that the new source of knowledge which THE LANCET opened to the profession and the community, by the publication of hospital reports, has become an integral portion of the stock of public information. He does not perceive, and he is, in all probability, incapable of perceiving, the absurdity of suggesting schemes for cutting off this supply of information from the public. Still less does he perceive the folly of supposing that the surgeons of public hospitals have a right to take any steps which may deprive the public of the means of knowing in what manner those functionaries discharge their public duties. Hospital surgeons are the paid and responsible servants of the public; and when we consider the great collateral advantages connected with the possession of hospital surgeoncies, and the manner in which these advantages are, in many instances, monopolised by particular families, it is obvious that the public would have no security for the adequate discharge of the duties of hospital surgeons, unless those functionaries were amenable to public opinion. Take away all responsibility, and you, at the same time, remove all check upon that corrupt desire, which too frequently prompts men to advance the interests of their families, at the expense of the interests of the public. Sir ASTLEY COOPER once openly avowed, that all the official surgical situations in St. Thomas's and Guy's Hospitals, were filled by his nephews, godsons, and apprentices. The worthy Baronet made this avowal with his characteristic simplicity, not perceiving the inevitable inference which the "reptile press" would draw from it, namely, that the individuals who hold these situations, were indebted for them not to superior ability, but to corrupt influence. Such a system of patronage, it must be admitted, is bad enough; but the evil would be ten thousand-fold aggravated, if there were, not only no fair competition for the office of hospital surgeon, but no responsibility for the adequate discharge of its duties. Far better would it be for the interests of humanity, that there should be no institutions in this country purporting to afford succour to the destitute sick, than that the doors of our hospitals should be closed against the public, and the operating theatres made a secret arena, where inexperienced tyros might attempt to improve themselves in their profession, at the expense of human suffering unnecessarily protracted, or human life unjustifiably destroyed.

One of the arguments urged by our contemporary in favour of the suppression of hospital reporters, has, we believe, the merit of originality; at any rate, no member of the profession has hitherto had the ability to give printed currency to such an argument. The public, he says, are singularly ignorant of the arcana of medical science; therefore, no attempt ought to be made to convey information to them on professional subjects. The writer reverses the prayer in the liturgy, and, as the public are already ignorant, beseeches that their darkness may never be lightened. To an ordinary apprehension it might seem that, if the public information with respect to medical subjects be below par, as compared with the amount of general intelligence on other branches of knowledge, such defect of information would be best corrected by creating and diffusing an interest for a science so little understood and appreciated. "No," says our enlightened contemporary, "the public are singularly ignorant of medical subjects; and it is not the interest of practitioners that they should be let into the secrets of the profession." This is, indeed, the language of a *charlatan*, and might well beseem a Scotch doctor, who is in the habit of prescribing *pilulæ è micâ panis* for his female patients, and that too, not merely in hypochondriacal cases, but in a complaint demanding such energetic therapeutic agents as amenorrhœa. Our contemporary knows and feels that we speak advisedly, and, if we refrain for the present from showing up some of the HUMBUGS in the medical oligarchy, who have impudently pretended to domineer over the great body of the profession, our forbearance arises rather from contempt than from want of materials.

THE appeal to the members of the medical profession, printed on the cover of our present Number, will not, we sincerely hope, be made in vain. The unfortunate gentleman who solicits the support of his more opulent professional brethren, is pressed to the earth by disease and pecuniary embarrassments. Unfortunately, he has a large family of children, (the majority daughters,) who look to him in vain for almost the common necessaries of life; and this, too, after having been the owner of a handsome establishment and a lucrative practice. From these facts, *fathers* may form some notion of his present wretchedness. The testimonials which the unhappy gentleman has laid before us, and the personal assurances of his private and professional friends, convince us that he is not reduced to his present state either by idleness or by dissipation; and that his conduct has been as irreproachable as his integrity is unimpeachable.

DR. T. WEATHERILL, of Liverpool, on the 12th ult., extirpated from a woman, aged thirty-seven, and mother of five children, the neck and part of the body of the uterus. Up to the present time, she has not had a bad symptom.

The Doctor promises to forward the particulars of the case at an early period.

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF POLYPUS UTERI, WITH LARGE ENCEPHALOID TUMOUR IN THE PELVIS—THE POLYPUS REMOVED BY LIGATURE.

ANNE LEACH, ætat. 30, of spare habit, was admitted into St. Bartholomew's Hospital, Jan. 25th, under the care of Mr. Lawrence. She has had good health until about four months ago, when she fell and received a severe blow on the lower part of the back. She suffered much pain about the sacrum, and in a month after the accident, began to experience uneasiness and difficulty in voiding the fæces. There has been great discharge of reddish ichorous fluid from the vagina. She has menstruated but once since the injury. On examination, a large, rather firm, insensible tumour was felt in the vagina, of a pyriform shape, with an irregular lobulated surface, and attached by a narrow neck to the posterior part of the os uteri. She complained of pain in the loins, with a sense of bearing down. There was great difficulty in discharging the fæces: a copious discharge of thin mucus from the vagina.

On the 3d February, a strong silk ligature was passed round the root of the tumour, and drawn tightly by means of the double canula described and represented in Richter's Elements of Surgery, and always employed for the same purpose by Dr. Gooch, who has kindly given his opinion in this case, and attended when the operation was performed. Some pain followed, and was relieved by a dose of laudanum. The ligature was tightened daily, and on the fourth day the polypus came away, whilst the patient was discharging the fæces. She had now less difficulty in passing her motions; but, in a few days, she complained of increased pain about the back and loins; the left foot and leg became œdematous, and she had occasional severe pain shooting down the thigh. The difficulty of passing the fæces increased, and she had slight glairy discharge from the rectum. On making an examination, a large firm tumour was felt situated between the sacrum and rectum, bulging into the latter, pushing it on one side, and obstructing the intestine so considerably, that the finger could only be passed beyond it after repeated trials, and with much pain. The bowels were kept open by the occasional use of saline aperients, and glysters introduced by means of a long pipe passed up beyond the tumour: opium was given at night to quiet the pain. She left the Hospital Feb. 28, but the pain had increased so much, that she returned in three weeks. The tumour had increased considerably, and, from its pressure on the rectum, had prevented the discharge of any but liquid fæces; the swelling extended above the left ilium; the abdomen was distended and very painful. The left thigh and leg were enormously swollen and œdematous, and she complained of great numbness, with occasional severe pain. Her pulse was feeble; there was loss of appetite, and she was much reduced. The bowels were kept open by glysters, and she took nourishing diet, with port wine. The swelling in the pelvis increased; the left extremity became more swollen and painful; the fæces were passed with the greatest difficulty, and the glysters were generally returned. The pain in the abdomen was very severe, and wholly deprived her of rest; she was unable to take her food, her stomach was very irritable, and she had frequent vomiting. She grew more feeble, and expired on the 23d of April.

On examination, a large tumour was found situated between the sacrum and rectum, and extended above the brim of the pelvis. It was firmly adherent to the whole concavity of the sacrum, and part of the left ilium, and had pushed the rectum completely to the right side. It had a pulpy and elastic feel, and when cut into, was found to consist of a soft brain-like substance. The mucous membrane of the rectum was very vascular, but its coats were not otherwise diseased. The pelvic viscera, the great omentum, the lower convolutions of the small intestines, and the corresponding portion of the abdominal parietes formed the sides of an immense abscess, containing at least two pints of thick and very fœtid pus. The parts above enumerated were firmly agglutinated in the circumference of this purulent collection. The left psoas magnus was elevated by a large cyst, containing about a pint of yellow transparent fluid. The texture of the uterus was natural. The posterior labium of the os tincæ exhibited a reddish mark, scarcely elevated, about the size of a sixpence, which showed where the polypus had been attached. There were about two ounces of turbid serum in the pericardium; and its serous membrane, as well as that reflected on the heart, was covered with adherent lymph, having a honey-comb appearance. The other organs were healthy.

CASE OF POLYPUS UTERI, IN WHICH THE TUMOUR WAS DETACHED BY SPONTANEOUS ULCERATION OF ITS NECK.

E. Wardle, aged 27, a tall, robust, unmarried woman, was admitted into St. Bartholomew's, Jan. 17, 1828, under the care of Dr. Hue, having always enjoyed good health, and menstruated regularly. Two days before admission, profuse bleeding took place from the vagina, accompanied with pain in the lumbar region, and bearing down. She had very feeble pulse, and great pain in the head. As the bleeding, though partially checked by the application of cold to the hypogastric region, and by injection into the vagina of cold water and solution of alum, frequently recurred, and had reduced her excessively, Dr. Hue referred the case to the surgeon for examination. Mr. Lawrence discovered in the vagina a fleshy tumour of moderate firmness, twice the size of a hen's egg, with an irregular and somewhat granulated surface, and a slender neck passing into the os tincæ, which could be felt round it. He considered it a case of polypus uteri, and the patient was removed into his ward for the application of a ligature to the neck of the tumour. Dr. Gooch saw the case at Mr. Lawrence's request, and concurred in the propriety of the operation, for which every thing had been prepared; but the patient positively refused to submit to it. The Doctor observed, that if the bleeding, which had now ceased for some days, should recur, and the patient should still object to the ligature, he thought that the neck of the polypus was so slender, that it might be twisted off with a pair of forceps, or with the finger and thumb. At the end of a week, during which there had been no further bleeding, the patient had somewhat recovered her strength and spirits, and expressed her willingness to undergo the operation. No tumour, however, could now be discovered, and the os tincæ was in its natural state. When closely questioned, the patient represented, that whilst in bed she felt something pass from the vagina; that it was a kind of fleshy substance, nearly equal in size to her fist, of a dark dirty appearance, and very offensive; some bleeding followed, but stopped soon. She continued feeble, and suffered particularly from pain in the head. Regarding the latter symptom as a consequence of the large and repeated losses of blood, Mr. Lawrence ordered the mistura ferri comp., with nourishing diet, and a few ounces of port wine daily. Under this plan the headach soon went away, and the strength was restored, so that she was able to leave the Hospital for the country in three or four weeks.

If the neck of the polypus be short, it must become stretched when the tumour is expelled from its original seat in the uterus, and we may hence explain the ulcerative process, the hæmorrhages, and the spontaneous detachment of the growth which occurred in the present instance. When Mr. Lawrence first examined this case, there was in the vagina a large quantity of thick reddish, and very offensive fluid, which made him at the time entertain some doubts about the nature of the affection. This must now be regarded merely as a mixture of matter and blood, proceeding from the ulcerated neck of the tumour. Dr. Gooch mentioned one or two instances in which he had known polypi to be separated in the same way; and another, of a very small polypous growth, which, after coming through the os tincæ, had receded into the cavity of the uterus, so that it could no longer be felt from the vagina.

On Saturday, May 24th, Mr. Lloyd tied the brachial artery in a case of aneurism, at the bend of the arm, produced by puncture in venesection.

The aneurismal tumour was circumscribed, about the size of a large walnut; it was much diminished when compressed, but returned again as soon as the pressure was removed. Immediately after the ligature was tied, there was a total cessation of the pulsation of the tumour, and a manifest diminution of the swelling. In the evening the pulse was perceptible at the wrist, and there was slight pulsation in the tumour; the temperature of the limb was not sensibly increased. The pulsation of the tumour continued the two following days, since which it has become more obscure, and has now (May 29th) entirely ceased. The tumour is hard, and cannot be reduced by compression. The pulse of the radial artery is distinctly felt.

ST. THOMAS'S HOSPITAL.

SIMPLE FRACTURE OF THE CRANIUM, WITH EXTENSIVE DEPRESSION, UNATTENDED WITH SYMPTOMS OF COMPRESSION OF THE BRAIN.

Michael Morris, a child four years of age, was admitted into Mary's Ward, on the 26th of May, on account of extensive depression of the left parietal bone, the result of injury. It was ascertained, upon close examination, that the extent of depressed bone was about three inches and a half in diameter. The centre of the fractured portion was most depressed, it being about half an inch below the level of the surrounding sound bone. There was slight depression of the right parietal bone, and a simple fracture of the os humeri. The accident occurred from the wheel of a loaded cart having passed over the head and arm.

The child was admitted about twelve o'clock at noon, and notwithstanding the great extent of depression of the cranium, he was perfectly sensible. The head was ordered to be shaved, and the spirit-wash applied subsequently; a dose of scammony and calomel to be given immediately. In the evening there was increased action of the pulse, and six ounces of blood were in consequence taken from the jugular vein. The child was reduced to syncope by blood-letting, and in the course of the night the bowels were freely evacuated.

From the last-mentioned time to the close of the present report, (June 2d,) the child has, in every respect, done well; he is, in fact, quite well. The depression of the bone, of course, remains.

CASE OF SIMPLE FRACTURE OF THE TIBIA, FOLLOWED BY EXTENSIVE SUPPURATION AND DISEASE OF BONE.—AMPUTATION.

The Junior Surgeon performed the operation of amputation below the knee, on the 28th of May, under the following circumstances:—

John Challender, ætat. 39, was admitted into Abraham's Ward, on the 4th of December, 1827, with simple fracture of the tibia. He stated, that on the 16th of October, he received a blow with a stick on the fore part of the leg, of which he took no notice at the time, but on the following day he experienced so much pain, that he was obliged to keep his bed. A poultice was applied, which afforded much relief, and on the same evening he resumed his duties; the pain, however, after a few hours, became so severe, that he was compelled to return home. On the next day he had medical advice, and was confined for ten days, at the expiration of which time he walked about with the aid of sticks. Two months had elapsed since he received the accident, when he applied at the Hospital.

Upon examination, there was found to be a transverse fracture of the tibia; the man was put to bed, and the limb placed in a swing-box.* There being considerable redness immediately over the seat of fracture, without the other signs of inflammation, a poultice was simply applied, and house medicine ordered to be taken occasionally. Three weeks after admission, a puncture was made in a small abscess, which had formed on the leg. This readily healed, the soap plaster was applied, and the leg bandaged, a small opening being left for the escape of matter. In this condition the limb remained until the 14th of January, when the soap plaster was removed, in consequence of acute pain, and a large poultice was applied over the leg. The bowels, at this time, were very much disturbed, and he was affected with vomiting and occasional hiccup. A sinapism was applied to the pit of the stomach, and three grains of quicksilver with chalk, with half a grain of opium,, ordered to be taken three times a day. This medicine was continued for nine days, with much benefit, but, at the expiration of that time, the sickness having recurred, effervescing medicine was prescribed.

On the 20th of February blood was taken from the arm, and calomel with opium prescribed; the limb was removed from the swing-box and placed on a pillow, with the knee flexed, inclining outwards, and the heel raised. Extensive suppuration was now going on, and small portions of bone had occasionally exfoliated. The discharge continued to be profuse for several weeks, and eventually became so offensive that a solution of the chloride of soda was applied as a lotion, which almost immediately destroyed the fœtor. The man was occasionally seen by Dr. Elliotson, on account of sickness, for which the prussic acid was given with benefit; the general health, however, became much impaired by the long-continued and profuse suppuration.

On the 24th of May, as the man was endeavouring to raise his leg, he heard something crack; it proved to be a fracture of the fibula, the bone having previously been destroyed partially by disease. In consequence of the wound having considerably enlarged, and the patient's health being much impaired, all attempts at saving the limb were abandoned, and amputation was proposed.

The operation was performed on the 28th, as before stated, and the man is doing well.

GUY'S HOSPITAL.

FATAL CASE OF OBLIQUE FRACTURE OF THE THIGH.

George Martin, ætat. 64, of short stature, and muscular, was admitted into Accident Ward, Sunday, May 18th, under Mr. Bransby Cooper, for a supposed fracture of the neck of the thigh bone within the capsular ligament.

The patient stated, that he was walking across the room, when his great toe, coming against some uneven portion of the floor, he was thrown down, and found himself quite incapable of rising. He was taken up, and shortly afterwards conveyed to the Hospital. At the time of his admission, there was an evident shortening of the limb to the extent of an inch or more. The knee and foot were everted, and a more than ordinary degree of deformity of the thigh was observed. The crepitus, on extension and rotation, was very distinct, but the mobility of the great trochanter, generally noticed in these cases, was not distinctly observed. The nature of the symptoms, and the manner in which the accident had occurred, at once led the dresser to conclude, that it was a fracture of the neck of the bone within the capsular ligament of the joint. The limb was, however, laid on an inclined plane, and put up in splints, as in an ordinary fracture of the shaft. The patient appeared to be going on well, until the Saturday after his admission, when he complained of pain in the abdomen, but which he said he was frequently subject to. He also stated, that for the last six years he had suffered from some paralytic affection of the sphincter ani and bladder, so that he was always annoyed by an involuntary discharge of the urine and fæces.

On the Sunday, the pain in the abdomen had considerably increased, and on examination it was found that there was a swelling situated just above the pubes reaching to the umbilicus. The appearance it presented, the sensation it communicated to the hand on feeling it, and the other concomitant circumstances, (such as the age of the patient, and the probability of his having an enlarged prostate, which caused the urine to dribble away,) led to the belief that the bladder was distended, and a catheter was accordingly introduced. A very small quantity of urine escaped, and the swelling remained. It was tender when touched; the patient was feverish, the skin was hot and dry, the tongue furred; the pulse small and quick. The abdomen was ordered to be frequently fomented. No medicine was prescribed.

---

* A machine of this description is occasionally used by the Junior Surgeon in cases of fracture of the tibia. It is an old machine, with a few improvements (alterations, perhaps, is a better word); yet the man has the modesty to call it *his* fracture apparatus!

On the following Tuesday, May 27th, Mr. Bransby Cooper again saw the patient; the swelling remained just the same, and a catheter was again introduced, but not more than two ounces of healthy urine were drawn off. It was again remarked, how much it appeared like a distended bladder; but an attentive examination at once convinced us that it was a spasmodic rigidity of the lower part of the recti muscles. The patient's stools and urine escaped from him involuntarily. He had been taking the chalk mixture with opium, from the time of his admission. The skin was still hot and dry; the pulse small, quick, and jerky; the tongue dry and furred. Ordered to take five grains of blue pill, with eight grains of the compound powder of ipecacuanha every night.

May 28, Wednesday. The patient had passed a restless night, and this morning became comatose. The abdomen is still excessively rigid.

29. He expired this morning at three o'clock.

Post-mortem Examination.

The fractured limb was first examined. On cutting down to the thigh bone it was found that the fracture had taken place obliquely just below the insertion of the psoas magnus and iliacus internus. The lower portion was drawn upwards to the extent of three inches on the inner side of the upper portion; its projecting end had perforated the adductor magnus, and was resting in contact with the ischium. There was considerable laceration of the muscles around the fracture, and a large suppurating cavity had already formed. Thus the spasmodic rigidity of the abdominal muscles could, in some measure, be accounted for. Various morbid appearances in the splanchnic cavities were detected, of which the following are the principal: partial alteration in the structure of the right kidney; complete disorganisation in the left, which was not one third of its original size. The ureter of that kidney was much diminished in diameter, and a mulberry calculus of moderate size was found in one of the infundibula. There was partial inflammation of the spleen, and some traces of disease in the lungs: the brain was tolerably healthy.

WESTMINSTER MEDICAL SOCIETY.—PHRENOLOGY.

To the Editor of THE LANCET.

SIR,—In the 242d Number of your Journal, (for 19th April,) you have given a report of the proceedings of the Westminster Medical Society, on which I shall beg leave to offer you some remarks. It appears that Dr. Epps read to the Society a paper "On Insanity," in which he pointed out the importance accruing to mankind from the consideration of diseases of the mind. The opinions of Dr. Epps, however, did not coincide with those of Mr. Bennett, Dr. Ley, and others, who, instead of answering the arguments employed by Dr. Epps, pronounced, dogmatically, on the independency of mind on matter, and concluded that Dr. E.'s only aim was to introduce phrenology. Nevertheless, it appears that the arguments of Dr. Epps are well worth considering, and whether they bear or not on phrenology, seem to be derived from correct observations. Dr. Epps first mentioned the evils resulting from considering insanity incurable, and traced this to a belief entertained of mind being distinct from matter in respect to its manifestations. I would ask, is there a single proof of manifestation of mind, unaccompanied by matter? Is there any state of sublunary entity which is immaterial, or which is manifested to the senses in an immaterial shape? Children and old women talk of ghosts and witches, but they never make other people see them. If insanity be really a disease of immateriality, and if immateriality be really independent of corporeal impressions, then is insanity incurable, as all attempts to cure material agency must be futile. Let us, for the sake of argument, admit such a position, and let us observe the results of such belief. Insanity, being believed incurable, will be neglected; thousands of valuable minds will be lost to the world, and cruelty will be allowed to be exercised on individuals imagined to be dead to the rest of mankind; they will be imprisoned during their lives, and there will be no interest in prolonging a life so useless. On the other hand, as soon as insanity is shown to be but an irregularity in the operations of the brain, the mind's instrument, from disordered circulation of blood, organic disease, or affections by means of injurious substances applied to the external senses, then will attempts be made to remove the several causes, and hence will the instrument be restored to its natural functions.

My first object will be to show, that mind does actually depend on matter for its manifestations.

Man only feels by the aid of nerves dispersed through his body, and terminating in his brain; he only commands his actions by the impulse given to his nervous system, through the medium of his brain; experience enables us to ascertain, that man ceases to feel in those parts of his body of which the communication is intercepted; we must, then, admit, that sensation does not reside in those parts, but in the origin of the nerves, and, as the nerves emanate from the brain, we must consider that to be the focus of mind. Thus I have traced motion and sensation from their terminations to their sources. Now, as to the effects of the intellectual faculties depending on the development of brain, I may add, in infancy the mind is infantile, and its instrument soft and but partially developed; as it becomes harder, the first gleams of thought appear, and, with them, the powers of willing and beginning motion. In senility the mind is enfeebled, and the brain is deteriorated. In the meridian of life it is largest, and more supplied with blood, and its operations more powerful and more numerous; when it is wanting, phrenic life is wanting also, and when it is exceedingly developed, its operations are precocious; when injured by severe blows, its functions are annihilated; when excited artificially, its operations are more manifested; when it is robbed of its natural stimulus, the blood, its effects are suspended; when acted upon by heat, or artificial excitement, its operations are more acute; and when influenced by cold, its evidence is destroyed; the brain being diseased, the mind is diseased also—(epilepsy, apoplexy, and such diseases as injure the structure of the brain, produce sudden and extraordinary changes in the connexion of ideas)—sane, and its jurisdiction is unimpaired. Such are the inseparable affinities between mind and matter. Whether the brain may require an immaterial principle, superadded for the manifestation of its powers, I am not prepared to say; to investigate this is the province of the metaphysician, and into these subtile and perplexed disquisitions I have no design to enter, so true is that saying of Montaigne's, when we attempt to carry knowledge far—"*tout finit dans l'eblouissement*"—I shall content myself in weighing those principles which are deduced from a candid view of natural facts, which are self-evident, confirmed by constant experience, and approved by reason. I think it will be readily granted me, that experience is the surest guide; by the aid of experience we have discovered, in the properties of matter, modes of action, the effects of which had been regarded as supernatural efforts by the ages which have preceded us, but are at this moment contemplated as simple and natural consequences, of which we now understand the mechanism, the cause, and the manner of action. If the authority of great names is necessary to substantiate my positions, abundant evidence will be found in M. Gall's work, "Sur les fonctions du Cerveau;" Lawrence's Lectures on "Comparative Anatomy;" Morgagni, "De Sedibus et causis Morborum;" Spurzheim, in his various works; Clutterbuck, "On Fever."

The facts already brought forward sufficiently support my assertion, that insanity is a disease of the brain, and, indeed, were it necessary, innumerable are the proofs which might still be adduced. Having proved that the mental phenomena are dependent upon the brain for their manifestations, we may infer, that a disordered manifestation is a symptom of a diseased brain. To support this position, I shall quote a passage from the work of the illustrious Bayle, "Traité des Maladies du Cerveau,"—"Les causes morales ne concourent pas moins puissanment, que les causes physiques à la production de la méningite chronique, par l'action directe qu'elles exercent sur le cerveau, qui est l'instrument immediat de l'intelligence. Ces causes se rapportent presque toujours aux affections morales, el quelquefois à l'exercise des facultés intellectuelles." Principles founded upon observation, confirmed by experience, drawn from nature herself, have pointed out the organic parts by means of which the faculties of mind become apparent; but my observations upon these particulars shall be reserved for a future letter.

I shall now proceed to offer a few observations upon the objections urged against Dr. Epps's paper. Mr. Bennett does not coincide with the opinion of Dr. Epps, that mind comes from matter; he rejects, in toto, the doctrine of phrenology, upon which Dr. Epps's paper is founded, for several reasons—1stly, That the brain had been dissected many thousand years, and nothing known of its functions; 2ndly, That there was no perceptible difference between the brain of man and animals; 3dly, That the experiments of Flourens and Magendie had totally disproved it; 4thly, That the frog had no cerebellum.

To prove the absurdity of these objections there appears to be a very obvious method, and a most conclusive argument:—Does dissection alone discover function?—Can Mr. Bennett point out a nerve of motion from one of sensation? The cerebral surfaces are in proportion to the perfection of the intellectual faculties—(Vide Magendie, M. Gall, M. Desmoulins, and others.)—Rude experiments, performed upon the lower animals, cannot be considered as conclusive evidence; but if so, to a certain extent, we may add to the innumerable proofs of the truth of the science of phrenology, those of Flourens and Magendie, which tend to prove, that the mechanical injuries of the cerebellum and lobes of the brain do not cause pain, or muscular contraction, but that pain ensues from injuries of the nerves, medulla oblongata, spinal chord, and corpora quadrigemina; hence M. Flourens comes to the conclusion,—" Les lobes cerebraux sont donc l'organe unique des sensations," as also Magendie;" We may say to Mr. Bennett, " Ex ore tuo contemnaberis."—That the frog possesses a cerebellum, dissection well proves, and for more information on this subject, vide Carus's Comparative Anatomy.

Dr. Barry, it appears, had been engaged in a very rude experiment upon a guinea-pig, to ascertain the functions of the cerebellum, and had, in his opinion, disproved the assertion, " that this part presides over the generative system."

Various wise saws and waggish opinions fell from other " esprit forts," at the Society, but some opinions are best treated with contempt; seriously to confute them is a labour I shall decline. That the cerebellum is the organ of l'amour physique, repeated proofs have, in my inquiries presented themselves; yet, to the innumerable facts already brought forward in the works of phrenologists, I may add one, as a still further corroboration:—The cerebellum, when stimulated by contiguous disease, as diseased cervical vertebræ, frequently produces *violent*, obstinate, and involuntary priapism. Of this phenoménon I have seen several cases; and, with a view of still further elucidating this subject, I have commenced a series of experiments upon the lower animals. It is not without astonishment I reflect that Mr. Bennett, at the expense of reason and judgment, should suffer himself to utter such absurdities. I am given to understand, Mr. B. has been elected demonstrator of anatomy to the London University. The idea that mind comes from matter is tinctured with materialism, and we may, perhaps, say for Mr. Bennett what Paterculus said for Cato, " Quia aliter esse non potui."

The reflections, as well as facts, which have preceeded, are, I think, abundantly sufficient to create the most powerful and interesting motives to determine all wise men to contemplate, instead of admitting unintelligible hypotheses fatal to a multitude of unhappy beings, to observe nature, deduce from experience, and no longer impose silence by saying—" The oracle has spoken." I remain, Sir,

Your obedient Servant,

A PHRENOLOGIST.

Birmingham, May 16, 1828.

ABUSES IN THE ROYAL COLLEGE OF SURGEONS IN LONDON.

To the Editor of THE LANCET.

SIR,—As I find I shall have occasion, in the prosecution of this investigation, to refer to some of my former letters, published under the signature of " Brutus," I shall, in future, continue to employ this cognomen, instead of that of

VIRGINIUS.

LETTER II.

SIR,—After the sum granted by the House of Commons on the 13th of June, 1799, for the purchase of the Hunterian Museum, had been issued to the executors of Mr. Hunter, by the Lords Commissioners of His Majesty's Treasury, as we read in the returns furnished to that House, " By order of the Council of the Royal College of Surgeons in London," that House is informed, that the Museum itself was delivered to the care of the late Corporation of Surgeons. This Corporation, which should be mentioned when acts of monopoly and tyrannical oppression are recorded, died in less than twelve months afterwards, leaving issue the Royal College of Surgeons. It does not appear, however, that the old folks, although they contrived to enjoy and aggrandise themselves out of the rents, profits and proceeds, ever came into possession of the whole of the paternal estate, which descended to their successors, the present worthy family, on certain conditions. One of these, and the principal one too, has not yet been fulfilled.

The condition to which I allude is, that there should be an inventory, or catalogue, taken of that part of the estate, for the purchase of which the money was granted by the House of Commons, and issued by the said Lords Commissioners of his Majesty's Treasury; as I believe all royal and Parliamentary grants of money generally are. It was necessary, of course, that the House of Commons should be informed of this fact; and there is not the least doubt that, in due time, it will transmit a vote of thanks to the Council of the College for their information.

This part of the estate, the Museum, was removed from Mr. Hunter's house to the College, then, perhaps, without an appropriate front in Lincoln's Inn Fields, in the year 1806; and there were at that time two catalogues; one explanatory of the preparations in the gallery, the other of the morbid preparations. It remains for the College to explain, why there is not at present any catalogue at all; and also the meaning of the following statement, which appears in the Report of the quarterly meeting of the Trustees of the Hunterian Museum, held on the 5th of August, 1826. The Board of Curators informs the Trustees, "That till the year 1816, *when the collection was removed to its present situation*, it was impossible for this Board to commence the preparation of a descriptive catalogue." I have not any doubt, that this official quibble, to give it the mildest appellation, was intended to deceive; for in the Refutation of Charges, &c., published by the College, may be found as follows; "On the completion of the Museum, and the admission of visitors, the want of a descriptive catalogue was soon felt and expressed; and the Board of Curators in the year 1813, prepared a printed syllabus to gratify scientific visitors." Whether or not "all the Curators were joint labourers in this great work," a little pamphlet of six or eight leaves, which your readers will not fail to observe, was produced at the end of seven years, may be found, perhaps, in the minutes of that Board, to which we are referred for a proof, that what was earnestly desired by the trustees of the Museum (a descriptive catalogue,) "has ever been a desideratum of great interest to the Board of Curators."

Let me examine this matter more attentively, in order to prevent mistakes; and, if possible, to gather the meaning out of so much confusion. The Museum is removed from Mr. Hunter's house in the year 1806; it is completed in the year 1813, and a syllabus prepared. There is not any difficulty in understanding the account thus far; but when we are afterwards informed, that the Museum was not removed to its present situation till the year 1816, we naturally inquire, In how many situations it has been, from the time it was removed from Mr. Hunter's house in 1806, to the year 1816? Again, if it were impossible to commence the preparation of a descriptive catalogue, till the last mentioned period, what have become of the two original catalogues? Burned! But when? Not before 1816; ergo, the College was for ten years employed in thinking about commencing the preparation of a descriptive catalogue; or, there was not any thinking at all about the matter. A clear account of things is very difficult on some occasions; and it does not appear to me to be one of the "standing orders" of the Council of the College.

But how rests the matter at the present time? At the quarterly meeting of the trustees before alluded to, held on Saturday the 5th day of August, 1826, they are informed, "That the conservator has commenced the descriptive catalogue of the morbid anatomy; that the description of the morbid preparations in spirit will be completed by the quarterly meeting of the trustees in February next; that the morbid preparations, not in spirit, will be described by the meeting of the trustees in August next; and that the descriptive catalogue of the preparations in the gallery will be completed *in the three years thence ensuing*." Truly, Sir, this is a wonderful description of College management and progression! and when the catalogue is produced, it will of course be quite new and unexpected. I hope all the Council will live to witness the delivery of this extraordinary joint-stock company's labour; but if any of them should happen to depart this life before that consummation is accomplished, they will certainly be remembered in the next ensuing Hunterian oration.

It is not my intention, Sir, to dwell upon those parts of the subject which are already fully known to the members of this College, and to the public, any longer than is necessary for the elucidation of the subjects contained in the Returns "by order of the Council," to the House of Commons. The past conduct of the College, however, with regard to this Museum, in not having prepared a descriptive catalogue of its contents, although it is on record, supported by the best authorities, that one might have been prepared in less than twelve months; locking up the collection for eight months of the year, certainly not for the gratification of scientific visitors, and in direct opposition to the conditions upon which the collection was entrusted to the care of the College; demonstrate very clearly, if no other proofs could be afforded, that those who have had the management of the College affairs, up to the present period, have not in this respect been worthy the confidence of his Majesty, his Parliament, or his people. And now, with that liberality which is the distinguishing mark of most corporate bodies, the Licentiates of the Royal College of Physicians in London, graduates in medicine of any of the Universities of the United Kingdom; and *regularly admitted* members of any of the *legally constituted* Colleges of Surgeons in the United Kingdom; are allowed the *extensive* privilege of admission to the Museum, on such days, and during such hours, as it shall be open for general exhibition, upon entering their names in the book provided for that purpose. These gentlemen, as well as the surgeons and assistant surgeons in the army, ordnance, navy, and East India Company's service, who, in addition to their names, must insert their respective ranks, will know how to appreciate the favour of being admitted to the Museum, when it is open for *general* exhibition, which, I suppose, means to every person.

A word or two on the days and hours of

admission to the Museum, will not, I consider, be out of place in this letter. Another of the conditions upon which the College received this collection, was, "That it should be open four hours in the forenoon, two days every week." The College, therefore, is not, perhaps, to blame for this limited admission; but I should advise the Council, before they again apply to Parliament, for the purpose of removing anatomical disabilities, to learn, that from twelve to four o'clock is not the forenoon; and that there is not any one act of the legislature more oppressive than their own arbitrary by-laws, standing orders, and regulations. First, burn these; then obtain permission of the trustees to open the Museum every day; and, lastly, apply to Parliament for assistance.

VIRGINIUS.

MEDICAL ASSISTANTS.

To the Editor of THE LANCET.

SIR,—As a general practitioner, sincerely desirous of raising the condition of assistants, I was much chagrined, on calling some little time past at the Lancet Office, to find so very few signatures attached to the list, you were so kind as to allow to be left there; and most unwillingly was I compelled to think, that if assistants were so negligent of their own interests, as not to wish to make an effort to emancipate themselves from their present miserable and degraded situation, it was quite impossible for other persons, however ardent they might be in their desires, to render them any assistance. Under this impression, I gave up the idea of stirring further in the affair. A casual interview yesterday with the writer of one of the former letters on the subject, which appeared in your truly valuable publication, leads me to imagine I was wrong in the opinion I then formed. I find from him, that many more names would have been signed, had not an idea prevailed, that the original mover had abandoned the cause; and it seems many imagined the list at Callow and Wilson's, and that at your office, were left by different persons. Feeling convinced, Sir, there are a number of spirited and well-informed young men, assistants, who would gladly join in any scheme by which their respectability, and, consequently, their comfort, might be increased, (most assuredly it will not be so before needed,) I now take the liberty of throwing myself on your generosity for an insertion of this letter, and that by some remarks of your own, you will call the attention of those interested, to the subject of its contents. I would suggest, that those who have already signed the list, should meet together, for which purpose I shall be most happy to offer the use of my house, (enclosed you have my card,) we could then consider the propriety of a public meeting. Let there be but a beginning made, and I have no doubt, with your able assistance, we shall find plenty of supporters; and that before five years, an assistant, instead of being as he now is, little better paid than a livery servant, and sometimes less thought of, will hold that rank in society his education entitles him to, and his services so richly deserve. You have already, Sir, done much good for the profession; and I rest confident, that when so large a field is opened for your benevolent exertions, as that afforded by the unfortunate condition of assistants generally, you will not cease to give your powerful aid, until you have attained the much-wished for, and long necessary reform. You are at liberty to give my address to any gentleman desiring to aid the cause.*

I have the honour to be, Sir,
Your obedient servant,
L.

Upper Seymour Street, Portman Square,
May 18.

AMPUTATION OF THE JAW.

To the Editor of THE LANCET.

SIR,—It happened that THE LANCET, No. 242, did not come to my hands till this day, when a friend pointed out to me your account of a paper of mine, on amputation of the jaw, read at the Medico Chirurgical Society on April 8th. I request the favour of you to allow me to explain some errors therein.

On the three preceding meetings (after my paper was delivered) I had made a point of being present, but the unusual length of Mr. Brodie's valuable communication on injuries of the head, delayed the reading of mine till I was unable to attend. A circumstance which I much regretted; for, independent of the wish to afford explanation, if required, I hoped to derive much benefit from the discussion likely to arise on so interesting a subject.

The operation was performed by Dr. Mayor of Lausanne (not Berne) and the recovery took place under every disadvantage. Severe small-pox, ten days after the operation, and a formidable attack of erysipelas at the end of a fortnight.

---

* The address of this gentleman is left at our Office.

The narrative was drawn up from memory several months after the occurrence, and without any communication with Dr. Mayor; but after an attentive reconsideration of the case, it is clear that I was mistaken in supposing the whole of the parotid to have been removed. It is probable that I was deceived by the granulated appearance of the fatty substance lying over and intermingled with it, and by one of those diseased lymphatic glands which are sometimes found imbedded in the parotid itself. Parts, however, are so altered and so pushed out of their natural position, by diseases of this character, that a by-stander cannot easily recognise them. As I was not the operator, this error was not of much importance; *my* aid being confined to the tying of arteries.

With respect to the unnecessary torture, supposed to have been inflicted on the patient, I confidently rely on the skill and judgment of the operator, whose talents I have had many opportunities of witnessing on other occasions; but in the conduct of an operation so recently introduced, and of which so very few cases are on record, every circumstance cannot suggest itself at once. The carotid had been tied in all the cases then known, either to Dr. Mayor or myself. It is possible that it may not be always necessary, but looking to the enormous increase of size which blood-vessels attain in the vicinity of such a disease, it never occurred to either of us, that the precaution could be safely omitted. At any rate it is scarcely possible that the best surgeon, or anatomist, can form an opinion of its necessity without seeing the case.

I am, Sir,
Your obedient servant,
A. L. Wigan.

Ulster Place, 28th May, 1828.

LITHOTOMY IN THE HORSE.

To the Editor of The Lancet.

Sir,—I perceive from Mr. Lucas's letter in your Journal, of the 12th April last, that he is not aware of the operation of lithotomy in the horse having been previously performed with success. For his information, and encouraged by your desire to be possessed of the particulars of the operation, I beg leave to transmit the following account of a case in which I operated successfully some years ago; it was published at the solicitation of the late celebrated Mr. James White, in the London Medical and Physical Journal, for October 1824.* About the same period an account of it was also given in the Sporting Magazine, and subsequently it has been quoted by Mr. Percival, in the 3d vol. of his valuable lectures. I do not take credit to myself as the first operator in a case of this kind, for Lafosse, in his "Dictionnaire d'Hippiatrique," published in 1775, mentions one wherein he succeeded in cutting for the stone.

But his mode of operating was complicated, as he made two lateral incisions in the neck of the bladder. Whereas by the mode I pursued the whole was simplified, and the stone very readily extracted.

I am, Sir,
Your most obedient servant,
W. Mogford, V. S.

Guernsey, 17th May, 1828.

"*Case of Lithotomy successfully performed on a Horse, communicated by* James White, Esq. Veterinary Surgeon."

"*To the Editors of the* London Medical and Physical Journal."

"Gentlemen,—The following account of the extraction of a stone from a horse's bladder, has been communicated to me by Mr. W. Mogford, who was some years ago my pupil and assistant, and is now a respectable practitioner at North Lew, near Okehampton, Devon. Should you think it worth the notice of your readers, I will thank you to insert it in your valuable Journal.

I am, gentlemen,
Your obedient servant,
James White."

Wells, Somerset, Aug. 9th, 1824.

"The horse is the property of James Veal, Esq., near Hatherleigh, Devon. When taken up to be broke, he was found to be very restive, kicking off most of those who attempted to ride him; in consequence of this he received very rough usage; and has since been ridden rather hard. When Mr. Mogford was desired to attend him, he observed a peculiar stiffness in the movement of the hind legs; urine of a high colour and pungent smell, and a dribbling of urine from the penis for some time after staling; pulse between 70 and 80, and hard. By bleeding freely, clysters, fomenting and embrocating the loins, and a week's rest, he appeared sufficiently recovered to be sent to grass. He soon leaped over the gate of the field, and, crossing the country, got back to some pasture where he had been usually kept. This exertion caused a return of his complaint, and Mr. Mogford was again desired to attend him. He found him in the same state as before described. Wishing to examine the bladder, he introduced his hand into the rectum for that purpose, and immediately felt a hard substance, which appeared to him to be a stone in the bladder. He communicated the circumstance to Mr. Fisher, surgeon, of Hatherleigh, who could not be persuaded that it was a stone, until he had made the examination himself, when he also felt it distinctly. Mr. Mogford then proceeded to the operation in the following manner.

---

* It is useless to print papers in some journals. This operation, although performed, and pretended to be published four years since, is scarcely known to a member of the profession.—Ed. L.

"Having drawn out the penis from the sheath, or prepuce, he passed a rod of whale-bone up the urethra, until the end of it could be felt in the perineum. He then cut down upon the end of the rod, and through the opening thus made in the urethra he introduced a director, and with a probe-pointed bistoury continued the openning as far as the left side of the anus. He then introduced his right hand into the rectum, and the two fore fingers of his left hand into the bladder, and, without any difficulty, pushed the stone against the middle finger, by which he guided it to the neck of the bladder, and then easily forced it out through the opening in the urethra. The stone weighed rather more than four and a half ounces. Some parts of the stone appeared to have been broken off and left in the bladder; these were easily removed by means of a piece of soft sponge tied to a whalebone probe, and some water. The wound quickly healed, except a small orifice, through which a part of the urine still passes; but the horse has worked hard since, and suffered no inconvenience from it. Mr. Mogford has no doubt that a stone of seven or eight ounces might be thus extracted."

DISTRIBUTION OF PRIZES AT ST. THOMAS'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—An error, unintentional no doubt, having appeared in your last Number; an endeavour, on my part, to correct it, will not, I hope, be attributed to vanity. You there state that "the junior demonstrator's prize was awarded to Mr. Ferron;" as I am the individual meant, though my name is incorrectly spelt, I must beg you will correct it in an early Number.

You also state that it has been since determined to present Messrs. Davis and Travers with a set of books *equal* to the prize. Now, I can only say, that immediately the prize was adjudged to me by lot, Mr. South said he should present Messrs. Davis and Travers with some mark of his approbation, though '*certainly not equal*' to the prize. I cannot allow this opportunity to pass without stating the pleasure I feel in having been a fellow-candidate with two such industrious, amiable and gentlemanly young men as Messrs. Davis and Travers; and I attribute the late successful result, on my part, rather to a gift of fortune than to any superiority in the examination. I have the honour to remain,

Yours faithfully,
W. INGLIS FERRAR.

TO CORRESPONDENTS.

Communications have been received from Mr. Oram—Mr. Nicholson—Dr. L.—Dr. Reece—O.—Mr. Henry Pout—Dr. Walden—Mr. R. Payne.

"Scribbler" is no scribbler; he writes well. His Letter on the Infirmaries, if possible, shall be published next week; his first letter must be authenticated, or it cannot be inserted.

"O." has our thanks.

As "C." authenticates his report, it shall be inserted.

"An Unavoidable" is informed, that we do not attack individuals on anonymous testimony.

We should be glad to receive a Letter from Dr. L. of L——n.

WORKS PUBLISHED DURING THE WEEK.

Arnott's Physics. 8vo. Third Edition. 21*s.*

M'Cormac on Stammering. 5*s.* 6*d.*

White on the Rectum. New Edition.

Thomas's Practice of Physic. Ninth Edit. Improved and enlarged.

Art of Invigorating and Prolonging Life. New Edition.

Alcock on the Hospitals of Paris. 3*s.* 6*d.*

Edinburgh Medical and Chirurgical Transactions. Vol. III. pt. 1. 8vo. 12*s.*

Smith's Compendious Flora Britannica. New Edition.

THE LANCET.

Vol. II.] LONDON, SATURDAY, JUNE 14. [1827-8.

LECTURES ON VEGETABLE CHEMISTRY,

BY

PROFESSOR BRANDE.

Delivered at the Royal Institution of Great Britain.

Lecture XLIV.

You are now, Gentlemen, in possession of the history of the *simple*, or *elementary substances*, and of other mutual combinations, as far as they can be presented to you by art, or are presented by Nature in the mineral kingdom. In the part of the course already gone through, the most material facts have been related respecting the progress of experimental chemistry generally, and these facts, especially connected with the main reasonings of the science, have been more or less touched upon. It remains now that we should show how these elementary substances combine in the organic part of the creation, that is to say, in vegetable and animal substances; what are their component parts; and the properties of their proximate compounds.

On entering upon *vegetable chemistry*, it will not be improper to give you a brief account of the structure of vegetables, in order that you may understand the manner in which the different products are elaborated, the elements which Nature employs in their construction or constitution, and how these are arranged, so as to form the infinitely varied products of the vegetable kingdom. Although the number of vegetable productions is so immense, there exists a general analogy between them; and although, as individuals, they are infinitely diversified in structure, character, habitudes, and propensities, yet taken as a class, there is a similarity between them which must strike even the uninformed mind.

If you examine the external structure of a full-grown plant, you will observe that the essential organs of which it consists, are the root, the stem, subdivided into branches, and these again bearing leaves and flowers; and if you examine with the aid of the microscope the more minute structures of the different plants, you will find that there is a similar arrangement of bearing among them. For example, the *roots* are employed for the purpose of attaching the plant to the soil proper for its growth, and in that case are the main instruments of nutrition; they take up from the soil such substances as are requisite for the nutrition of the vegetable. In structure they closely resemble the stem, of which they may be regarded as the continuation. The *stem* of a full-grown plant exhibits upon its transverse section several different parts. You will find in the interior a medullary sort of substance, which is soft, and to which the name *pith* has been given; that this is surrounded by woody fibres of different density; and then, that there is a a layer yet more external, to which we have given the name of *bark*, which is covered by a membranous sort of structure, that has been called *cuticle*, and it has been compared, and perhaps not improperly, to the cuticle of animals. In some plants it is of a very great delicacy; it is very thin and transparent, and may be compared to that modification of the cuticle which covers the eye; in other plants it is much more thick, and may be compared to those parts of the cuticle which cover the feet and hands. With respect to the cuticle of plants, you will find three general varieties, and others which are well worth the notice of the vegetable anatomist. You will, perhaps, have remarked, that upon the currant, the elder, and some other trees, it gradually peels off, and is succeeded by a fresh layer; that upon certain parts, as on the leaves of some plants, it is covered with a delicate hair-like or fibrous structure; on the leaves of the willow, it has a silvery or silky appearance; on the nettle, it is covered with little bristles, which are perforated, and contain a poisonous matter. In the plumb, it is covered with a resinous exudation, by which the lodgement of moisture on this fruit is prevented. In some trees it is very thick and fungous, as in the cork tree; and in others it is siliceous, as you see in several of the

No. 250.

common varieties of cane, in which the exterior cuticle contains siliceous earth, and if you strike two pieces of these canes together, you will cause light to be emitted, as if you struck together two pieces of flint. Now, the bark lies immediately under the cuticle; but in the delicate branches of trees, and more especially in young vegetables, you find under the cuticle a layer called *cellular substance*. It appears made up of a great number of fine fibres, arranged into hexagonal cells, usually containing a liquid; it is the seat of colour, which you know is usually green, the tint so common to the vegetable kingdom. Having removed the cuticle and cellular substance underneath, which has been compared to the *rete mucosum* in animals, you come next to the *bark*, which, in a growing or young tree, consists of two parts, of an outer, or the cortical layer, and of an inner layer, or the liber; this is not easily shown in dry specimens; but if you examine the parts when growing, you will have no difficulty in seeing it. This inner layer of the bark (showing a specimen) is the most important part of the plant; it is here that the principal functions of the vegetable are carried on; the secretions are here performed; the resinous qualities of the Peruvian bark, and the astringency of the oak bark are centred in this structure, which is called the *liber*, and it is from this that the new layer of wood is annually secreted. It is connected to the exterior layer by a number of transverse fibres.

Next to the bark comes the *wood*, which in growing vegetables is divided into two parts, the *alburnum* or *sap-wood*, and the interior portion or the *heart-wood*. Generally speaking, the interior portion has become dead, and is a mere mechanical support to the tree; but in the outer part, the alburnum, important functions are carried on. Under the microscope, vegetables exhibit a beautiful appearance; they exhibit a great collection of tubes of different kinds, and in this sketch, which represents a magnified section of the leaf of the aloe, (showing it to the class,) you will see the fibres running in different directions, some longitudinally, some transversely, and others taking a spiral course, and there can be no doubt that they contain a great number of fluids; that these fluids circulate, and that different substances are secreted by them. With regard to the spiral tubes, you may divide the leaf into two parts with a pen-knife, and draw these tubes out a considerable length, showing their number and management; and in the leaf of the hyacinth, and in other succulent plants, this arrangement of parts is easily seen. The leaves of plants, when examined by a microscope, exhibit the same appearances as the wood and other parts. One sees a series of tubes beautifully arranged and connected with each other; that there is a quantity of cellular structure spread out on a fibrous or woody frame-work, and that the whole is covered by cuticle, which is very delicate, so as to admit of the action of the light upon the upper surface, and to allow of respiration on the under surface of the leaf. If you place a leaf between two plates of glass, and hold it toward the light, you will observe the arrangement I have mentioned. The fact is, that the various fluids which circulate in the leaf are exposed to the action of the light and air, they then throw off substances hurtful to the vegetable, and absorb other matters necessary for its nutrition. That the leaves do absorb, is shown very easily, by placing a drooping plant in a damp cellar, or in a situation where the air contains moisture, you will see that the plant soon returns to its healthy or original state, in consequence of the moisture absorbed by the leaves. We have nothing to do here with the particular arrangements of the flowers of plants, in which the organs of generation are placed, and some of the most important functions of the vegetables carried on; nor with the particular periods in which the different matters are elaborated in particular plants; nor with the singular propensities of flowers when submitted to the influence of certain agencies, some opening, and, when exposed to the sun, others closing, and being odorous only at night; others again emitting odour only during the day. All these subjects, abounding as they do with interest to the naturalist, must be passed over in the present course, since they would interfere with its more particular objects.

The *stem* of a plant is similar in its arrangement of vessels, to that pointed out in the leaves; it exhibits a beautiful series of vessels ramifying on a woody network, covered by a cuticle so fine, that it often requires great delicacy to remove it. Now, with respect to the woody texture, it may separated by certain chemical agents from the other parts of the plant; the cellular texture, cuticle and fluids, may be taken away, and the woody fibres only left. (Specimens of parts of vegetable thus prepared were sent round.)

The only remaining part of the plant which we have to notice, is the *seed*; and with regard to it, you will find that it consists of three parts. The bulk of the seed is made up of a substance intended for the nourishment of the young plant, and is called *cotyledon*; it gradually dies away as vegetation goes on, and you cannot take a better instance, by way of illustration, than the common garden bean. If you divide the external membrane, you will separate it easily into two parts; and if you examine that part called the eye of the bean, you will see that there is a small projecting substance which developes itself the first, when the bean grows; it then becomes the root, and is hence called the *radicle*; whilst between it and the cotyledon is the germ of the young plant called the *plumula*; this is the part which afterwards produces the stem and leaves. [A diagram of these parts was shown.] These parts are all covered by an investing membrane. We have some plants containing four or six, or more, cotyleda; some, only one, as is the case with the common wheat, and these are called monocotyledous plants; those containing two, dicotyledous, those containing three, tricotyledous, and so on.

Now, when a seed is placed under favourable circumstances, it begins to *germinate*; and if this lecture were upon vegetable anatomy, or vegetable physiology, exclusively, one might enter upon some very interesting facts in connexion with these subjects, and show that seeds will retain their germinative faculty for many thousand years, and so on; but the limits assigned to us, in the present course, do not allow of such digression. When you sow a seed, and place it under favourable circumstances, it begins to swell, and the consequence is that it bursts its external membrane; the radicle begins to shoot downwards, and to throw out little ramifications, which ultimately become the perfect root; and the plumula, rising upwards, expands itself, throws out a stem, and ultimately flowers. The cotyleda, which appear to have been, during this process, inert, rise up as two leaves, which are very important for the protection of the young plant. You find, during this time, that there is a number of vessels shooting through the cotyleda, which are connected with the radicle and plumula at this junction; these are the absorbent vessels, which, in the young plant, take up the nutritious matter from the soil; and when the plant has put forth its leaves, the cotyleda become useless, as the young plant is then capable of abstracting sufficient nutriment from the atmosphere, and which, with what is abstracted from the soil, is sufficient for the future existence of the plant. The cotyleda then rot away.

These changes take place when the seed is exposed to favourable circumstances. A due *temperature* is necessary for the production of these phenomena; a few seeds, it is true, will germinate under the freezing point, but, generally speaking, not; a due degree of temperature is therefore necessary. The temperature most favourable for germination, is that between 40° and 80° of Fahrenheit; and within the range of these temperatures, it generally takes place. *Moisture* is absolutely requisite; so much so, that without it the seed will remain inactive. It generally derives this moisture from the soil; but if not, it is necessary to impart it artificially. *Air* is also required; and although the access of air to the seed is imperfect, because the seed is buried in the soil, yet it does require the access of air; and therefore you find, that if the seed be buried too deeply in a tenacious earth, it will lie there for ages inactive; and if you turn up the ground, you will find, in a few days, that the seed will germinate; and it has been said that during germination, the cotyledon absorbs a certain quantity of oxygen, and gives out a certain quantity of carbonic acid gas. Generally speaking, the cotyledon contains a material of a mucilaginous or starchy nature; and during germination, a certain amount of saccharine matter is produced, which, with the mucilage, appears to contribute to the nutriment of the young plant. That saccharine matter is produced by germination, is familiar to you in the art of malt-making. You find, therefore, that *moisture, air*, and a *due temperature*, are certain requisites for vegetation; and you find that they should be present in due proportions, and should co-operate for the healthy growth of the vegetable. So much for the *structure* and *functions* of the different parts of the plant.

We come now to the consideration of the *circulation of the sap* in plants, and of the manner in which the parts we have mentioned co-operate in the elaboration of their various products.

The roots, which are thrown out, absorb a certain quantity of matter from the earth, and convey it upwards for the nutrition of the vegetable; it is carried by the roots into the vessels, and principally through the alburnum; this fluid is called the *sap*. These vessels carrying, as they do, a transparent and almost tasteless liquid, pass upwards and send off branches, which enter the leaves; and it is in the leaves that the principal functions of the plant are carried on; then it is that the sap is concocted, as the botanists call it, or the crude sap is then converted into a true sap, or the *succus proprius* of the vegetable. The vessels, after having ramified on the leaf, again descend through the *liber*, or inner layer of the bark; so that you have a set of vessels ascending from the roots through the alburnum to the leaves, and a set of vessels descending from the leaves through the liber, conveying the sap downwards. Moisture is generally given out by the leaves; sometimes it is absorbed; sometimes a portion of carbonic acid gas is given out, and oxygen absorbed; at other times it is absorbed, and oxygen is given out. If you take an aquatic vegetable during the action of the sun upon its leaves, you will see that there are myriads of little globules of air upon its surface; if you carefully collect these, you will find that they contain air much purer than the atmospheric air, that is to say, it contains more oxygen; and, in this respect, plants are just the reverse of animals; the plants give out oxygen, and animals carbonic acid. Dr. Priestley conceived that the products of the vegetable kingdom were the great renovators of the atmosphere; and that as animals were continually giving out carbonic acid, so vegetables were continually giving out oxygen; although this is true to a certain degree, it is not so to the extent he imagined. This subject will, however, be considered more fully hereafter, when upon the respiration of animals. The sap having been concocted in the leaves, descends in the vessels of the inner bark, and it is there that the substances peculiar to the plant, as the gums, the gum resins, the balsams, &c., are secreted. That this is not an imaginary history of the circulation, but that the sap does take the course we have just described, may be proved by the practice of *ringing* trees as it is called. If a gardener has a tree that is sterile, he finds that, by cutting off a certain portion of the bark in the proper season of the year, these branches will bear fruit. On examining this cut surface more particularly, it is found that there is an exudation from the upper surface of the gummy and resinous substances peculiar to the vegetable; whilst, from the lower, there is an exudation only of crude sap; and as there will be an accumulation of sap in that branch, its produce of leaves, flowers, and fruit, is often remarkably increased by this operation.

Now, as most plants have their leaves annually renewed, you will find that there is a layer of wood deposited each year, which may be distinguished by its colour and density from those of the preceding years. [A piece of wood was shown, in which this operation had been performed.] Now, if you divide the alburnum only, you will find that the exudation will take place only from the lower surface of the wound, and the sap is furnished by some vegetables in sufficient quantity for the purposes of chemical examination. It has been found to consist, principally, of water, with some saline substances in solution; small quantities of vegetable matter which undergo a change in the leaves, are returned in the vessels of the alburnum, by which a new layer of wood is deposited, and this process goes on every spring in the same manner. It has been a question why the sap ascends in one set of vessels and descends in others? But we can only answer here, as in many other cases, that it is so, although we know not why. There are some plants which admit of being inverted; if you turn the root upwards, and put the fine branches into the ground, the roots will put forth leaves, and all the functions of the plant will be perfectly performed; so that there is no doubt that there are several mechanical agencies concerned, and that temperature, and other causes, assist the circulation of the sap.

Heat is generated in the living plant, and this we cannot wonder at, when we consider that chemical changes are going on. The principal nutriment of plants is, as I have already said, from the soil; but the leaves take up from the air various substances, which are necessary for their nutrition, and it is known that plants, with a large system of leaves, impoverish the soil less than those plants which have a small number of leaves, because they take up a greater part of their nutriment from the air. We know that plants impoverish the soil, and that the soil requires to be left fallow, or to be manured, and these manures may consist of animal, vegetable, or mineral matters. The best *manure*, probably, is that in which animal and vegetable matters are mixed together; it is found that the animal matters putrify and liberate certain substances, which, with the decomposed vegetable substances, become converted into the supply of the plant. The placing of vegetable matter in the soil does not constitute it a manure; hence, when you plough in for a green crop, it is the business of the agriculturist to present his manure to the vegetable in that state in which it shall be more likely to be taken up by the new plant. Now, as many of the products, elaborated during the decomposition of animal and vegetable matters, are exceedingly useful to the growing plants, and, in fact, constitute some of their more immediate principles, you see the great error so often committed, namely, that of applying the manures after the decomposition has taken place. You have, no doubt, seen that the manures are suffered to lie in heaps, and as their vegetable products, used in stables and other places where animals are confined, are highly impregnated with animal matter, as fermentation goes on, heat is generated in the mass, ammonia, carbonic acid, carbonetted hydrogen, and other matters are thrown out, and the black liquor which oozes out, containing a great quantity of valuable matter, runs to waste, and thus the soil is much impoverished. But, of late, agriculturists have begun to open their eyes to this subject, and have saved this liquor in drains for manuring. Mineral manures act in a different way, and may be subdivided into two classes; into those which, by their chemical action, decompose animal and vegetable substances, which, as manures, were before inert; and into such as become directly absorbed, and tend to contribute to the healthy growth of the plant. *Quick lime* is of the first kind; it forms a sort of soapy compound with the vegetable matter, and turns it into that state in which it will be absorbed by the growing plant; it absorbs carbonic acid from the atmosphere, and becomes converted into chalk, of itself frequently a valuable addition to the soil. This shows the value of applying the lime when recent, and in moderate quantity, to the soil; and if it could be strewed on the soil immediately as it is taken from the kiln, so as so be mixed with the vegetable matter intended to be destroyed, the effect would be still better, since the principal object with which the lime is employed is lost by allowing it to remain in heaps. Some limestone contains magnesia, and as such does not slack and absorb carbonic acid; it remains always caustic, and so destroys the young plants; and many crops were in this way destroyed before the cause was discovered. It has been said, that *gypsum* has been sometimes found a good manure; and salt has been very much extolled; I believe that a great deal more has been said of it than it deserves; it certainly destroys insects, but I do not believe what has been said of its value. We are not to infer that because a manure is found to be useful on one soil in a certain climate, that it shall prove equally useful in others; experience must direct us in this particular.

This, then, is a brief epitome of what we know of the structure and functions of plants. Now, the next question is, of what are vegetables composed? What are the *elements* which nature employs in their *constitution?* Here you will be struck with their extreme paucity. Carbon is the chief ingredient, oxygen and hydrogen are generally added, and some nitrogen; and if you state these, you have stated the most important of their elementary principles.—There are minute portions of other matters, but they appear rather adventitious than essential; accordingly, if you come to the analysis of vegetable matters, be they what they may, whether you examine the narcotic plants, or that peculiar exudation from the poppy, opium, or the concrete juice of the sugar-cane, or gum, or starch, or what else; however materially these vegetable products may differ from each other, in what may be called their proximate component parts, their ultimate elements are very few. If you subject a vegetable matter to destructive distillation, you merely obtain those substances which may be generated by the union of the elements I have adverted to; and supposing these to be carbon, oxygen, hydrogen, and nitrogen, you may have a great variety of compounds; you may have carbonic oxide, carbonic acid, carburetted hydrogen, water, oil, wax, resin, gum, sugar, starch, acetic acid, cyanogen, hydrocyanic acid, nitric acid, ammonia, carbonate of ammonia, nitrate of ammonia, acetate of ammonia, and so on. You will have a great number of compounds resulting from the peculiar combinations of these elements, but as acids, the principal are the acetic or vinegar; the hydrocyanic, or prussic acid, and nitric acid, may be procured. So freely is the acetic acid furnished by vegetable matters, that we are now principally supplied with this acid from that source. When vegetables are submitted to destructive distillation, there comes over at first a quantity of gaseous matter, which may consist of any of the substances named. Finding these substances produced, the old chemists thought that vegetables were composed of oil, water, and air, not knowing that the elements of which the vegetables were composed were capable of affording, under the influence of heat, such a great variety of proximate or secondary products as I have enumerated. Of late, chemists have attempted, not to determine what substances are thus produced, but in what proportions carbon, hydrogen, oxygen, and nitrogen are combined in the different substances, and this is the most accurate way of arriving at it, and indeed it has already taught us a good deal of the ultimate constituents of vegetable matters in general.

In the next lecture I shall briefly state the processes by which this knowledge of the ultimate constituent of vegetable matters is most accurately obtained.

FOREIGN DEPARTMENT.

On the Diseases which are observed in Egypt, and on the actual state of Medicine in Arabia.

BY DR. EHRENBERG.*

The physicians whom Drs. Ehrenberg and Hemprich met with in their travels to Cairo, Suez, Damietta, Syria, and Arabia, only presented a glimmering of the knowledge which existed formerly in those parts; they appeared conscious of their ignorance in the presence of the European travellers, and had no idea of the nature or treatment of diseases. The Canon of Avicenna is still their oracle. The most modern work on their art is that of David. In order to become a physician, it is necessary to make several copies of these works, and to learn them by heart. Bleeding, scarifications, application of cupping glasses, and circumcision, are the common surgical operations performed. Monks sometimes undertake amputations and castration. Dislocations are often left to themselves after unsuccessful attempts to effect their reduction; fractures are seldom united. Penetrating wounds from fire-arms are at first washed and cleaned with wine; then twenty or thirty threads, smeared with some kind of balsam, are introduced in the same manner as a seton; each day the threads are changed, and the number is gradually diminished by the subtraction of one thread at each dressing; the removal of the thread promotes the exit of pus, foreign bodies, and splinters from the wound. The patient is generally cured at the end of twelve or fifteen days, and fistulous openings seldom remain.

---

* Hecker's Litter. Annal. der gesammten Heilkunde; Janv. 1827, p. 1.

In inflammatory diseases, the medicines employed internally, are cream of tartar, nitre, grains of succory, leaves of rosemary, tamarinds; and the means used externally are cupping glasses, and scarifications with a razor; in ophthalmia, antimony is given during the inflammatory stage, and this treatment appears to be one of the causes of the great number of blind in this country. In bilious diseases, which the Arab physicians only recognize by the yellow tint of the body, tongue, or eyes, scammony, fruits of several kinds of *terminalia* and *phyllanthus emblica* are given. Anchusa is, with them, a specific. In dropsy, scarifications and cautery are employed; drastic purges are also given, with diuretics. In diseases affecting the mucous membranes, such as catarrh, &c., small doses of ipecacuanha, sage, tea, grains of paradise, and cardamom, licovite, and sebestin (fruits of *cordia myxa*) are used. In dysentery, grains of rhus coriaria are employed. Assafœtida, and the root of the *cyperus fuscus*, with a small fruit of undetermined origin, called *mahleb, ischaemum schœnanthus*, mixed with flour, are considered the best medicines for abdominal diseases.

Arabian physicians recognise, moreover,

1st,—Diseases of the skin, which they treat with purgatives, emollient applications, and baths. Frictions of butter and sulphur, or verdigris, are used in the itch; pressed grapes of Corinth are employed in elephantiasis; no cure is known for leprosy; the properties of myrrh, in malignant ulcers, are not known, although it is indigenous in Arabia. The warm baths of Birket Faraun, on the Red Sea, are said to have cured several obstinate diseases.

2nd,—Worm diseases, in which senna and other purgatives are made use of, but without any great success.

3d,—Syphilitic diseases, which are treated with sarsaparilla, and a kind of wood which comes from India, and called Chinese wood.

In diseases of the eyes, washes of dilute vinegar, zinc, vitriol, and saturnine water, and very frequently crude antimony, with the pulverised grain of the *cassia Absus*, are used. When the inflammation is very violent, scarifications are resorted to. The physicians are generally druggists; they are not respected, and their art is by no means lucrative. The diseases little known to Drs. Ehrenberg and Hemprich, which they observed in Egypt, were—1st, an eruption called *hydroa æstivum Ægyptiacum*. Small miliary pustules, filled with serum, and appearing on the skin; these dry, and are followed by a fresh eruption, but not attended with any constitutional derangement, accompanied with a troublesome itching. This eruption manifests itself every year, at the overflowing of the Nile, among the Franks, Turks, and Arabs, whilst the Nubians, Dongolians, and Negroes are free from it. In children and persons who have a tender epidermis, the pustules run into each other, and are filled with pus, but they leave no marks after them. After the inundations this disease disappears.

2nd,—Erysipelas of the scrotum in mariners. (*Intertrigo scrotalis navium.*) The skin of the scrotum is greatly inflamed, painful, and sometimes relaxed; its whole surface secretes a puriform matter; the disease disappears on landing, but instantly returns when the patient is on ship-board. The Arabs suffer from it less than the Franks.

3d,—Acute diseases of the knee-joint. According to some accounts, this rheumatic affection sometimes prevails epidemically in Egypt and Arabia; in Alexandria it is supposed to be contagious; it soon manifests itself by pain in the knee, which increases on pressure; gastric fever generally comes on. The disease usually lasts but nine days, and a relapse seldom occurs.—Dr. Hemprich was affected with it in a slight degree.

4th,—Rheumatic ophthalmia of Egypt is very frequent among the inhabitants. The affection of the eyes first shows itself in a slight redness of the conjunctiva, with a sense of weight on the eye; on the next day the pressure is less, but the eye cannot support the light, and the conjunctiva is completely tinged with red, and inflammatory pulse: there is very often sneezing and want of appetite; one eye is generally worse than another; sometimes one alone is affected.

On the third day, if the disease be not checked, the conjunctiva is of a varicose appearance; the edges of the lids are rather œdematous, and glued together by a viscid mucus. A flow of tears escapes when this mucus is removed by water or warm milk;

the lids remain open only when they are kept separate.

In the last stage of the disease, the conjunctiva becomes spongy and swollen to such a degree that the lids cannot close. The cornea is deeply situated in the middle of this mass, and seldom becomes affected; vision does not suffer.

In some, this disease sometimes terminates very unfavourably. The transparent cornea is sometimes affected, and vision is lost. In some the inflammation gradually disappears, the globe of the eye either wastes away, or preserves its usual size. In others, the inflammation passes to the chronic state, and becomes very obstinate; there sometimes only remains an insupportable pain at the bottom of the eye, without much alteration externally. The state of convalescence is long, when the disease has been violent; vertigo, and pain in the head, when it is bent forwards, and imperfect vision, often remain after the disappearance of the redness of the eye.

The two European travellers could not discover that the disease was contagious; and the miasmatical character, which it assumed at the time of the French expedition, appeared to be accidental. M. Eherenberg is not aware of any symptom which distinguishes the ophthalmia of Egypt, from the common rheumatic ophthalmia; but the following difference exists in the ophthalmia of Europe, and that of Egypt: viz. that the former principally attacks the lids, whilst the globe of the eye chiefly suffers in the latter; dust, heat, putrid emanations, irritation of the eye by light reflected on planes of white sand, &c., are not, as is commonly said, the principal causes of the ophthalmia of Egypt; this complaint is produced by the changes of temperature and the state of atmosphere.

STRICTURES ON THE CONDUCT OF THE PROFESSOR OF CLINICAL MEDICINE AT THE HOTEL DIEU, PARIS.

We are glad to find, that there has been established in Paris a journal, the object of which is to record the cases of interest as they occur in the Parisian hospitals, to exercise an active surveillance on the medical officers of these establishments, and to give abstracts of the lectures of the most distinguished teachers in that metropolis – the three leading features by which The Lancet rose into notice in this country, and obtained that ascendancy which it now possesses.

The journal is called *La Clinique*, and is published three times a week on a fly sheet. In the number for the sixth of May, we find the following account of the manner in which the professor of clinical medicine, M. Recamier, at the Hotel Dieu, discharges the important duties attached to that office.

"For the last eight or ten months, we have seen the professor commence his visit sometimes at six, at seven, more frequently from eight to nine, often at ten, and sometimes even at eleven o'clock, and all these variations, as to time, occurring in the space of fifteen days! His clinical lectures are as uncertain as his visits; he commences a course, suspends it, resumes it, and then breaks it off for whole months. Since the 14th of April, the course has recommenced; the professor never arrives at the hospital until half past nine, just at the moment when the time for visiting the hospitals is expired, and when the students are obliged to attend the lectures delivered at the *Faculté*, or by their private teachers. The chair, then, of clinical medicine, at this hospital, is really vacant.

"It is with great regret, and in violence to our feelings, that we have given utterance to these observations. The character (private, we suppose) of the professor, is generally held in high estimation; his talents are good, and his information extensive and profound; and although there exists between us a difference of opinion on several questions, we wish to be amongst the foremost to recognise the light which he has spread on a number of obscure pathological points."

HYDATID OF THE LIVER.*

A man, thirty-four years of age, was recently admitted into the Hotel Dieu, under the care of Professor Recamier, with a tumour of eighteen months' standing, in the region of the right lobe of the liver. The tumour had gradually increased in size, and, at present, occupies the whole of the right hypochoridium. There is no pain whatever on pressure; the complaint produces no disturbance in the principal functions of the economy, and its principal inconvenience is that of preventing the patient from pursuing his ordinary occupations.

In another case, of somewhat the same nature, which Professor Recamier had under his care last year, he made an opening in the tumour with a trocar, by which a liquid, containing hydatids, was evacuated. The opening was healed up, and the fluid allowed again to accumulate; and when the swelling had again become prominent, caustic potass was applied to the parietes of the tumour and the cyst, for the purpose of producing adhesion between the cyst and the parietes, and establishing a communication between the interior of the cyst, and the external wound. A considerable number of hydatids was evacuated; after which a quantity of water, sufficient to fill entirely the sac, was injected; the external wound was then dressed, and the parts gradually healed. In this way, a complete cure was effected.

---

* La Clinique, May 6, 1828.

The present case afforded a good opportunity for repeating the mode of treatment which had succeeded so well in the other patient. On the 22d of April, a puncture was made with a trocar, and hydatids were evacuated; and, on the 29th, the caustic potass was applied. The result of the case was not known when these particulars were published.

CÆSARIAN OPERATIONS.*

In a recent number of Siebold's journal, there is an account of an unsuccessful case of Cæsarian operation, performed for the second time on the same person, after the lapse of four years. A hint has been thrown out whether, during the performance of the Cæsarian operation, it would not be advisable to pass a ligature round each fallopian tube, to prevent future impregnation. In Germany, where the Cæsarian operation is far from being unfrequent; and where cases of impregnation, after the operation, have also occurred, the suggestion is worthy of a consideration; and, indeed might, we think, without materially increasing the danger of the operation, be carried into execution.

In the same journal, there is an account of two other cases of Cæsarian operation. In the one, the life of the mother and child was preserved; in the other, both perished.

Our readers will, perhaps, be surprised, at the frequency of the Cæsarian operation in Germany; but this circumstance arises from a consideration, (now sanctioned, if not first engendered, by legal enactment,) that the life of the child should not be sacrificed, even with the fair prospect in view of saving the life of the mother. In this country, and in France, a more rational view is taken of the subject; and however painful it may be to the feelings to destroy the life of the child, the mischief is considered less serious in its consequences than the destruction, (or we ought perhaps rather to say,) the probable destruction, of the mother.

Case of Hydrophobia, in which the Birling Mixture was administered without benefit.

By HENRY POUT, Esq., Galding, Kent.

IF the following recent case of Hydrophobia be considered worthy a place in THE LANCET, I shall feel obliged by its being inserted. I have simply stated facts as they occurred, without comment, together with the appearances on dissection, which may, perhaps, recal the attention of others to this frightful disorder, and, possibly, ultimate good may be obtained.

Thomas Roff, aged 13, the son of a labouring man, was driving a hoop along the public road in the adjoining parish of Nettlestead, on the evening of the 18th March, 1828. The hoop fell, and on his attempting to pick it up, whilst in the act of stooping, a dog, which he had not before observed, flew at him and bit him in the cheek. The wound produced by the bite was a very severe one, being quite through, and extending the whole way down the cheek into the mouth, and it was very much lacerated in different directions. I first saw the boy about two hours after the bite, and from the extent of the wound, finding it was impossible to excise it, I merely sponged the wound well with warm water, and afterwards applying two sutures, dressed it in the usual manner with adhesive plaster, feeling confident at the time, that if the dog was rabid, no hopes could be entertained. Poultices were occasionally applied over the plaster; the discharge from the wound was considerable, and of a healthy appearance; on the 10th day the boy was bled to ℥viij, (pursuant to the directions given by the vender of the Birling medicine, hereafter to be spoken of,) and in a fortnight the wound healed, leaving a very small cicatrix, considering the extent of the wound.

From this time, until Friday the 16th of May following, he continued well, but, for three or four days previously, had complained of tenderness at the bitten part, and was unable to eat on that side; his appetite had continued good, but there had been an increased thirst for two days, which he attributed to the heat of the weather. On the evening of the 16th, after working in the fields during the day, he complained that he could eat no supper, having a slight pain in the chest, which was scarcely noticed by his friends. He passed a restless night, as I learnt from a young man who slept with him, who, in the course of the night, without suspecting the nature of his complaint, inquired if he was crying, supposing that to be the case from the occasional convulsive way in which he breathed, but he answered "No," and said that he was very well. The following morning, the pain in the chest appeared to increase; he said he could take no breakfast, not even a little tea. A lady living opposite, hearing that he was unwell, mixed some rhubarb and sent to him, which he refused to take, saying, he could not drink.

---

* Journal der Geburt's huelfe. B. 8. S. t. 1.

I was then sent for, and saw him about half past eleven o'clock, A.M. on Saturday the 17th; he was sitting in a chair as far from the door as he could get, saying that he could not bear the air. On my entering the room I found him very calm, but I did not at first address myself to him, that he might not be affected by it; I then approached him, and inquired how he did? He smiled, and replied in rather a hurried manner, that he was very well; his pulse was 120; his tongue whitish; the pupils of his eyes considerably dilated, and his countenance appeared rather anxious; the muscles of deglutition and respiration were convulsed by any thing sudden, as was the case when my father entered the room a few minutes after myself; he said he could not drink, as his throat was sore, which we examined, but saw no unhealthy appearance; I then offered him the rhubarb which stood near, he immediately turned from it, was very much convulsed, and exclaimed, as soon as he could recover sufficient breath, "I can't drink it;" the mere mention of drink called forth the same exclamations from him, which was sometimes uttered with greater vehemence than at others; then he appeared determined to take it, but on its approaching his lips, he again became convulsed, stamped with his foot, exclaiming, "I can't." After repeated entreaties, however, he took a tea-spoonful of cold tea, but which he only partially swallowed in a very hurried manner, convulsions being immediately produced; he was also prevailed on to eat a mouthful of tart, which had the same effect. I then blew suddenly in his face, which seemed to occasion the greatest uneasiness, the convulsive paroxysm being much more violent, and as soon as he was somewhat recovered, he said quickly, "I can't bear that, it takes away my breath."

The treatment which I adopted was as follows:—I cupped him on each side of the spine, and afterwards applied a blister two-thirds of its length; in addition to which, my father gave him ext. hyoscyam. gr. iij. in a piece of tart, and repeated it three hours after in a piece of plum-cake.

On my first visit I continued with him about two hours, during which time the symptoms appeared to increase slowly, but gradually. Half past seven o'clock, P.M. all the symptoms were increased; pulse 128, and tremulous; tongue rather more white; his countenance much more wild. I remained with him until it became dark, when he walked up stairs tolerably well by taking hold of my hand, and seated himself opposite the open window; I asked him if he felt too much air, and he said, No, he did not mind it much. I continued by him for half an hour, during which time he appeared rather more composed; I then blew very gently in his face whilst standing up, that he might suppose the air proceeded from the window, when he started in the same convulsive manner as before, and as soon as he was able said, "I can't bear that; must have the window shut;" he then moved to the further corner of the room, where he continued when I left him, at nine o'clock in the evening. In two hours I again visited him; on my first entering the room, I immediately perceived the symptoms were aggravated; his pulse, sometimes much quicker for a few strokes, was at about 128, but varied so much, that I could seldom make it agree twice; his skin was hot; his skin wet from perspiration; his countenance expressive of great uneasiness; the intervals between the paroxysms much shorter, the least occurrence reproducing them, particularly the admission of any light from the candle, which was often done inadvertently by touching the bed-curtains. He remained in nearly the same state till about one o'clock, when we left the house for a few minutes, and on our return, hearing a great bustle in the room, inquired the cause, and was told that his father had just returned from Birling, with a fresh supply of medicine, and that they were attempting to give him the first tea-cupful, which was ordered to be taken every half hour, until the whole was gone, about four times that quantity. I considered it almost impossible for him to take so much at a time, but inquired whether he would if I administered it, and he immediately said he would; he then appeared to summon all the resolution he was master of, and seemed prepared; I then took the teapot into which the medicine was put, and offered it to him; it was very thick, and on my shaking it to prevent its depositing, he would frequently turn his head away and become strongly convulsed; at another time he would not appear to mind my agitating the liquid, but on my attempting to convey it to his lips, he would cry out, "Stop, not yet, let me get my breath first," and again the convulsions were renewed; ten or fifteen minutes elapsed in this way, when he said with great firmness, "I'll say that I will take it, and I will," and then seizing the teapot suddenly with both his hands, he conveyed it to his mouth, from which he never removed it until he had swallowed the whole quantity; he was then instantly very much convulsed, his efforts resembling a person retching violently, but striving to suppress it, and a somewhat similar noise was occasioned; he said it gave him severe pain in the chest, and every now and then in the midst of his sufferings he exclaimed, "It wants to come up—won't let it;" each time I had less difficulty in prevailing on him to drink his medicine, and then followed a remission of symptoms; he became more tranquil, the paroxysms being less frequent; approached the candle without being much disturbed; went down stairs, and soon into the garden, where he had a dark bilious stool; on my going out, he said he would accompany me, and taking hold of my hand, walked a few steps down the road, when a current of air meeting us, he stopped suddenly, turned round, and said convulsively, "Can't stand that, must go in;" during this cessation of violent symptoms, a cold clammy perspiration had come on; his pulse sunk to 98; and he appeared to get gradually weaker; in a short time, however, the pulse quickened; his face became warmer, and he relapsed into his former state of excitement, which was increasing slowly when I left him, at six o'clock in the morning, on Sunday the 18th.

At eleven o'clock, A.M. I again saw him; he had now passed two nights and a day without obtaining the least rest; the greatest weariness and anxiety was depicted in his countenance; the utmost care was necessary on approaching, and more particularly on addressing him, as he was greatly distressed if I only breathed gently upon him. His pulse had fallen to 100, but was as variable as before; his face was pale, but warm; tongue white; the convulsions recurring at least every five minutes, and much oftener if any one happened to speak or move near him; his bowels had acted three times since I last saw him; the motions dark-coloured. At twelve o'clock it again became necessary to give him his medicine, which he swallowed in the same hurried manner, without so much hesitation as he had evinced previously, but followed by precisely the same distressing effects.

At four o'clock in the afternoon I found him infinitely worse, so much so, that it is impossible to give an adequate description of his sufferings; he was so excessively irritable, that the least movement of any one in the room caused the most violent agitation; there was scarcely a minute between the paroxysms, which were increased beyond description. I was obliged to keep a handkerchief constantly before my mouth when standing by him, and then he would often avert his head quickly, crying out vehemently, "Don't blow." There was a dreadful wildness about the eyes, which seemed starting from their sockets; vision much impaired; his pulse so exceedingly quick, that it was impossible to count it, indeed he would not suffer me to hold his hand scarcely a second for that purpose. He was supporting himself in bed, as he could not lie down, by putting his arms behind him; and on requesting to look under the tongue, as I had done before, to see if any pustule had made its appearance, he would open his mouth very wide, immediately throw his head back, and the strongest convulsions would then come on; his tongue was forced as far out of the mouth as possible; a peculiar loud noise was occasioned by the convulsive way in which the air was expelled from the lungs; in this state he would continue, without any cessation, for two minutes, and terminate by his hawking up a frothy saliva, which adhered to the mouth very much; he would then, perhaps, get only a momentary respite, but during that short pause, he generally said something, showing that his intellectual faculties continued undiminished. This violent state continuing about two hours, nature appeared no longer able to support it; the symptoms gradually diminished; he turned on his face; the noise which he before made gradually ceased; his pulse faltered, until he at last expired without a struggle, about eight o'clock in the evening of the 18th of May.

Examination of the Body.

An incision was made on each side of the spinous processes of the vertebræ, so as to expose the whole of the medulla spinalis, when the following appearances presented themselves:—From the medulla oblongata to the 3d cervical vertebra, there was considerable adhesion between the theca vertebralis and bony parietes of the canal; from the 3d to the 5th, a gelatinous deposite was seen on the surface of the theca; and from the last cervical to the 7th dorsal vertebra still thicker deposite, mixed with grumous blood, which to the view very much resembled pus.—In the substance of the brain, dark points of blood were seen; the fluid in the ventricles small in quantity; the choroid plexuses very dark: no other apparent alteration.—The larynx, pharynx, the trachea, and the bronchi to their division in the lungs, presented a highly inflammatory appearance. Slight patches of inflammation were found in the small intestines. The parts not mentioned exhibited no particular appearances.

Several medical friends were extremely kind in joining me as soon as they heard of the case. A consultation was held; and each individual was ready to suggest various modes of treatment; but hearing that the boy had, from the time that he was bitten, in strict conformity to the directions given, been taking the medicine sold at Birling, in this county, and said to be a specific; and also learning that it was the wish of his relations, who placed the most implicit confidence in it, they at once banished all prejudice from their minds, and came to the conclusion, that a fair trial should now be given it. Happy should I be to speak in praise, rather than disparagement, of this nostrum, and I most assuredly would have done so, had the result proved different; but as it is, I feel it a duty which I owe to the public, to state, that this case disproves its efficacy, and shows that it possesses no power of alleviating, and much less of preventing, this most dreadful malady. I consider it just to make known these facts, that a reliance may not be placed in it for the future, which is at least productive of this mischief, that it prevents these unfortunate sufferers adopting other means, which may eventually prove effective. It has been asserted, that the boy's stomach would not retain the medicine, and on that account only has it failed; this I beg leave most positively to contradict, having from the time that hydrophobic symptoms came on, administered every dose with my own hands, his stomach rejecting no part of it.

Galding, Kent, May 24th, 1828.

Transactions of the Association of the Fellows and Licentiates of the King and Queen's College of Physicians in Ireland.—(Concluded from page 306.)

On the Nitrate of Silver in certain affections of the Eye.

For the relief of some of the most dangerous morbid changes of the eye, and its appendages, the materia medica supplies no one article so generally useful as the nitrate of silver. The high character it has so justly obtained in certain conditions of this important and delicate organ, has led to its indiscriminate application, and to its becoming a dangerous implement in the hands of the inexperienced. There is scarcely a modification of ophthalmic disease which does not experience either its salutary or injurious powers; and it is now employed, not only by every denomination of medical practitioners, but by the patients themselves, and their uninitiated friends. Mr. Ryall has pointed out the following morbid conditions of the organ to which this remedy is peculiarly applicable, noticing by the way such auxiliary means as tend to promote its efficacy. Mr. R. does not appear to have arrived at the same conclusion as one of our London oculists, namely, that the eye is by no means a delicate or sensible organ. We are convinced that we have seen irreparable mischief done to this organ, and not a few tolerably good eyes "*put out*," by the application of lunar caustic, during the acute stage of ophthalmia.

"*Ulcer of the Cornea.*—This is one of the most frequent and serious terminations of ophthalmia, and that under which a large portion of those poor persons suffer, who apply for relief at the national institution for curing diseases of the eye, in Dublin, in which city, owing to various causes, the affection is more prevalent, and assumes a worse character, than in any other part of the united kingdom. The cornea, after protracted, and sometimes after comparatively mild inflammation of the conjunctiva, is frequently occupied by an infinite number of small superficial ulcers, appearing as mere depressions, or losses of substance, in the investing tunic. These are so minute as to require the closest inspection, and even the aid of glasses for their detection, yet are productive of no small share of irritation and inconvenience. Hence the irritation is sometimes ascribed to primary inflammation, and ineffectual, if not injurious, means of relief resorted to. I have not unfrequently known patients, of weakly strumous habits, to have been condemned to long confinement in darkened apartments, to a strict antiphlogistic regimen, and even to the influence of mercury, whose miseries might have been, in a great measure, curtailed, had the precise nature of their complaint been timely discovered, and the nitrate of silver applied. For the superficial ulcer, a solution, in the proportion of two grains of the mineral to one ounce of distilled water, will generally answer; but if the ulcers betray any indisposition to heal, a stronger one will be necessary, which here, as well as in the purulent ophthalmia of infants, considered on a former occasion,* can be conveyed to the part with more efficacy and convenience in the form of injection than in any other, especially in the cases of young persons, who generally resist every application to their eyes while suffering under irritation. For ulcers deeply penetrating the laminæ of the cornea, this remedy is still more imperiously demanded, if we wish to rescue the organ from imminent destruction. In addition to the injection, it will be necessary to apply exclusively to the ulcer, with a fine camel-hair pencil brush, as strong a solution of the nitrate of silver as can be made, or the caustic in substance, pointed like a crayon pencil, dropping into the eye, after each of these applications, a little oil of sweet almonds. This is to be repeated on each separation of the eschar, and continued until the ulcer assume a more healthy action, and the patient obtain, if not a complete freedom from, a sensible remission of pain. The escharotic is then to be laid aside, and the weak solution employed as a collyrium to the end of the treatment. The internal use of mercury has been considered by some to be no less a specific in ulcer of the cornea than in syphilis. It should not be forgotten, however, that the habits in which this affection most frequently occurs, are those in which mercury, at least to any extent, is inadmissible. In delicate constitutions, light nutritious diet, healthy situation, mild tonics, and salt-water baths, whose temperature is regulated by the season, and the strength of the patient, will greatly contribute to improve both the general and local affection. In irritable and highly inflamed conditions of the eye, the prudence of witholding stimulant applications cannot be questioned. In the irritation, however, attendant upon, and kept up by, ulceration of the cornea, this monition has been carried to a mischievous length; we must, in this case, seek relief in the means best calculated to induce the healing process, and we are assured that, by the application of the nitrate of silver, deposition of lymph, so essential to our object, is most effectually produced; that the extreme sensibility, occasioned by a denuded state of the nerves, is obtunded, and an almost stantaneous remission of morbid intolerance of light and irritation attained. There is, however, a contra-indication of this remedy, under the circumstances of redundancy of lymph, or of interlaminary ulceration or effusion, when the object is, by means of local blood-letting, purgatives, and emollient fomentations, to diminish the vascular action of the part. If considerable pain and inflammation be present, the nitrate of silver must either be accompanied by, or give place to, according to the violence of these symptoms, the means just mentioned; and if no constitutional taint forbid, a pill, composed of calomel, antimony, and opium, should be administered twice a day, until the mouth be slightly affected, or the symptoms recede. It has been the practice, in ulceration of the cornea, to drop into the eye a little of the vinous tincture of opium twice or thrice a day; but this is known greatly to aggravate the irritation, without, in any degree, contributing to produce healthy action of the parts.

---

* Trans. of Association, vol. iv.

" *Pustule.*—This affection of the conjunctiva, considered to be analogous to the chancre, or aptha of the mucous membrane of other parts, appears in the form of one or more little eminences, either on the sclerotic or cornea, but most frequently at the junction of these tunics, where, as they advance towards suppuration, they bear no slight resemblance to little pearls, set round the edge of the cornea, on which their encroachment is greatly retarded, in consequence of the latter membrane being more closely connected to the conjunctiva than the sclerotic is. This form of ophthalmia, being the concomitant of a scrofulous taint, is met with in all ranks of society, but in no particular situation is it more prevalent than in the charity schools of Dublin, owing, perhaps, to the want of a due proportion of animal food. Should the attendant inflammation be urgent, leeches and purgatives must be employed, but the ulcerative process of the pustules will be restrained, and in most cases speedily removed, by a few light touches of the stronger solution of the nitrate of silver. Advantage will also be derived from the application of a delicate ointment of the nitrate or supernitrate of quicksilver every night to the pustules. Pustular ophthalmia, being influenced by a scrofulous taint, must be expected to recur; it is, nevertheless, important to prevent injurious effects on the cornea, which a vitiated habit would greatly favour.

" *Slough of the Cornea.*—As an external remedy in this dangerous state of the eye, there is none so grateful, or withal so efficacious for throwing off the morbid parts, as a solution of the nitrate of silver, in the proportion of eight grains to the ounce of distilled water, briskly injected against the slough three or four times a day. But to obviate and arrest the progress of this serious termination of disease, we must rest our chief reliance on the extract of cinchona, so justly praised by the late Mr. Saunders. Opportunities are afforded me but too frequently of giving this medicine a fair and full trial, in the cases of young infants, born for the most part in the Lying-in Hospital; and I assert, that greatly as I had been prepossessed in its favour, it far exceeded my expectation, since both shape and function were preserved to an extent that I dare not hope for, in several instances where death of the exterior laminæ of the cornea, or of a segment of its entire thickness, had already taken place, and when the eye had presented the appearance of a disorganised mass. I have also used the sulphate of quinine in sloughing of the cornea with manifest advantage.*

"*Protrusion of the Iris.*—When slough or ulceration shall have penetrated through all the laminæ of the cornea into the anterior chamber of the eye, and when, owing to the escape of the aqueous humour, collapse of the cornea and protrusion of the iris shall have taken place; necessarily contracting, or if the prolapse be considerable, entirely closing up the pupil, the nitrate of silver is our chief, perhaps only resource. In this state the aqueous humour continues to be distilled through the aperture as fast as it is secreted, until, by a new production of parts, or by the adhesion of the iris to the cornea, or by both, the breach is filled up. It is extremely gratifying to witness the striking and happy effects produced by a few applications of the pencil-pointed nitrate of silver, or by its strong solution. Healthy action and new growth of parts are thereby quickly obtained; the cornea resumes its convexity, the protruded iris is retracted, and, unless the breach has taken place in the centre of the cornea, vision is completely restored. It is scarcely necessary to say, that the slightest adhesion of the iris to the cornea must produce contraction or oblongation of the pupil, but these do not materially impede vision, and may often be obviated by the early use of the extract of belladonna, reduced to the consistence of cream, and rubbed on the orbit, or eyelids, twice or thrice a day, or in a more liquid form, and dropped into the eye. The former mode of applying this narcotic, as being productive of no irritation, deserves a preference, as well for this purpose as for that of dilating the pupil before, and preventing adhesion after, the operations for cataract and closed pupil.

"*Nebulous Cornea.*—This state of the cornea being the result of protracted chronic inflammation, which is always aggravated on exposure to cold, or indulgence in the use of fermented or spirituous liquors, consists in a thickening and increased vascularity of the conjunctiva, and effusion between this membrane and the exterior lamina of the cornea, of an albuminous fluid, which has this distinguishing character from interlamillary deposition, that it is not disposed to point outwardly in the form of pustule; the veins on the sclerotic are turgid, varicose, and tortuous, inosculating at the junction of the sclerotic and cornea, from whence they take a radiated direction towards the points of density in the cornea. The offuscation of the cornea is sometimes so great, as scarcely to allow the subjacent iris and pupil to be seen; and if the affection be the consequence of the Egyptian or purulent ophthalmia of adults, the cornea assumes that toughness and shining whiteness peculiar to cartilage, a condition admitting of little amelioration. A profuse morbid secretion from the tarsal glands is also another, and a very distressing accompaniment of nebula. The application of leeches to the inner surface of the lower palpebræ, the exhibition of purgatives, and precaution against strong liquors and cold, are the first objects to be attended to. If granulations exist on the palpebræ, they are to be removed by the means hereafter to be mentioned under the head of "granular palpebræ." After the vessels shall have been well emptied by the daily application of two leeches to the conjunctiva of the lower eyelid, and a few purgatives have been administered, a circle, or as large a segment of one as will include the opaque portion of the cornea, is to be described with the pencil-pointed caustic on the sclerotic, at about two lines distance from its junction with the cornea. After the eschar has sloughed off, ulceration is to be kept up for some time by the same means, care being taken to subdue any excessive inflammation which may be thus produced. The solution of the nitrate of silver, varying according to circumstances, in the proportion of from two to six grains to the ounce, is to be frequently injected into the eye, and the ointment of the red oxyde of mercury applied every night to the tarsi, a portion of which may be allowed to be diffused over the surface of the eyeball. In some of the worst cases of nebulous cornea, the liquor subacetatis plumbi has been dropped into the eye twice a day with great advantage. Absorption of the effused lymph, and contraction of the vessels, were speedily produced. It must be acknowledged, however, that these are not, in the majority of cases, its gratifying results. It is the practice with some to cut off, with a pair of curved scissars, a portion of the conjunctiva, concentric with, and about two lines distant from, the cornea, and to continue the excision as far around the circumference of that tunic, as its extent of opacity may require. The turgid vessels are by this plan emptied; but it has been found, when adopted in an irritable state of the organs, to create excessive inflammation, and a new production of vessels. For the relief of that truly distressing attendant of this and other forms of protracted ophthalmy, profuse secretion from the lachrymal and tarsal glands, the dilute sulphuric acid, in the dose of from 20 to 30 drops in a glass of water, twice or three times a day, will prove of singular benefit; and it is probable, if combined with the sulphate of quinine, its virtues would be still further increased. The probable advantage to be derived from the sulphuric acid, if used in a still more dilute form as a collyrium, may be judged off from the following case:—Mr. A., of Leith, near Edinburgh, consulted me last year under the following conditions of the right eye:—great vascularity both of sclerotic and cornea, with albuminous effusion; the globe felt soft, was diminished in size, very irritable, and vision almost entirely lost. The superior palpebra was granular, and there was an excessive discharge, sometimes of tears, and at others of puriform matter. A combination of the blue pill and compound extract of colocynth, was administered; two leeches were directed to be applied every day to the inner side of the lower eyelid, and the solution of the nitrate of silver, in the proportion of four grains to the ounce, to be injected three or four times a day; but as the eye seemed to be approaching to disorganization, the eschar was not formed on the sclerotic. Means were employed for the removal of the granulations on the palpebræ, and half a drachm of the dilute sulphuric acid was administered thrice a day in a glass of water. The ointment of the red oxyde of mercury was also applied every night to the tarsi. Under this treatment the case was manifestly, though slowly, becoming improved; until one day the patient had the dilute sulphuric acid, by mistake, for the caustic solution, injected into his eye. This accident, as may be supposed, was attended with great pain; but this was not of long duration, and thenceforward the case rapidly advanced to restoration, which had been nearly completed, when urgent business called him home. I have since heard, through a friend of his, whom he recommended to my professional care, that the eye had fully recovered both its healthy appearance and function.

---

* The sulphate of quinine is decidedly preferable to the extract of cinchona, as it can be given in a smaller volume, and in a more agreeable form. It is also less likely to offend the stomach and bowels.—*Rev.*

"*Albugo.*—In no case has the nitrate of silver been more abused, than in the early stage of albugo, which consists in a deposition of coagulable lymph effused by the arteries during the presence of ophthalmia, between the laminæ of the cornea, and which remains after the inflammatory action has subsided. Absorption in this stage is more judiciously attempted by topical blood-letting, and alterative doses of calomel, antimony, and opium, than by local stimulants, whose premature use would be productive of increased vascular action and deposition. When, however, the former have been persisted in for some length of time, which the experience and observation of the surgeon can only determine, it will be necessary to have recourse to the latter, which should consist in a solution of from four to eight grains of the nitrate of silver to one ounce of distilled water, and in a weak ointment of the red oxyde of mercury; the former to be applied twice or thrice a day, and the latter every night, with a camel-hair pencil, to the speck. If the patient be young, and the deposition recent and superficial, these means will generally succeed; and even under the opposite circumstances, perseverance for several months has effected a cure, which at first might appear hopeless.

"*Leucoma.*—By this term is now understood that dense, pearl-coloured, inveterate opacity, occupying either a part or the whole of the cornea, and the result of extensive disease and change of structure in that tunic. The disorganized state of the parts precludes all hope of relief, either from local or general means. The removal of any portion of the opaque substance, either by the knife or caustic, could be attended by no other consequence, than the succession of a body of equal density, and probably to one that would give rise to greater irritation or deformity.

"*Staphyloma.*—In many instances of those recent staphylomata of young children, which succeed to small pox and purulent ophthalmy, the growth has been checked, and even the removal accomplished, by producing upon them, and keeping up for a considerable length of time, artificial ulcers, by means of the nitrate of silver. When it is found necessary to have recourse to the knife for the removal of the more inveterate forms of this disease, the objects of the operation may be greatly advanced by the subsequent use of this escharotic.

"*Granular Palpebræ.*—This morbid growth of flesh, or warty excrescence, is also the consequence of long continued inflammation, especially of the purulent form, producing by its friction against the cornea, not only great irritation, but eventual opacity. The first business, when called to a case of protracted ophthalmia, will be to evert the palpebræ, particularly the superior, and in the majority of cases the surgeon will at once discover the cause of irritation. The granulations may be shaven off with a scalpel, or the shoulder of a lancet, and the abraded surface touched with a strong solution of the nitrate of silver: or, without any previous excision, the caustic may be applied, and repeated after each sloughing of the eschar, until the granulations have disappeared, care being taken, after each of these applications, to wipe the part with a sponge, and to drop into the eye some oil of sweet almonds. In this way the immediate removal of the granulations is accomplished; but their recurrence is best prevented, and the tone of the parts restored, by the use of the sulphate of copper, which is to be rubbed every second or third day against the inner side of the granular palpebræ, until an eschar is produced;* a lotion of a weak solution of this last, or of the nitrate of silver, may accompany this treatment, together with the application of the ointment of the red oxide of mercury every night to the eyelids. The muriated tincture of iron has been found very efficacious in this affection; but I am not justified by experience in preferring it to the remedies just mentioned.

Ectropion.—The morbid thickening of the conjunctiva, which causes the more tractable species of everted palpebræ, may, in most instances, be removed, by producing upon it repeated eschars with the nitrate of silver. In some cases, where the surface is callous, as not to be acted upon by this caustic, it will be necessary, preparatory to its application, to remove with a knife, or the curved scissors, the exuberant conjunctiva. If there exist no contraction of the integuments from loss of substance, these means will seldom fail to restore the lids *ad sitreno.* Indeed, when not properly regulated, I have known them to go further, and produce undue inversion and puckering of the tarsi."

Mr. Ryall also observes, that in encanthis, pterygium, and other fleshy excrescences of the sclerotic and cornea, whenever it may be deemed expedient to remove one or other of these morbid productions by excision, the subsequent aid of an escharotic may be found necessary, as well for their ultimate destruction, as to restrain the healthy granulations of the wound. For these purposes, the nitrate of silver is the safest means that can be employed. There are, also, several of these affections which the caustic alone, without any previous operation, will effectually remove.

Sketch of a Medical Report on the Epidemic Dysentery, which prevailed in Dublin in the year 1825. By Dr. John O'Brien.

The autumn of the year 1825 was distinguished by the extensive prevalence of an epidemic dysentery which pervaded Ireland generally, but made its severest assault on the city and vicinity of Dublin. The summer and autumn of the year were marked by extreme heat and drought, and the epidemic, contrary to the usual order of invasion in former instances, commenced among the higher classes of society, as if those classes possessed more sensibility to the exciting causes, or were placed more directly under the influence of their operation. The author having commenced his attendance as one of the physicians of the Cork Street Hospital, on the 1st of October, 1825, had an opportunity of treating some of the worst cases of the disease, which had either remained since the preceding month, or were admitted in the months of October or November, when the epidemic had reached its acme. A list of thirty-five patients, labouring under dysentery, is here given. Of these, about one-fourth died; and this the author considers as a fair average of the ordinary mortality, from this disease, in the Dublin hospitals; a mortality considerably greater than that of their idiopathic fevers, the average mortality of which, taken for a number of years in Cork Street Hospital, has not exceeded one in fourteen. As the ward, under the author's care, formed a third of the entire hospital, it is probable that the total number of dysenteric patients in the hospital, within the two months formerly specified, may have amounted to little more than one hundred. The duration of the disease, when it terminated favourably, varied from two to six weeks; and of the fatal cases, two died in the acute stage, that is, within the first three weeks of the disease, and five lingered on to the chronic stage, under which they ultimately sunk. The ages of the majority, in the list, varied from twenty to forty; none were under the age of twenty, and two only (fatal cases) exceeded the age of forty. Persons of middle age, and in the vigour of life, seemed to have been the principal sufferers, and the young and aged escaped in a greater proportion than usual. In the males the mortality was less than in the females, which is the ordinary occurrence in this disease.

---

* We can, from extensive experience, corroborate Mr. Ryall's statement as to the utility of the sulphate of copper in destroying the granular state of the palpebræ here described, which, if unattended to, will produce opacity of the cornea, and consequently imperfect or total loss of vision.—*Rev.*

"In a majority of the cases, the disease, through its entire course, was attended with febrile excitement; but, in some instances, a disease, which in the outset appeared to be simple idiopathic fever, was often two or three days converted into dysentery, with an evident remission of the febrile symptoms. In other cases, dysentery appeared as a sequel of fevers of a bad type, in the stage of convalescence, an occurrence far more frequent during the prevalence of epidemic dysentery than at other times, and indeed presenting one of the most dangerous and intractable *forms* of the disease."

The discharges were almost, without exception, of a ferruginous or dark-brown colour, and generally exhibited insulated circular patches of blood floating on the surface, poured out, no doubt, by the vessels of the abraded rectum, after the passage of the fæces.

"In a case which occurred in private practice, the colour of the discharges was invariably altered from a dark-brown to a dirty whitish hue, by opium; and, again, on withdrawing the medicine resumed its original shade."

The general seat of pain was the prominent part of the hypogastric region, a little below the umbilicus; and the pain was more frequently fixed than intermitting, which latter character the tormina of dysentery generally assumes.

"The number of discharges, in individual cases, varied from twenty to forty in twenty-four hours, and in no instance but one, as far as could be ascertained, exceeded the latter number."

In the excepted instance, the most violent and rapid in its progress, which occurred to the author in the present epidemic, and in which cholera was complicated with dysentery, there existed an almost incessant discharge, both upwards and downwards, of a dark-coloured fluid, resembling coffee grounds, which no medicine could restrain. In mild cases, however, the number of discharges seldom exceeded twenty in twenty-four hours. The skin was, in every instance, altered to a darker hue, assuming, as the complexion varied, either a leaden or copper tinge, and, in general, it affected the touch with the sensation of roughness, and even corrugation.

"In all severe cases the eye was anxious, the brows wrinkled, the countenance dejected, the cheeks and temples sunk, pale, and cold, the features sharp and pointed."

The disease, in some instances, made its first invasion suddenly, perhaps after a full meal, long exposure to the sun's rays, intoxication, long vigilance, &c. Such invasions were ever generally attended with symptoms of cholera of various degrees of intensity. In the majority of cases, the patient was warned of the impending disease by loss of appetite, indigestion, furred tongue, costiveness, attended with twitches of pain in the abdomen. Such cases usually commenced with diarrhœa:

"*Treatment.*—The following was the general plan of treatment adopted, and which, upon the whole, appeared to prove most successful. The patient, if young, and in the first stage of the disease, was immediately blooded to the extent of twelve or fourteen ounces; he was then placed in a warm bath, at a pretty high temperature, in which he was retained for fifteen or twenty minutes, if possible, for the harassing necessities of the disease seldom permitted so long an interval of quiescence. He was then, after a vigorous friction of the whole body, but particularly of the abdomen, with camphorated oil, put into bed, having been previously swathed with a flannel roller drawn tightly round the abdomen and loins, in order to support the bowels, a measure which is always attended with comfort and alleviation of pain, to persons labouring under this disease. After this a small bolus, or pills, containing ten grains of calomel, one, or sometimes two, grains of opium, and occasionally combined with antimonial powder, were administered, and repeated after an interval of eight hours, if the urgency of pain rendered such repetition necessary; for the anodyne effects of opium seldom extended beyond this period. As patients are generally conveyed to the hospital at a late hour in the day, the measures just described occupied the first evening and night after admission. On the morrow, a purgative draught, consisting sometimes of castor oil, tincture of rhubarb, and tincture of opium, sometimes of infusion of senna and salts, with tincture of rhubarb, and tincture of opium, was exhibited, and sometimes the neutral salts alone. The author has not found, from experience, that castor oil possessed more irritating qualities than the other purgatives above mentioned, and thinks that the prejudices which some practitioners entertain against it, are altogether groundless; but all apprehension on this subject may be removed, by the addition of tincture of opium, which the author thinks will even promote its purgative virtues in the disease before us. If the symptoms still continued urgent, and the pulse gave indication of inflammatory and febrile action, the bleeding and warm bath were repeated, and calomel and opium continued as above, alternated, however, by purgatives, until the disease yielded, or until ptyalism, or, at least, soreness of the gums, was effected. When this latter effect was produced, which in some instances was accomplished with considerable difficulty, the mercurial part of the medicine was discontinued, and opium alone exhibited, accompanied, as before, by the alternate use of purgatives. In many instances, the Dover's powder was substituted for opium, and achieved the cure with equal success; and, indeed, this modification of opium gained confidence, in proportion to the frequency of its employment, and cannot be too highly commended in this disease."

In some protracted cases, Dr. O'Brien prescribed the decoction of the Simarouba bark, and he believes that it possesses considerable astringent powers, and that when united with opium, it is an anti-dysenteric of no mean efficacy. Dr. Grattan informed the author, that he had recourse to arsenic in five or six cases of protracted dysentery, and that it succeeded when other medicines proved unavailing.

Indurated Enlargement of the Uterus. Dr. Thetford relates the history of a case of indurated enlargement of the uterus, successfully treated with iodine. After ordering alterative doses of the corrosive muriate of mercury, with pills of conium and hyoscyamus, without any decided advantage. The author, on the 14th of June, 1827, prescribed seven drops of the tincture of iodine to be taken three times daily in a wine-glassful of water, which dose was gradually augmented to ten drops, all other medicine being discontinued, except an occasional dose of castor oil. The result was speedily favourable; the spirits revived, the appetite greatly improved, and, on the 2d of August, the patient was perfectly restored to health, and continues so.

We must here close our analysis of this interesting volume, having presented our readers with the main facts of all the important communications.

HÆMORRHAGE IN THE FOURTH MONTH OF PREGNANCY, SUCCESSFULLY TREATED WITH THE ERGOT OF RYE.

By G. BOARD, *Esq. Bristol.*

Mrs. W., who had not menstruated since January, experienced a severe fright in the middle of the month of April, and uterine hæmorrhage immediately ensued. It was checked by the use of ordinary means, but returned at intervals, until the 24th of May, at which time profuse flooding took place, but was restrained under the free application of cold. It was concluded that considerable, if not entire separation of the ovum had taken place; that the fœtus was dead, and that to induce contraction of the uterus was the only means to put a stop to the discharge, and avert a fatal issue. Half a drachm of the ergot of rye in powder was at once administered, and at the expiration of half an hour, the uterus was felt to be " firm and round." An ounce of the infusion, made with two drachms of ergot to half a pint of water, was given every four hours throughout the day, during which slight pains were felt in the loins and in the uterus. In the evening no further hæmorrhage had occurred, and the uterus was in a firm state of contraction. The powder was repeated, and ordered again for the ensuing morning; the infusion was continued regularly. The night was passed with occasional pains, as was also the following day, in the evening of which a dose of the powder was again exhibited. Contractions of the womb speedily ensued, and about two o'clock in the morning, the ovum, with its secundines, were expelled. The woman quickly recovered.

THE LANCET.

London, Saturday, June 14, 1828.

One of our Correspondents has favoured us with a few observations on our notice of the plan recently suggested by an enlightened medical journalist, for the suppression of hospital reports, and the revival of a system of "Hole and Corner" surgery in our public hospitals. We are not surprised at our Correspondent's astonishment, nor even at his incredulity; and we are ready to admit that he is not bound, upon the mere statement of our contemporary's views by a third party, to believe in the existence of so much ignorance and imbecility. He evidently suspects that we have been combating shadows, and that we must, more especially, have mistaken or misrepresented our contemporary, when we intimated, that one of the grounds upon which he opposed the publication of hospital reports was, that the public were singularly ignorant of matters connected with medical science. For the satisfaction of our Correspondent, we will quote one or two passages from the pages of our contemporary, and our readers will then perceive why we deemed it sufficient on a former occasion, to advert to the substance and effect of our contemporary's arguments, without entering into a formal contest with unresisting imbecility.

The following is the passage in which our contemporary anticipates and attempts to answer the objections, which may be urged against his plan for reviving a system of "Hole and Corner" surgery.

"But it will be said, perhaps, prevention is, after all, neither practicable nor scarcely justifiable. The situation of an hospital physician or surgeon is a public one, and he must take the common chances and contingencies of publicity; and this, too, is an advantage to society: for the man who acts under the public eye will be more upon his guard and his good behaviour; will exert his best powers, and be less tenacious of his own individual interests. This, as a general principle, relative to matters of public concernment, no Englishman will dispute, or depreciate its advantages; but here is the common fallacy: people call that *public* which is not so, and then argue upon the assumption as if it were indisputable. We deny that the medical officers of our hospitals can, with any propriety or truth, be considered as subject to public inspection. We deny that the treatment of disease is a thing that falls under the cognizance of the public judgment, or ought to be brought under their notice. That surely cannot be deemed a public matter which the public cannot understand; and of medical and surgical matters the public are singularly and pre-eminently ignorant, and, of course, are singularly and pre-eminently liable to be deluded—to be duped by any crafty knave who has no scruples in arrogating superiority of his own knowledge, and calumniating the skill of others. That, again, is not public which is not practised with open doors. That, again, is not public which is accessible only upon payment of fees:—what is *so* attainable, is strictly a private concern."

In order to arrive at the meaning of the foregoing passage, (though it is, perhaps, rather a violent assumption to suppose that our contemporary knew his own meaning,) let us see what the writer concedes, and what he denies. He admits that the expediency of giving publicity to matters of public concernment, is a principle which no Englishman will dispute, but he denies that the treatment of disease in our hospitals is a matter of public concernment, and the grounds upon which he rests this denial are threefold; first, because the treatment of disease is a matter of which the public are pre-eminently ignorant; secondly, because the doors of our hospitals are not open to the public; and, thirdly, because the manner in which hospital surgeons discharge their duties, are not subject to inspection, except upon payment of fees.

"That surely," says this acute reasoner, "cannot be a matter of public concernment, which the public cannot understand." We will not take advantage of the mere verbal hallucinations of our contemporary, and suppose him to insist that a subject, which he probably conceives his own intellect to have mastered, is absolutely beyond the reach of the non-professional community. But, supposing him to mean that the public are not, indeed, incapable of understanding, but singularly ignorant of the technicalities of medical science, how does this prove that the treatment of disease in our charitable institutions is not a matter of public concernment? Let the reasoning of our contemporary, if it can be so termed, be applied to any other science; architecture, for example; and let us see how his premises will support his conclusions. The public are, for the most part, singularly ignorant of the technicalities of the science of architecture; but is the construction of a public, or even of a private building, *on that account*, a matter of no public concernment? A theatre or a chapel is so constructed that the roof falls in upon the ungodly, or pious, persons assembled beneath it; for experience proves that, if the architect be ignorant, Providence is no respecter of the purposes to which the building may be dedicated. The public may be ignorant of the causes of such a catastrophe, and even when the causes are explained to them by men of science, they may not fully understand all the technical terms employed to render the subject intelligible; but are they on that account less concerned and interested in the consequences of an architect's want of skill? Navigation is a science of which the public may be said to be singularly ignorant, inasmuch as few men, not bred to the naval profession, are acquainted with the manner in which the principles of plane and spherical trigonometry are applied to the steering of a vessel from one part of the globe to another. But is the skill of the captain who undertakes to convey us in safety to a particular port, *on that account*, a matter of no public concernment?

Meanly as we think of the understanding of our contemporary, we cannot help suspecting that he will himself, at some distant period, not indeed acknowledge, but arrive at something like, a perception of the marvellous absurdity of his own arguments. What is there in the nature of medicine or surgery to take them out of the principle, in respect to the expediency of publicity, which this writer acknowledges to be applicable to all matters of public concernment. Let us suppose—for we will put the case as a hypothetical one—that a hospital surgeon has repeatedly performed the operation of lithotomy, when no stone has existed in the bladder of the patient? Without entering into the question, whether a succession of such operations can be fairly ascribed to the ill-fortune, or to the unskilfulness, of the surgeon, is it not, we will ask, a matter of public concernment, that the facts should not be concealed? On the other hand, let us suppose—or rather let us state the fact, for this was the case both with Mr. LAWRENCE and Mr. GREEN—that a surgeon has operated in forty stone cases successively, without a single failure. Is it not a matter of public concernment, that these facts should be made known? Undoubtedly, the effect of giving publicity to the series of failures on the one hand, and to the succession of successful cases on the other, will be to diminish the practice of the unfortunate or unskilful surgeon, and to increase that of his more successful, or more skilful contemporaries. But the unfortunate, or unskilful surgeon, has no right to complain, and his pecuniary loss is not for a moment to be put in competition with the injury which the public would sustain, if they were not furnished with the means of discriminating between hospital surgeons, and of knowing in whose skill they might most securely confide. Again, let us suppose—for we will put this also as a hypothetical case—that a hospital surgeon, in attempting to perform the operation of lithotomy, destroys the patient by thrusting the knife, or gorget, or both, between the bladder and rectum. Now, as we know that the operation of lithotomy is, in skilful hands, so constantly successful, that it can hardly be regarded as one attended with much hazard to human life, surely it is matter of general concernment, to set the public upon their guard against an operator, who could commit so gross and fatal a blunder as that which we have supposed to be committed by a hospital surgeon. The exposure would, in all probability, have the effect of materially injuring the private practice of the operator; but this is a trifling element in the general question of public expediency, and, viewed in its proper light, the abstraction of practice from such a surgeon would be merely the abstraction of the opportunities of doing mischief, and would consequently furnish an additional argument for the propriety of giving publicity to his failure.

But our contemporary's attempt to prove that the surgical practice of our hospitals is not a matter of public concernment, because the public are not adepts in the science of surgery, is indeed "the shadow of an argument," and we will occupy no more of the time of our readers in combatting it. Proceed we then to his second proposition, namely, that the treatment of disease in our hospitals is not a matter of public concernment, because it is not practised with open doors.

We shall make short work with this argument; first, because we are at issue with the writer as to the fact; and, secondly, because, if the fact were true, it would prove only that the powers confided to the trustees of these charitable institutions had been scandalously abused and perverted, and not that the public were not deeply interested in the secret performance of public duties. We deny, in the first place, that the doors of our charitable institutions for the succour of the destitute sick, are, or can be justifiably closed against the public. The admission of the public must, of course, be subject to such regulations, as may prevent it from interfering with the ease and comfort of the patients, but, with this limitation, which is to be so construed as not to render the right of admission nugatory, we deny that the trustees, surgeons, or any other functionaries of our national hospitals, possess the right of closing the doors of those institutions against the public. There is no proposition less subject to exception, than that the desire of concealment is, for the most part, founded in guilt. Wherever we observe a desire to conceal, we may predicate with tolerable certainty, the existence of malversation, fraud, or corruption. It cannot be denied that this desire of concealment pervades the system of management in many of our public hospitals; and it will ere long, perhaps, fall to our lot, to lay open to public view, some of the secret causes of this desire of concealment; but no treasurer or trustees have yet gone the length of asserting, that these hospitals are private institutions, or that the cases of patients, who seek relief in them, are to be regarded as the private property of the hospital surgeons. The protection which our contemporary and the Bat tribe generally claim for the less gifted and the corrupt portion of their professional brethren, is avowedly founded upon the total exclusion of all views of public expediency. Hospital practice, say they, is a private concern; reporters have no right to invade our privacy, and we will not suffer any reports of our proceedings to go forth to the public. Some of the functionaries of these institutions have, indeed, done all that in them lies to carry these pernicious principles into practice. They have, *per fas et nefas*, excluded from the wards of the hospitals two or three gentlemen, whom they have suspected of publishing reports of cases; but the efforts of these individuals to cut off this source of information from the profession and the public, are as impotent as they are mean and unprincipled. Their malice may expose one or two members of the profession to a little temporary inconvenience, but they have no more power to put down the system of hospital reporting, than they have to cut off the channels, through which the public obtains a knowledge of parliamentary and judicial proceedings. While the reign of the medical oligarchy lasts, and the days of their ascendancy may now be counted, one or two, or a dozen medical reporters, may become the objects of their vindictive persecution; but the system of hospital reporting, is proof against these miserable assaults; and there will be a hundred ardent and intelligent minds, ready to prevent the intellectual chasm which corruption and imbecility seek in vain to reproduce, and to disseminate through every part of the empire, a bold and faithful record of all that contributes to the honour, as well as of all that redounds to the disgrace, of the profession. *Idem trecenti juravimus ut in te hâc viâ grassaremur*, was the fearless and uncompromising language of Scævola, and the sentiment will, we doubt not, find a corresponding echo in the breasts of as many medical students or practitioners, as may be required to replace the supposed victims of those feeble functionaries, who are indebted for their elevation to corrupt influence, and who regard the press as their natural enemy, because they are conscious that publicity must be fatal to their pretensions, and that the sole tenure, by which they can hope to cling to office, is concealment.

One word with respect to the third ground on which our enlightened contemporary maintains the right of the hospital surgeons to revive a system of "Hole and Corner" surgery. "That is not public," says he, "which is only accessible on payment of fees, and what is so attainable is strictly a private concern." The writer is here unwittingly treading upon hot ashes, for he is not aware that his argument tends necessarilly to bring into question the right of the surgeons to demand fees for the admission of hospital pupils, who have already, be it remembered, paid fees to obtain that designation, to the wards and operating theatres. If the surgeons have no right to demand such fees, and we should be glad to know whence they derive the right, *cadit quæstio*, there is an end to the argument of our enlightened contemporary. But supposing them to have the right, which we deny, how does this prove the hospital practice to be, as our enlightened contemporary maintains, a private concern? The operating theatres of our public hospitals are not the only theatres at which tragedies cannot be witnessed, without previously paying a fee for admission. When our enlightened contemporary pays his shilling for admission to Covent Garden or Drury Lane, if we may venture to suppose an Aberdeen Graduate capable of such an act of extravagance, does this payment prove the theatre to be a private concern, and deprive him of the right of expressing his approbation or disapprobation of the performance? What becomes then of his position, that "that which is accessible only on the payment of money, is strictly a private concern?" If the payment of fees upon admission were to be recognised as a test for distinguishing between public and private establishments, we hardly know any establishment, civil or ecclesiastical, which would come under the former description. But it is useless to reply seriously to arguments which furnish far more appropriate matter for derision; and we trust, therefore, that we shall stand excused, in the judgment of our Correspondent, and of our readers generally, for the tone in which we have, for the most part, treated the effusions of Roderick Macleod.

REDUCTION OF A FEMUR WHICH HAD BEEN DISLOCATED THREE MONTHS.

This case occurred in the practice of Dr. Morris of Ohio. No other mechanical means than the hands of assistants were employed, and the reduction was effected without much difficulty. *Phil. Journ. of Med.*

GUY'S HOSPITAL.

CASE OF RUPIA PROMINENS.

The following has been considered to be a case of *rupia prominens*, and is regarded as so well-marked an instance of the disease, that a cast has been taken of it for the Museum, in order to prepare a wax model.

Sarah Kealey ætat. 17, of rather a full habit, was admitted into the female venereal ward on the 23d of April, under the care of the junior surgeon.

She stated that the disease first made its appearance about six weeks since in small vesicles; these had gradually increased to their present size, most of them assuming the character of rupia prominens, whilst others were daily making their appearance. They had covered, indiscriminately, the body, but were more particularly numerous upon the lower extremities. Upon inquiry into the history of the case, the patient firmly denied having had any venereal affection. The eruption appears to have begun in the form of small vesicles, with a slightly inflamed base, and these bursting, conical crusts or scabs have eventually formed. A few of these crusts have been taken off to examine their bases; and it seems that there is the smallest possible degree of secretion going on.

On her admission, she was ordered to take ten grains of Plummer's pill every night, and two ounces of the decoction of sarsaparilla, with one drachm of the extract, and a drachm of the solution of the oxymuriate of mercury, twice a day.

May 7. The disease is progressively spreading. Fresh vesicles appear from time to time, and the eruptions now cover almost every part of the body. Those last produced have assumed the same character as those present upon the thighs and knees when first admitted, which are becoming still more prominent. The medicines are continued.

20. Since the last report, the disease has become still more developed.

30. She has been ordered to rub in mercurial ointment. Her mouth, however, is not yet affected, but the eruptions are scaling off, and the disease is rapidly subsiding.

June 8. The eruptions have, for the greater part, disappeared.

[We should be glad to know why this patient was placed in the Venereal Ward, and thus made to herd with prostitutes, when there was not the slightest reason for supposing the disease to be of a syphilitic kind. It has been reported, but we do not pledge ourselves for the accuracy of the information, that Mr. Bransby Cooper, in the course of the ensuing summer, will give clinical lectures on diseases of the skin. It has further been rumoured, that some lectures will be given on diseases of the eye, in which the absurdity of making minute distinctions in the pathology of this organ will be practically demonstrated by cases.]

SEVERE CONTUSION OF THE FOOT—AMPUTATION.

Elizabeth Joyce, ætat. three years and a half, was admitted into Chapel Ward, on the 2d of June, under the care of Mr. Morgan.

The child was accidentally knocked down, and the wheel of a carriage passed over the foot, producing severe contusion, and literally crushing the tarsal and metatarsal bones. The toes, however, were but slightly hurt. The injury was so severe, that all idea of saving the foot, or any part of the tarsus, (on examination,) was completely laid aside. The Assistant-Surgeon was sent for, and amputation below the knee was immediately performed. The child was put to bed, and a dose of the syrup of poppies was administered.

June 9. The child, upon the whole, has gone on very favourably up to the present period. The stump has suppurated. She takes a grain of the sulphate of quinine, with infusion of roses, twice a-day.

ST. BARTHOLOMEW'S HOSPITAL.

PHLEGMONOUS ERYSIPELAS OF THE ARM, TERMINATING FATALLY.

Elias Spice, aged 60, a very robust and rather corpulent man, and a hard drinker, was received into St. Bartholomew's Hospital, as a patient of Mr. Lawrence, on the 16th of May. Two days before, he had struck his elbow in falling, and slightly grazed the skin; inflammation of the surrounding integuments came on, and increased rapidly. At the time of admission, the skin over the ulna presented a superficial abrasion as large as a shilling, and inflammation extended from this point along two-thirds of the dorsal aspect, both of the arm and fore-arm. The skin of the inflamed part was red, but not of a very vivid hue, and slightly shining; it was elevated by a slight and diffused swelling of the subjacent texture, and pitted a little on pressure. There was headach, full and frequent pulse, and a white tongue; he had not rested the preceding night. Mr. Lawrence observed, that the skin and cellular membrane were here equally affected; that it was a case of phlegmonous erysipelas in the early stage; and that, as suppuration had not yet occurred, it was a favourable opportunity of trying whether the inflammation could be stopped by the antiphlogistic treatment. He ordered bleeding from the arm to 16 oz.; 36 leeches to the inflamed part in the evening, and afterwards fomentation and bread poultice; a dose of calomel and jalap immediately; a saline draught, with a drachm of the solution of tartar emetic, and a drachm of sulphate of magnesia, every six hours.

18. The blood drawn from the arm was covered by a thick and tough buffy coat. The bleeding and the leeches considerably relieved both the local and general symptoms; but the inflammation and swelling had again increased and extended, this morning, with aggravation of the feverish symptoms. Thirty leeches, the aperient powder, and the draught, repeated.

19. The redness, swelling, and tension of the limb much increased, great pain; the pulse full, hard, and frequent. Mr. Weekes, the house surgeon, took 24 oz. of blood from the arm in two portions, both of which exhibited the inflammatory character in the highest degree. Mr. Lawrence, who saw the patient soon after, found the arm reduced by the loss of blood, which had nearly caused fainting, almost to its natural colour, while there was a similar relief of the general symptoms.

21. The inflammation, after being checked for a time, returned, and became more violent; the whole limb, from the wrist to the shoulder, was enormously swollen, more particularly on its back part, and of a bright red in three-fourths of its circumference; the swelling and redness extended from the back of the shoulder to the trunk. The cuticle had become detached by vesication on the inner and posterior part of the limb. There was headach, thirst, and a white tongue, with a dry brown streak along its middle. On the morning of the 21st, a large collection of fluid was felt above the elbow at the back of the arm, the skin being free from tension, and paler than before; there was a soft feel, as if from fluid disseminated under the skin, along the back and ulnar side of the forearm, and this obviously communicated with the other collection. Mr. Lawrence made a cut of two inches in the latter, from which about six oz. of thin matter, or rather serous turbid fluid escaped. A similar fluid flowed out of two smaller incisions in the forearm, at which the cellular membrane was observed of a yellow colour, while pus could be squeezed out of it at several points. Poultice to the part; five grains of subcarbonate of ammonia in camphor mixture, every four hours. Port wine and water occasionally. He died at eight in the morning of the 22d, and was examined in the middle of the day.

Examination.

On the inner and back part of the limb, the cuticle was separated from the cutis; the latter had a mottled appearance, being unnaturally red with patches of rather a livid hue, but it was not gangrenous at any part. Towards the front, the skin presented nearly its natural paleness, and the cuticle was adherent. In the situation first mentioned, the subcutaneous stratum of adipose substance presented a general light red tint, but no suppuration was observed in it at any point; in the other part of the limb, this texture had nearly its natural appearance. The cellular tissue, which connects the adipose stratum to the fascia, had gone into the state of suppuration over the whole limb; it was of a yellow colour throughout, as if universally injected with pus, and a thin, turbid, or yellowish puriform fluid, gradually oosed from it; at some points, a thicker pus could be squeezed out. This change extended, in a slight degree, to the chest, and where it ended, the cellular membrane was loaded with a clear yellow serum. The fascia was quite natural, and the cellular membrane under it was unaffected. The superficial veins were not inflamed. The contents of the thorax and abdomen were healthy, excepting the liver, which displayed the organic changes produced by dram-drinking. The entire surface of the organ was studded with slight irregularities; it was light-coloured, and had a greasy appearance when sliced. Strong marks of vascular excitement were observed within the skull. All the vessels of the brain and membranes were excessively turgid; the pia mater was loaded with serum, and the ventricles contained about six ounces of water.

[The example afforded by the preceding case, is very instructive in many respects. It illustrates admirably the origin, progress, nature, and effects, of phlegmonous erysipelas; it shows how speedily this formidable affection may extend over a whole limb, and destroy life, and how completely ineffectual ordinary antiphlogistic treatment is in checkking its destructive process. The early period of the affection, and the nature of the symptoms, both local and general, pointed it out as a most favourable case for trying the effects of such treatment; which, although it gave temporary relief, did not retard the inflammation of the cellular membrane in any sensible degree. Even if the patient had survived after great danger and protracted suffering, the local mischief was so severe and extensive, that the consequences would have either seriously impaired, or destroyed the use of the limb. Mr. Lawrence said, he had no doubt that an incision along the inflamed part, at the time of admission, or on the following day, would have stopped the disease, either preventing suppuration altogether, or limiting it to a very small extent; and he strongly urged, in his observations to the pupils, the importance of adopting this practice in the early period of the complaint, with the view of preventing suppuration and sloughing of the cellular membrane.]

WESTMINSTER HOSPITAL.

CASE OF CONCUSSION OF THE BRAIN, TREATED BY MR. GUTHRIE.

John Denman, ætat. 32, a bricklayer's labourer, was brought into this Hospital on Tuesday the 27th of May, at three o'clock in the afternoon, in a state of insensibility, having about half an hour previously, whilst standing upon a scaffold, been struck on the head by the handle of a machine. It is supposed that he was rather intoxicated at the time. Upon being placed in the Accident Ward, his head was immediately shaved, and there was then discovered a wound in the scalp about three inches in length, near the union of the parietal bones with the frontal, the bone was denuded of its pericranium, of about the size of a sixpence; the frontal branch of the temporal artery was bleeding profusely, but was soon stopped upon pressure being made upon it; there had also been considerable hæmorrhage from the left ear; the bone did not appear to be fractured in any part. The wound was brought together by strips of adhesive plaster. We saw him in about an hour afterwards; he could not answer questions; he still retained the use of his limbs; his pulse was full and hard, and his respiration was loud. In the evening he was bled to about twenty ounces, which seemed greatly to relieve him, and he was ordered to take some opening medicine.

28. Has passed a very restless night; he recovered his senses about four o'clock this morning; complains of much soreness and pain in his head, particularly across his forehead; his tongue is rather white and foul; bowels have been freely opened. Pulse to day about 80.

29. Slept rather better to night, and is more sensible to day, but he still complains of pain in his head; he also directed the attention of the surgeon to his right shoulder, which pained him a great deal. Upon examination it was found that the clavicle was fractured. Ordered to keep his bowels freely open; pulse 85.

30. Feels himself much better to day; the wound is nearly healed; still has a slight pain across his forehead; pulse 80.

June 2. He complains of rather more pain in his head than yesterday. Ordered to lose twelve ounces of blood from the arm; pulse 90.

4. Says that he is quite well and free from all pain in the head. The wound of the scalp is almost healed; his appetite is very good. He was discharged to day.

On Saturday last Mr. Guthrie performed amputation of the forearm, just above the wrist joint: it was the flap operation. The patient had been labouring under a disease of the hand for some time.

LONDON VETERINARY SOCIETY.

An adjourned meeting of Veterinarians was held on Tuesday, the 10th instant, at Mr. Youatt's, when a considerable number of respectable practitioners attended, for the purpose of establishing a Veterinary Society. Joseph Goodwin, Esq., in the chair.

The laws and regulations which had been prepared at a previous meeting, and circulated among the profession, were discussed, and finally adopted; and each member having subscribed his guinea, the Chairman announced that the Society was established, and the members present immediately proceeded to the election of officers.

It was the avowed object of several members, to place the Society completely under the guidance and especial patronage of Messrs. Coleman and Co., and his Non-Veterinary Examining Committee; while, on the other hand, the majority, consisting of independent and highly respectable practitioners, in the full hope of escaping the blighting influence of College domination, were startled at the proposition of placing at their head the very man whom they considered as the greatest enemy to liberal discussion. They attended for the purpose of establishing a free and independent Society of Veterinarians, and were surprised at the want of professional spirit in acknowledging, as Mr. Cherry said, that they could not take one step alone. The Secretary was provided with two letters from Mr. Coleman, in which (with the most gracious condescension) he declared himself ready to become their president, although *he must be excused from fulfilling the duties of the office.* His election was objected to by several, on the ground of Mr. Coleman's not being a member, and also because the Society had not offered him the office he had so precipitately accepted. In the course of much altercation, during which many reasons were given why he was not a fit person to occupy the Chair, Mr. W. Goodwin moved, "That Professor Coleman be solicited to become their President," which, on the question being put, was negatived by the casting vote of the Chairman.

It being thus decided that the President must be a member, Mr. Percivall, senior, was proposed, but declined the honour. Mr. JOSEPH GOODWIN was then proposed by Mr. CHERRY, and seconded by Mr. Percivall, and, upon this nomination, Mr. GOODWIN vacated the Chair, observing, that he wished the question to be impartially decided.

At this stage of the proceedings, when nothing remained but to put the question on this regular nomination; those who were for placing Mr. Coleman at the head of the society, evinced a determination to break up the meeting rather than suffer the ballot for Mr. GOODWIN to proceed. It was then moved, "that this meeting do adjourn to this day week," which was carried in great confusion, more than half the members having left their seats. The object of this motion was to obtain time for Mr. Coleman to become a member, that he may be elected at a future meeting; but we shall be greatly surprised if this gentleman, however anxious for office and patronage, should risk the alternative of another ballot, or permit his name to be proposed, when a majority of the members have declared against him. Next Tuesday, at six o'clock, an interesting discussion is expected, and it is thought that an INDEPENDENT President being once elected, the success and utility of the society are certain.

REDUCTION OF A SHOULDER WHICH HAD BEEN DISLOCATED SEVEN MONTHS.

Professor Smith, of New Haven, has recently effected the reduction of a dislocation, at more than seven months after the occurrence of the injury. The patient was a young woman, and the reduction was accomplished without the aid of pulleys.—*Phil. Journal of Med.*

ON SINGLE AND ERECT VISION, BY DR. FORSTER.

To the Editor of THE LANCET.

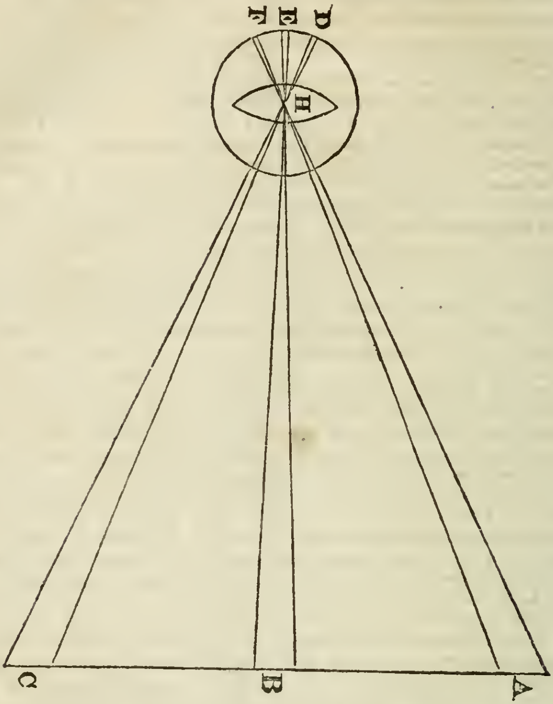
SIR,—The remarkable account of an anomaly in vision, described in your last Number, induces me to write a few observations on the subject, of which I shall beg your insertion. If the boy, (page 229,) whose case is described, saw the houses inverted, and standing on the roof, did their roofs appear to rest on the ground? If so, why did not the ground appear inverted also? And if it did, by parity of reasoning, we must suppose that the patient saw *all objects inverted*; and, in that case, there is an end of the phenomenon of *inversion* altogether; for that term implies the *version* or turning of some objects, in a direction opposite to that of others. I mention these circumstances, merely because they bear immediately on the great question now before the philosophical world. "*Why, with two retinas, both receiving the impressions of external objects inverted, we have, nevertheless, Erect and Single Vision?*" In the paper on optics, published by the Society for promoting Useful Knowledge, no satisfactory account of this phenomenon is given; indeed, all the modern treatises on optics that I have seen, with the exception of one by Mr. Crisp, twenty years ago, have mis-stated the very question itself, and it has been no where well stated or answered; nor have any correct metaphysical views of vision been published of late, except the observations contained in a work, entitled "On the Perception of an external Universe," by the author of "Cause and Effect." In the former of these two works, page 403, are some observations on vision, of such a correct and truly philosophical character, that I am rendering a service to the public, and particularly to those who study optics, by pointing them out through your widely circulated Journal. I have read many modern works on the physiology and pathology of the eyes; but, with the exception of the German surgeon, Beer's, work, and of Mr. Lawrence's excellent lectures, recorded in THE LANCET, I have found in them few new or philosophical observations on the laws and disorders of vision. Indeed, I have *nowhere* seen *this particular part of the subject*, viz. single vision, clearly developed, except in the work alluded to; nor indeed is that all that might be said on the subject. The truth is, that the deeply metaphysical question, *what is the cause of single and erect vision*? is not generally understood; and should nothing appear on the subject before-hand, I intend, as soon as I have time, to communicate some curious observations and experiments through your Journal, prefacing, at the same time, that they would not have been original discoveries of my own, had they not been suggested by the perusal of the work on the "External Universe," above alluded to. The subject involves some very curious considerations respecting "spectral illusions," so often produced by the reaction of the stomach on the brain, in cases of disease. And I shall be obliged by any communications of cases of this sort in your Journal.

Yours, &c.

T. FORSTER.

Chelmsford, May 27th, 1828.

ON VISION, BY THOMAS WILLIAMS, ESQ.



The writer having recently stated the position, that it is *not* necessary for the perfection of vision, that any peculiar adjustment should be effected in the organ of sight, for objects which are situated at different distances, or which subtend different angles at the eye; and deeming that he has succeeded in proving the same by decisive experiments, he will now proceed to show that this remarkable fact is strictly accordant with optical principles.

The object, represented by the line A B C, subtends a large angle at the centre of the lens H, and may be supposed to be situated beyond the point of distinct vision, and its image perfectly apparent on the retina. Now it is evident that the part of this object which subtends an angle at B, and the whole object A B and C cannot subtend equal angles: hence it may be imagined that as rays of light emitted from a minute object at B must pass nearly in a parallel direction through the pupil to form an image on the retina; that rays from the whole object A B and C must be much more converged, and a conflux or image form *nearer* to the lens. But it will require little reflection to detect the fallacy of such argument. If rays of light are transmitted nearly parallel through the pupil from a small part at B, then it is plain that rays from other parts of the object, as at A or C, which subtend the same minute angles, will take the same relative direction, and form images as F and D, the image of every part of the object A B C, being found on corresponding points of the retina. Then it is evident that if an object subtending a minute angle at the centre of a lens can form an image at its principal focus on the retina, a large object, being equally distant, will form its image on the same retina with the same *mathematical precision.* Thus if a minute object approach too near the eye for distinct vision, its image being virtually beyond the retina, a large object will become obscure *precisely at the same distance,* and *vice versa:* this will be found true on experiment. Then the following conclusion is warranted, both by optical theory and demonstrative fact: so far from a change in the refractive powers of the humours of the eye, or in the relative situations of the retina and crystalline lens, being ever absolutely essential to the perfection of vision in the perfect organ; every such *change,* however *produced,* or however slight in degree, must always be found proportionally detrimental.

A Case of Phlegmonoid Erysipelas, arising from the absorption of Sanies from an Ulcer, treated by Incisions. By J. DILL, M.D., London Fever Hospital.

To the Editor of THE LANCET.

SIR,—Believing that the following case merits some attention, perhaps you will be kind enough to give it an early insertion in your pages.

Elizabeth Ayres, aged 62, night nurse in one of the male wards of the London Fever Hospital, was seized with erysipelatous inflammation of the left hand, upon the 22d of last month. About two weeks previously, a patient was received into the London Fever Hospital, in the last stage of typhus. In consequence of severe illness and protracted confinement, extensive sloughing had taken place, and a very large and unhealthy ulcer now existed over the sacrum. To dress and attend this ulcer fell principally within the department of nurse Ayres, and the discharge from it, which was exceedingly fœtid, acrid, and profuse, irritated, and gradually inflamed, some superficial fissures, which were situated upon and between the fingers of her left hand. The pain occasioned by this irritation was at first trifling, but the repeated application of the cause produced a daily aggravation of the symptoms, and the pain, swelling, and inflammation of the fissures were slowly communicated to the neighbouring parts. Several pimples had now appeared at some distance from the fissures; and, the threatening character of the affection warning the nurse to neglect and conceal it no longer, I was, for the first time, (23d) made acquainted with the accident.

The entire hand was much swollen, the skin covering it quite tense, the integuments upon the dorsum were very highly inflamed, and an erysipelatous blush was seen extending about half way up the ulnar edge of the forearm. She described the pain as excruciating, and, although constant in continuance, as variable in degree. At intervals, it was dull and obtuse; occasionally, it was sharp and lancinating. The lymphatics were easily traced, by their sensibility, along the interior of the arm, from the wrist to the shoulder joint, and the glands in the axilla were evidently enlarged and sensitively tender. Her pulse was 124, of good power; and a flushed face, white tongue, ardent thirst, anorexia, watchfulness, and headach, gave sufficient indication of the extent to which the general system had sympathised with the local malady.

Personal experience had taught me the malignancy of such affections, and that no time should be lost in trifling. Twelve leeches were immediately applied to the back of the hand, an active purgative was ordered, complete rest and abstinence enjoined, and antifebrile medicines largely administered. The leeches bled well, but produced little or no relief; the bowels were freely opened, the pulse stood steadily at 120, and the general symptoms remained unchanged.

Having experienced the excellent effects of the treatment by incisions, in a similar affection occurring in my own person, I at once resolved on practising it here. Two longitudinal incisions were accordingly made into the swollen integument upon the back of the hand; one on either side, and about an inch distant from each other; they were fully three inches long, and extended through the skin and tumid cellular membrane, so as to expose one of the subjacent tendons. Some arterial branches bled freely, and, as was intended and expected, the hæmorrhage was profuse, and only arrested by syncope, when more than twenty ounces of blood had flowed; a slight convulsive fit succeeded fainting, and the pulse fell to 96. A manifest alleviation soon marked every symptom, and little, beyond pain from the incisions, was complained of until evening, when an exacerbation occurred. Upon removing the poultice the cuts appeared red and irritable; the surrounding tumefaction, which had been much reduced by the operation, had returned; the pain was now not confined to the wound, as during the day, but extended to the entire hand, and shot up the arm; the temperature of the part was very high, and the pulse was 110, strong and incompressible.

V. S. ad. ℥xxv.
Repr. Haust. purg.
Acid. mixt. pro. potu.
Foment. c. catap.

24. Pulse 100, full and firm, but compressible; general surface less warm, and that of the hand much reduced in temperature; incisions look less irritable; tumefaction and pain greatly diminished; slept sound; four stools; face less flushed; slight headach; tongue white; considerable thirst; occasional vomiting; blood extremely buffy, and cupped.

V. S. ad. ℥xvj.
Repr. Haust. et catap.

24. Pulse 98, still of good strength, but easily compressed; blood much inflamed; flushing and headach gone; general surface cool; hand still less swollen, incisions look healthy, and are healing; glands in axilla are scarcely enlarged, but continue somewhat tender; lymphatics less sensible; erysipelatous blush up the interior of the forearm faded; slept little; no return of vomiting; thirst decreased; three stools.

Repr. Haust. foment. catap. et acid.

26. Pulse 102, full and excited; face somewhat flushed; rested badly; pain and swelling of hand increased; more thirst; tongue continues white; edges of incisions inflamed and thickened; some uneasiness in axilla; skin warm; three stools.

V. S. ad. ℥xvi.

Repr. Haust. foment. et catap.

27. Pulse 86, soft and quiet; skin cool, hand less swollen, and incisions have resumed their healthy aspect; three stools; thirst diminished, flushing gone, slept well, and on the whole she expresses herself quite easy.

The journal need not be continued further, as, from this period until the present, she has been uninterruptedly convalescing; the incisions are nearly closed, the tumefaction and redness have entirely disappeared, neither the axillary glands, nor subcutaneous lymphatics, are tender, and no more uneasiness is experienced in the hand than may be ascribed to the effect of the scalpel. Her tongue is quite clean, appetite returns, thirst has ceased, and to-day (June 2d) she has been, for the first time, liberated from confinement.

Before concluding, there are three observations which we wish to make, as inferences from the above history.

First: we think there can be no doubt, that the accident arose through the absorption of part of the discharge from the patient's ulcer. That the skin, when entire, can take up fluid in which it is immersed, especially if that fluid be of an acrid nature, we have many facts to show; but, although such an occurrence is denied by some, we apprehend that none will refuse functional power to the absorbents, when the cuticle has been ruffled or removed. In this instance, the skin being fissured, absorption was more speedily and easily effected, and the circumstances—of the fissures being first affected, of the inflammation extending from them, as so many centres, to the neighbouring texture; of the tenderness of the lymphatics, and enlargement of the glands—form a sufficient clue by which to arrive at the proper cause.

Secondly: when we consider the nature of the cause, the inveteracy of the symptoms, and the age of the patient, we have every reason to conclude, that death, or a very formidable and protracted illness, must have been the issue of a timorous and trifling treatment. We are not prepared, in this instance, to maintain, that specific fever would have been kindled up by the absorption of virus from a fever-patient; but we believe and know that such cases have occurred; and that, although the topical affection was at first predominant, and awoke the constitutional symptoms, the local malady gradually subsided, leaving the general disease in undivided possession of the system. It is, indeed, a point uncertain and unsettled, whether fever, like small-pox, can be imparted to the system through the medium of the external skin; and whether matter, thus absorbed, would communicate a fever of the same type and character with that under which the patient laboured from whom it was taken; but there are many facts in favour of such a doctrine, and, whether it be correct or otherwise, it cannot be disputed, that accidents, like the present, are accompanied by as malignant febrile symptoms, and attended with as much danger, as the most marked forms of putrid typhus.

Lastly: although the scalpel required the aid of the lancet to effect the cure, the relief obtained from the incisions was as great as it was sudden. The tumefaction and temperature were almost instantly reduced, the tenderness and tension were effectually relieved, and the abatement of all the symptoms for several hours encouraged the hope, that nothing more was necessary than to enforce with vigilance, abstemiousness, and quiet. Had not the scalpel been first employed, I doubt much, whether the advanced age and debilitated constitution of the woman would have sanctioned such a vigorous application of the lancet, as would have been required to subdue the local action; but, admitting that such treatment might have proved successful, I am certain that much time, strength, and suffering, were saved by the plan adopted. Nearly one hundred ounces of blood were abstracted before the inflammation was overcome; and, as one-third of this quantity was taken immediately from the seat of disease, it is natural to conclude, that a more immediate and permanent impression was thus made upon an old and weakened constitution, at a smaller expense, than if double the amount had been drawn from the general circulation. The disease was obviously arrested by the incisions; the strength of the inflammatory action was broken by the activity of the hæmorrhage, and the lancet was taken up, more with the view of *completing* than *accomplishing* a cure.

London Fever Hospital,
June 2, 1823.

ABUSES AT ST. BARTHOLOMEW'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—Allow me to beg a small space in your valuable columns for the insertion of a few remarks respecting the dressers of St. Bartholomew's Hospital, and the manner in which their duties are regulated and superintended by their respective surgeons.

Go into any of Mr. Lawrence's wards, and at the bed's-head of every patient you will see the disease well named, and the treatment of that disease as fully and well recorded; or go round with Mr. Lawrence, and you will have the advantage of good clinical instruction. By his desire a book is kept by the dressers, wherein is noted the admission of every patient, together with the name of the disease, &c., so that every dresser has a patient in his proper turn, and by these means are they fairly and equally divided. Frequently are the dressers desired by Mr. Lawrence to write out cases, which cases, when written out, he himself looks over and corrects; this is as it ought to be; this is worth paying for, and is the duty of a surgeon towards those pupils who have paid him for their instruction.

And now contrast the conduct and regulations of the other two surgeons, of Mr. Vincent and Mr. Earle, of Mr. Vincent more particularly; he scarcely ever names a disease, or sees that it is properly named on the patient's board, nor does he appear to care whether the treatment is properly or improperly recorded; indeed, Mr. Editor, the boards of Mr. Vincent's patients are so made up of ignorance and absurdities, that they are a disgrace to the dressers, as well as to the surgeon. Seldom or never does Mr. Vincent attempt to give any thing in the shape of clinical instruction, and hardly ever have I heard him order a case to be written out in the ward-book by a dresser, and most certainly never did he review one written there; this, I think, he will be in no great hurry to deny, should he deign to look over some which are therein recorded.

Now really, Mr. Editor, I must say that considering the enormous fees which are paid to the surgeons by the dressers, I think a little more attention might be paid by Mr. Vincent to their instruction.

There is another thing I also wish to notice: the post-mortem examinations are conducted now entirely at the convenience of the house-surgeons. Why might there not be a regular hour for this business? Who are the house-surgeons, that their advantage and convenience should alone be studied? And as to Mr. Vincent being present at any of these examinations, and explaining the effects of disease to the pupils, upon my word he never does such a thing, but is ever content with inquiring of the house-surgeon what he has found.

I am, Sir,
Your obedient and humble servant,

A Pupil of St. Bartholomew's.

June 4th, 1828.

CASE OF PHLEGMONOUS ERYSIPELAS,

Successfully treated by Antiphlogistic Measures.

To the Editor of The Lancet.

Sir,—Contemplating on the difference of opinion that at present exists in the profession, regarding the proper plan of treatment to be adopted in erysipelas, and, at the same time, reflecting on the very excellent and practical paper lately written on that disease by Mr. Lawrence, it occurred to me, that a short statement of a case in which the antiphlogistic treatment was pursued with complete success, would not be altogether unacceptable; indeed, I conceive the important point contended for, viz. that of treating the disease antiphlogistically, as any other inflammation, can only be decided by experience; I therefore shall offer no further apology, for requesting the insertion, in your valuable Journal, of the following hasty account of a case, which has recently come under my observation.

I am, Sir,
Your obedient servant,
C ——.

London, May 25, 1828.

D. Monk, a stout brewer's man, about thirty-six years of age, states, that on the 24th of April last, as he was driving down Chancery Lane, he fell from his dray, and his head was *jammed* between the curbstone and the wheel; that he was taken up in a state of insensibility, conveyed to St. Bartholomew's Hospital, and placed under the care of Mr. Lawrence: he adds, that soon after his arrival at the hospital, he recovered his senses, then found that his face and head were very much swollen; that there was a severe cut on the right upper eyelid; that his nose, on the left side, was very much cut; and that the bones of his nose appeared to be driven in; his right arm was also very much bruised and swollen; he was bled, &c. &c., and, on the 5th of May following, he felt himself so much recovered, and, at the same time, feeling anxious to be at home with his family, he asked for his discharge, which was granted.

On the 8th instant, three days after his discharge from the hospital, I was requested to see him, when I found him labouring under a most severe attack of "erysipelas phlegmonodes" of the head and face, accompanied with stupor, and great difficulty of respiration; his tongue was white, and very much furred; pulse 120, and full; and he complained of excessive thirst. On examining the upper eyelid, I found that the wound was not quite healed. On being asked whether he had exposed himself to damp and cold since his return home, he said that he came from the hospital on the outside of a stage coach, which he fancied had given him cold.

I immediately took from the arm twenty ounces of blood; after which, he said he felt much relieved. I then gave him calomel, combined with cathartic extract, afterwards nauseating doses of tartarised antimony, and applied an evaporating lotion to the head and face.

9. Blood drawn yesterday was cupped, and had a buffy appearance; erysipelatous inflammation somewhat lessened; stupor less; respiration more free; pulse 110, and rather full. I took sixteen ounces more blood from the arm, which had not so much of the inflammatory appearance as the blood first drawn; the antimonial medicines, combined with Epsom salts, were continued with the cold applications.

These remedies were persevered in, with some alteration as to the strength of the medicine, and its frequency of repetition, as the inflammation abated, in conjunction with leeches to the forehead, and a blister to the nape of the neck until the 23d inst., when he was perfectly free from the disease.

Although this man was very much reduced, from the remedies that were necessarily employed during the time he was in the hospital; notwithstanding, he bore the further loss of blood astonishingly well, and was wonderfully relieved by it; and I do most sincerely think, that if he had been treated by stimulants, his life would have been sacrificed.

HOLE AND CORNER SURGERY IN LONDON AND THE COUNTRY.

To the Editor of The Lancet.

Sir,—Knowing your impartiality, and readiness to give publicity to every thing which in your opinion may seem fit, I beg leave, through your valuable Journal, to make a few remarks on the present illiberal and petty laws or regulations which are attached to the different infirmaries throughout the kingdom. You must know then, Mr. Editor, that the surgeons, whom the public have been pleased to elect, have it in their power to perform their operations almost *solus*, that is, with the exception of their colleagues, and that when an operation offers itself which requires more than ordinary skill, such a man of course would be wishful to have as few present at the operation as possible; especially if he be a man whose knowledge of anatomy is as scarce as the medical men attending the performance of the operation. We know, generally speaking, that the public are the instruments by which a medical practitioner enters upon the important duties of a public institution; and it does not always happen, much to be regretted, that the best informed men are fixed upon; and of this we are not to wonder when we consider that the public are the judges, and their verdict is often given with partiality and without that consideration which it calls for. I do not see why an infirmary should not be conducted on more liberal principles, something more becoming the liberality of the medical man, and not like the close-fisted miser. In any of our metropolitan Hospitals, I believe, without a single exception, the operations may be seen by those who choose to go,* and there Surgeons are continually liable to censure for the least mistake which they may be guilty of; and as this is one way towards making the surgeon pay that attention to the best performance of all operations, I think we may consider it on those grounds alone one of some value, and I think the same remark may equally apply to the country practitioner.

I have, myself, been an eye witness to the performance of operations which would have been laughed at by some of our forefathers; a disgrace; in fact, if you will allow me the expression, *man-slaughter*; how can it be borne to see men of this cast figuring away with all the pomp of Æsculapius. I feel persuaded, Mr. Editor, that if the doors of these institutions were thrown open, that these said *cut-throats* would be ashamed of themselves, and would, from fear of exposure, resign gown and all; but so long as these places remain private, so long will these men bear the palm; not to say but there are some of them who would not disgrace the operating theatre of our London Hospitals.

I also consider that as these places are for the benefit of the public, the public ought to receive that profit, and do not the excluded medical men form a portion of that public? There are many practitioners who have not the good fortune to be acquainted with these *liberalists*, and therefore must content themselves with looking at the exterior of these wise men's mansions.

If the above remarks meet with your views, Mr. Editor, make what use you think proper of them.

I am, yours,

A Subscriber.

May 15th, 1828.

---

* This is not correct. There is not a hospital or an infirmary in London, conducted on such liberal principles.—Ed. L.

PORTRAIT OF MR. HEADINGTON.

To the Editor of THE LANCET.

SIR,—The great service your publication has rendered the profession generally, in exposing the torpidity of its public servants, has induced me to ask Mr. Luke, through the medium of your valuable Journal, to inform me, and the rest of the subscribers, what has become of the picture of R. C. Headington, Esq., and when the prints will be delivered to the one and two-guinea subscribers? It is about six years since I paid my subscription. By inserting the above, you will oblige

A CONSTANT READER OF THE LANCET,
AND AN
OLD SUBSCRIBER FOR A PRINT.

London, June 8, 1828.

STRANGULATED HERNIA.—TOBACCO ENEMA SUCCESSFULLY EMPLOYED.

By J. A. IRVINE, *Esq., Bermondsey Square.*

T. EDWARDS, a porter, had been affected with reducible inguinal hernia for about sixteen years previously to the 6th of November, when, on returning from work in the evening, he found the rupture suddenly descend. When seen by Mr. Irvine on the following morning, he found a tumour of the size of a double fist, which was painful on pressure, the tenderness extending along the spermatic chord. The abdomen generally was tender, and also tense. Sickness, constipation, occasional hiccup, and frequent eructations, were prominent symptoms; the pulse was 82, strong and hard. The warm bath, bloodletting, and the taxis, were employed without benefit; cold applications to the swelling somewhat reduced its size and lessened the tenderness.

Throughout the two following days, the 8th and 9th, the constitutional symptoms remained unabated, and the tumour unreduced. On the evening of the 9th, it was determined to administer a tobacco enema, which, having been done, the intestine was returned in the course of ten minutes after the tobacco had produced its effects on the system. The infusion was used in the proportion of half a drachm of the herb to a pint of water; the whole was thrown up.

The patient went on favourably, and was speedily enabled to resume his usual employment.

STRANGULATED HERNIA.

Operation successful on a Man 72 years of age.
By J. TROUGHT, *Esq.*

THE subjoined case affords a remarkable instance of constitutional vigour in a rustic, who had exceeded the "natural" age of man. It presents a striking contrast to the enfeebled and shattered constitutions which the surgeon in London has to deal with.

Case.—John Knox, a nail-maker, 72 years of age, had been subject to inguinal rupture of the left side four years, when, on the 3d of May, the hernia suddenly came down, and became strangulated. Bloodletting, and the subsequent use of the taxis, were had recourse to without effect, and on the following morning a tobacco enema was administered, with a like want of success. Mr. Trought then proceeded to the operation, and, upon laying open the hernial sac, found a knuckle of intestine, which was returned without difficulty.

When Mr. Trought visited the patient on the following day, to his great surprise he found the man sitting by the side of the fire, dressed, and apparently ailing nothing. It is important to mention, that an old nurse had administered a large quantity of yeast prior to the operation, and after its performance, when an injection was used, free evacuations from the bowels were speedily obtained. Four days after the operation, Mr. Trought found the man at work in his shop, and, to use his own expression, "as well as ever he was in his life." He had been an extremely free liver, and, in fact, subject to great excesses.

CASE IN WHICH LABOUR OCCURRED AT THE SIXTH MONTH OF PREGNANCY, THE CHILD STILL LIVING.

By JOHN GREENING, *Esq., Worcester.*

MRS. ——, a woman of spare habit, thirty years of age, on the 27th of June, 1827, complained of acute pain in the lumbar region, increased on inspiration, or upon motion. She had not menstruated for five months, and was confident that she was in a state of pregnancy. She had laboured under palpitation of the heart for several years, on which account blood was abstracted from the arm on several occasions.

On the evening of the 29th of June, after having been present at the labour of a neighbour, the patient was attacked with violent pain in the abdomen. Blood was taken from the arm, and a dose of laudanum exhibited. Early on the following morning, a fœtus was expelled, and the placenta, at the same time, thrown into the vagina.

Both the mother and the child did well; there was a free secretion of milk, and the infant took the breast on the fourth day after delivery.

ON THE NATURE AND CURE OF STAMMERING.

Dr. M'Cormack, of New York, has recently drawn attention to the nature and cure of stammering. He says that the cause is not only easily understood, but capable of being removed with the utmost facility, and gives the following (not new) exposition :—

During the act of speaking, air must either be passing *out*, or passing *into* the lungs—or, at all events, out or into the mouth—that is, during expiration or inspiration. Most people (who have a perfect command over the organs of speech) can articulate imperfectly and with difficulty during *inspiration*—but not so the stammerer. In attempting to speak, while *drawing in* the air, or while the lungs are empty, or nearly so, *he* will not be able to articulate at all; and not knowing the cause of this inability, he will make repeated, and often convulsive efforts, accompanied with more or less of those hideous distortions of countenance so characteristic of the stammerer, until, by accident, rather than by design, he draws in a full breath, and effects the utterance of his words, while the air is flowing naturally *from* the lungs. I repeat it then, that *stammering arises from an attempt to speak when the lungs are empty, or when the stammerer is drawing in his breath*. This habit having been once contracted, generally becomes aggravated by time; and thousands of individuals are almost cut off from social intercourse, and rendered miserable by the impediment.

From these premises, the method of cure will be easily understood. It consists in making the stammerer (if a child, for an adult can do it himself) take in a deep inspiration, and repeat, with the whole force of the *expiration*, the different letters of the alphabet—numerals—monosyllables, *one by one*. This may be prefaced or not, by several hours' practice of slow and deep breathing. As for the repetition of the monosyllabic pronunciation, it must be continued for hours, days, or weeks, according to the condition of the patient, such as his age, capacity, strength of lungs, or inveteracy of the impediment. The stammerer must next proceed to the utterance of polysyllables, *during one expiration*—then short sentences—and, lastly, long sentences; thus reversing, in fact, the evil habit, until, at length, a new habit is acquired, and the cure effected. In some cases, this desirable object will be accomplished in a few hours; in others, it will require months. In general, a few days, or at most, weeks, will be sufficient.

SUBSCRIPTIONS

ALREADY RECEIVED FOR THE DISTRESSED MEDICAL GENTLEMAN WHOSE MISFORTUNES WERE ALLUDED TO IN OUR LAST NUMBER.

	£.	s.	d.
Mr. Abernethy	3	0	0
Henry Earle, Esq.	1	1	0
Edward Stanley, Esq...	1	1	0
William Lawrence, Esq.	1	0	0
C. Hue, M.D.	1	1	0
F. C. Skey, Esq.......	1	0	0
E. A. Lloyd..........	1	1	0
A. P. W. Philip, M.D.	1	1	0
P. M. Latham, M.D. ..	1	1	0
J. T. Conquest, M.D...	1	0	0
James Rudge, D. D. ..	1	1	0
J. Lambert, Esq.......	1	0	0
Frederick Salmon, Esq.	1	1	0
Edward Barlow, M.D.	5	0	0
A. C.	2	2	0
The Lancet	3	3	0

TO CORRESPONDENTS.

Communications have been received from Dr. T. Woodforde, Taunton—Mr. Merchant—Mr. Dick—Hygeiaphilos—D., Bath—Dr. Ryane—Dr. Forbes—J. A.—Medical Student—M. B.—J. C. D.—A Pupil of the Webb Street School—Dr. Romeyn Beck, New York—Chirurgicus—Mr. Joseph Curtis—Dr. Lyall—Virginian—Subscriber F.

Mr. Wansbrough's paper shall be inserted, wholly or in part, in our next Number.

" An Abhorrer of Humbug" is deceived.

The paper forwarded by " J. A." treats of a case which occurred in *private practice;* consequently we cannot publish it in this Journal.

On the subject of Mr. Bransby Cooper's operation, we must be excused for saying more, than that Mr. B. C. has commenced an action against us, and we have pleaded a JUSTIFICATION. We hope and expect that both Argus and the public will profit by the result of the trial.

In last week's Lancet, at page 299, left hand column, 6th line from the top, for " *dis*connexion" read connexion.

THE LANCET.

Vol. II.] LONDON, SATURDAY, JUNE 21. [1827-8.

LECTURES ON VEGETABLE CHEMISTRY,

BY

PROFESSOR BRANDE.

Delivered at the Royal Institution of Great Britain.

Lecture XLV.

Gum, Sugar, Starch, and Gluten.

I mentioned, Gentlemen, in the last lecture, that the ultimate elements of vegetable substances were few. Now, when a vegetable substance consists of carbon, oxygen, and hydrogen, its decomposition by heat presents us with a variety of substances resulting from their union; but if it should also happen to contain nitrogen, you will then have ammonia formed, and a variety of other products resulting from the union of nitrogen with the other substances named.

In proceeding to the analysis of any vegetable body, the chemist makes some experiments to determine its general nature; and we will suppose that it contains no nitrogen, but that, like most vegetable substances, it is composed of carbon, oxygen, and hydrogen; his object is to determine the relative proportions in which these elements are combined. Now, if we take sugar, starch, gum-resin, camphor, tan, and a great variety of other vegetable products, we find that they are all composed essentially of carbon, oxygen, and hydrogen, and you will naturally infer that the determination of their relative proportions in their bodies, will throw an interesting and considerable light upon the nature of the compounds generally, and serve to show how far they approximate to each other. I shall not take up your time by detailing all that has been done upon this subject, but describe to you the mode generally adopted for the examination of vegetable substances.

If you wish to analyse a vegetable substance, you must examine it to see that no impurities or foreign bodies are adhering to it, or the substance may be hygrometric; and if that is the case, you must avoid the contact of air; you must introduce it into a brass tube in a given state of dryness, and then mix it thoroughly with a certain quantity of peroxide of copper, which gives out no oxygen when heated alone, but which, when heated in contact with vegetable substances, imparts oxygen to their elements, in proportion as they are decomposed. So that if you take a tube of this kind, and introduce a quantity of peroxide of copper into it, with a given weight of sugar for instance, and apply heat at the further end of the tube, and gradually carry the heat down to the other extremity, a decomposition is effected; and it follows, that whatever the product may be, that is produced by the action of heat upon the copper, it will be found at the other end of the tube, either in the gaseous or liquid form. Here you see the analysis going on; you see that as the tube becomes thoroughly heated, a gas is extricated, which will afterwards be found to be carbonic acid gas; and to be certain of this, we may absorb it by a small quantity of potash, or soda, or ammonia, and its volume leads us soon to determine the amount of carbon present, and hence the index to the quantity of carbon which the vegetable matter contained. But the vegetable matter also contained hydrogen, and that, with the oxygen given out from the copper, will form water, which is to be absorbed by a portion of asbestos placed in the tube, and the amount of water absorbed may be learnt by its increase in weight, after the experiment. We know how much hydrogen is contained in a given weight of water, because nine parts of water contain one of hydrogen. Then the quantity of carbon being determined, and the quantity of hydrogen being determined, there will be a certain loss, which is to be ascribed to the oxygen. Now, although this shows you the form of the experiment, you must remember that it is one which requires great caution to obtain accurate results, and it is necessary to repeat the experiment, four or five times, on the same substance, before you can depend with accuracy upon the results.

Supposing that you had operated on fifteen grains of sugar, and that you had obtained a certain measure of carbonic acid gas, equivalent to six grains by weight of carbon, and that you had also obtained nine grains of water, which would contain one grain of hydrogen, you would say that there is contained in fifteen grains of sugar six carbon, one hydrogen, and a certain loss equivalent to eight, which you ascribe to oxygen. Now, suppose we take sugar, starch, gum, and wood, they contain no excess of oxygen, they are compounds of carbon and water; and when I say they contain no excess of oxygen, I use the term to imply that oxygen and hydrogen are in the same relative proportions as in water. Now you will easily remark, how closely these four substances correspond in their ultimate composition, and therefore you will not be surprised why it often happens, that by artificial means, we are capable of converting one of these substances into the other, by changing the relative proportions of their element; that we can, for example, convert starch and gum into sugar, sugar into gum, and gum into starch; and these are processes daily going on in nature, in the growth and ripening of fruits, and so on, but more especially the passing of starch and gum into sugar. Now suppose that any nitrogen had been separated from the substances you were examining, that would throw great difficulty in the way of the analysis, but to these nitrous compounds we shall advert afterwards. If nitrogen be present, and if the operation of analysis be successfully conducted, it might also be collected in the tube; but as nitrogen is not soluble in potash, you throw a little potash into the tube, by which you have carbonate of potash formed, and the nitrogen left free, and then you calculate the weights, and make out the proportions.

I have told you, that this process is one of difficult performance, and the chemist, who is in the habit of doing it, will tell you, that he is frequently obliged to repeat the experiment before he can agree as to the results; and I mention this to caution you against receiving these results as the real truth; you must merely consider them as approximations to it, and wait until it has reached a more ripened state. As far as regards carbon, hydrogen, and oxygen, the experiments made serve to convince us, that they form the elements of substances of these bodies: of that there cannot be much doubt.

Here is a table of vegetable substances, in which hydrogen and oxygen are mixed in the same proportions as in water, neither being in excess, as in sugar, starch, gum, &c.; then we come to a class of vegetable bodies in which oxygen predominates, as in the vegetable acids; and then there are other vegetable substances, in which hydrogen predominates, as in the resins, wax, oil, and combustible bodies. The examination of the proximate principles of vegetables would afford ample scope for a full course of lectures, so that we can only here state it very generally, not go into the details of abstract chemistry.

The separation of the *proximate* principles of vegetables is generally effected by certain solvents; if we take a piece of bark, for example, we first steep it in cold, then in hot water, and then in alcohol. If you then distil it with water, it may afford an essential oil, or the oil which it contains may be expressed; and in this way, by the action of solvents, we separate vegetable substances into a certain number of proximate principles. It does not much matter how we arrive at these; but I shall endeavour to throw them into a class founded upon this composition, according as they may contain hydrogen and oxygen, in the same proportion as water, according as they may contain either in excess; and lastly, such as may contain nitrogen.

Gum is a specimen of the combination of elements of the first class; it exudes from the acacia and other trees, and you find that there are great varieties of gum which differ a little in their chemical properties. Some chemists have divided the gums into two kinds; the first into the gums, properly so called; the second, such as are comparatively insoluble in water, as tragacanth and cherry-tree gum, and to these they have given the name *cerasin*.

The general character of gum is that it is soluble in cold and warm water, forming a viscid solution, known by the name of *mucilage*. As far as *gum-arabic* is concerned, it is distinguished by not being very prone to decomposition, if we except its becoming slightly sour, and by its being insoluble in alcohol. So, that, if you add a solution of gum to alcohol, the gum is precipitated; or if you put gum into alcohol, it is not taken up by it. It is soluble in water therefore, and insoluble in alcohol, and this is a property by which gum is recognised. Now, another character of gum is, that it is soluble in alkalies, and solutions of the alkaline earths, and that it is precipitated by the acids and by the subacetate of lead; and it is found that the precipitate which falls down is a compound of gum and the oxide of lead, called by Berzelius a *gummate of lead*, and he has ingeniously availed himself of the opportunity afforded by this compound, and some others, to determine the equivalent number of these vegetable bodies. [The formation of this compound was then shown by experiment.] You observe that instantly there is a coagulum produced, which is insoluble, composed of gum and oxide of lead; and, in some cases, this is worth remembering, especially by medical men, who are not unfrequently ordering the solution of the sugar of lead in mucilaginous solutions, and so on, and their object must be frustrated by the subacetate losing its activity. When gum is exposed to heat it undergoes decomposition, and the products are formed which I adverted to the other morning, especially vinegar, and I mention this particularly, because at one time this vinegar was considered to be of a peculiar kind, and was called *pyro-mucous acid*, but it is the same as other vinegars.

Sugar exists in great quantities in the sap of vegetables, in ripe fruits, and in the roots of certain plants; but the great source of sugar, as far as we are concerned, is the sugar-cane; and the manner of obtaining the sugar is sufficiently simple.

It is generally imported into this country in the raw state, called *muscovado* sugar, and the refiner chooses that which has a bright hard grain, and is not guided by the colour. If he finds it sandy and hard, he prefers it to the soft and finer sugar, and the East India sugar is, on that account, unfit for refining; that brought from the West Indies being the best. The mode of refining sugar is briefly this, and if you consider sugar as a crystallised and uncrystallised compound, you have its two extremes of purity and impurity; you have it crystallised in sugar-candy, and uncrystallised in molasses, and these two exist combined in the common raw sugars, and the process of refining is to separate them. This process is generally commenced by filling large boilers with a mixture of lime-water and sugar, with certain quantities of bullock's blood; this was the old mode of proceeding, but lately a patent has been taken out for an improvement upon it. The object of the process is two-fold, the blood, coagulating by heat, forms a scum upon the surface, and carries away a great quantity of impurity from the sugar of various kinds, which are then skimmed off; the use of the lime-water is to render the treacle very soluble, so that it may not afterwards interfere with the separation of the crystallised sugar. This mixture is boiled until, by taking up a drop of it between the finger and thumb, it can be drawn into threads, and it is then taken out into vessels, where it is stirred about with wooden instruments until it becomes, like the original raw sugar, in a granulated state. This sugar is afterwards put into conical moulds, made partly of clay, and water is poured upon their bases, and as the water trickles through the sugar it carries with it the uncrystallised part, and the cones become gradually whiter and whiter as the treacle trickles through. As the bases are more white than the apices of the cones, they are generally cut off; and when it is an object to obtain very fine sugar, the loaves, as they are called, are made of a smaller size.

If you wish to crystallise sugar, you dissolve it, and pass strings through the solution, and the crystals are then deposited upon strings in the shape of hexagonal crystals, irregularly terminated. The loaves are afterwards dried, and so far the process is complete. Now by the application of the required heat to the sugar in this process, a great loss generally ensues; the blood carries away a large quantity, and so forth, and therefore it has been proposed to boil the sugar in vacuo, by which it is made to boil at a temperature of 80° or 100°, instead of at the ordinary temperature under the atmospheric pressure; in this way the syrup may be evaporated, and you do not run the risk of burning the sugar, nor suffer that loss as by the other mode. The colouring matter has been thrown down by albumen, and the treacle obtained by passing the syrup through the sugar in the cones, and so on. These are some of the principal steps of the process, which are interesting to the chemist.

You may obtain sugar in considerable quantity from the maple, and from the juice of the beet-root. Figs, grapes, and honey, contain a peculiar species of sugar, which is easily distinguished by the taste. As to white candy, or pure sugar, it is soluble in its own weight of water at 60°, and the solution, if concentrated, is not very prone to change, but if diluted, it begins to ferment, and to form vinegar and acetic products.

The acids act upon sugar in a peculiar way; nitric acid converts it into oxalic acid, and sulphuric acid causes it to throw down charcoal, and to produce water and acetous acid. Lime-water dissolves sugar, and so do the alkalies, gradually converting it into a gummy matter. Oxide of lead and sugar combine to form what Berzelius has called a *saccharite of lead*. *Manna* is another kind of sugar, furnished by a species of ash in Italy; it yields oxalic and saccholactic acids, especially when treated with nitric acid. Now sugar is soluble in cold and warm water, and is separable by the same manner as gum; so that if you have gum and sugar mixed, you may separate them by alkalies; the separation is usually imperfect, but the sweet taste of sugar enables you to recognise it.

Starch exists in a great number of vegetables, and contributes very much to their nutritive qualities. Sugar and gum are very nutritious substances, but starch more so than either.

To obtain starch from the substances containing it, the process is to wash them in cold water, and as it is insoluble in cold water, the starch is washed out of the vegetables, and afterwards dried. The common wheat starch is obtained by first bruising the wheat in a mill, and then steeping it in water; after a time the water begins to get sour; it is then drawn off, and the starch is collected and dried. In drying, it splits into small columnar masses, and it is usually coloured by the manufacturer with a little indigo. You may procure starch from various substances; *arrowroot* is the starch of the *maranta arundinacea*; and the pith of certain palms abounds in starch; salop, tapioca, and cassava, are obtained from that source. Potato starch is also frequently used for culinary purposes.

Now although I represent these to you as the main varieties of starch, there are slight chemical differences between them; but I think it would be an useless sort of refinement in chemistry, to endeavour to designate these starches by different names. The starch being separated from the gummy and other parts of the vegetable, and dried, is fit for use, and its chemical characters are peculiar and well defined. It is insoluble in cold water, as its mode of preparation teaches; it is soluble in warm water at a temperature of about 160°, and forms asolution, which is slightly viscid. If you dissolve it in a smaller quantity of water, especially at a higher temperature, you get a kind of jelly, which afterwards is not very soluble in water; on the contrary, you may diffuse it through water, and it will not dissolve without great difficulty. This circumstance is well known to the brewer; if he lets the water in upon the malt too hot, it forms a *set*, and spoils his mash. Starch is also insoluble in alcohol. When, therefore, you have a vegetable substance containing starch, gum, and sugar, you separate the gum by cold water, the sugar by alkalies, and the starch by hot water; but suppose you have a vegetable substance before you, and you cannot tell whether it contains starch or not, you then make an infusion of it in water at 160°, and then drop into it a little solution of *iodine*. Now iodine has the singular property of combining with starch, and of producing a blue compound; and it is curious that no other vegetable matter at all effects iodine. [This was shown by experiment.] This compound has been called an *iodide of starch*. There are other characteristics of starch, but it is not necessary to point them out, as these, I have mentioned, will generally suffice.

Starch is converted into *sugar* by a variety of operations, and in *malting* you see this going on to a considerable extent. If you look at this table, in which starch, gum, and sugar, as far as their ultimate elements are concerned, are compared, you will see how little they differ from each other; and you can imagine that a slight change in their ultimate elements, will convert the one substance into another. If you take starch, and add a little sulphuric acid to it, it is converted into sugar; gum, when heated up to a certain point, under peculiar circumstances, seems to pass into a substance somewhat resembling sugar; and starch, when heated up to about 700°, very readily passes into a state of gum. Here are some specimens of starch which have been thus roasted; it is converted into a substance called *British gum*; it does not precipitate iodine; it is soluble in water; and when gum could not be obtained, roasted starch was substituted by the calico printers, who use a great deal of it.

Gluten.—When you separate starch from flour, a substance remains called *gluten*, which resembles in some particulars animal matter; and here you have a vegetable body, you perceive, well calculated for human food; and wheaten bread, you know, is well fitted for affording nutriment, children living principally upon it. Gluten exists in the greatest abundance in wheat flour, and the wheat of the south of Europe contains a larger quantity of gluten than that grown in the north. It also exists in barley and oatmeal, and, being mixed with starch, gives a great tenacity to bread made with these materials. When yeast is added to a mixture of wheaten flour and water at a certain temperature, the carbonic acid of the yeast is diffused throughout the mass of dough, and is detained there by the gluten, and thus we get a light bread. Wheat grown in this country contains from 18 to 24 per cent. of gluten, and, as I before said, it may be obtained from wheat flour by washing out the starch. It is of a grey colour, and, when dried, it becomes brittle, and of a darker colour. It is nearly insoluble in water, and when submitted to a destructive distillation, it gives out ammonia, thus resembling animal products in containing nitrogen.

In the next Lecture we shall proceed to the consideration of the remaining proximate parts of vegetables, extractive matter, tannin, and so on, and give you a short account of the process called *tanning*.

FOREIGN DEPARTMENT.

ON THE FUNCTIONS OF THE DIFFERENT PARTS OF THE ORGAN OF HEARING.

BY DR. CH. L. ESSER.*

This paper is the extract of a work to which the prize was adjudicated in 1825, by the Faculty of Medicine of the University of Bonn.

The cartilage of the external ear appears to contribute very little to render the sounds more distinct, but it serves to increase their force; not only by reflecting a part of the vibrations into the meatus auditorius, especially those which fall into the concha, but also by means of the vibrations which the undulations produce, and which are transmitted to the membrane of the tympanum. It is not correct, therefore, to suppose, (as M. Itard does,) that the external ear is of no service to man in hearing.

The bones of the head do not contribute less than the external ear to the propagation of sounds, which does not take place solely through the medium of nerves, as some authors have supposed, (Treviranus, Swan, &c.) for, in such a case, a watch applied on the cheek, ought to communicate sounds as clear through the medium of the facial nerve, as if it were applied on the zygomatic arch; but this is not the case.—The occipital bone is more adapted to the propagation of sounds, than the bones at the anterior part of the head; this is explained by its connexions with the labyrinth, and by the vicinity of the mastoid cells. The use of these cells is not to impede the echo in the interior of the ear, as M. Treviranus supposes; this function belonging to the Eustachian tube.

In several animals, the bones which surround the labyrinth, and those of the head in general, present arrangements very favourable for the propagation of sounds, in this way compensating for the absence of the external ear.

The meatus auditorius externus is evidently the part which contributes most to concentrate and transmit the sounds to the membrana tympani.

The membrana tympani is put into vibration by the undulations which reach it; a point doubted by M. Itard, although all other authors are agreed on it; this is, however, not the only use of this membrane; for the vibrations of sound can arrive at the internal ear without the assistance of it, and even with greater force; another function of the membrana tympani, is to protect the internal ear from external agents. The experiments of the author, and the facts which he relates, leave no doubt on this subject. The hypothesis of Autenrieth and Kerner, according to which the membrane of the tympanum is considered as an assemblage of cords differently stretched, in proportion as the membrane is round or oblong, is shown to be without foundation. The distinction of the different sounds does not rest on a mechanical arrangement of the ear, but on a psychological cause.

The Eustachian tube is the principal auxiliary of the membrane of the tympanum, and performs four different functions; first, it allows the air contained in the cavity of the tympanum to be placed in equilibrio with the external air. If this equilibrium be disturbed, derangements in the functions of hearing take place, such as the tinkling and stopping up of the ear. If the quantity of air contained in the cavity be increased by deep expirations, great pressure is made on the membrana tympani, and on the other parts of the cavity, especially the fenestra rotunda; this pressure is caused by the stopping up of the ear, which diminishes in proportion as the equilibrium of the air is re-established by means of the Eustachian tube. If the air in the cavity of the tympanum be rarefied, and the Eustachian tube shut from the effect of spasm, the external air presses on the membrana tympani, penetrates through its pores, and the tinkling is produced through this passage. The two phenomena disappear as soon as the equilibrium of the air is re-established in the cavity of the tympanum, which is effected by pushing the air towards the Eustachian tube, the mouth and nose being firmly closed; or by introducing the little finger very deeply into the meatus auditorius externus, and by gradually drawing it back, and pressing from below to above against the wall of this canal. Thus a vacuum is formed, the membrane of the tympanum is inclined towards the meatus auditorius externus, and the Eustachian tube gives passage to air from the back of the mouth. It is evident that this explanation cannot apply to all the phenomena which occur in the organ of hearing. Cerebral congestions, or derangements of nervous action, are the causes of more chronic sensations.

2d. The second function of the Eustachian tube is to allow the air contained in the cavity to be put in vibration; which could not take place if it were closed. In deafness from the obliteration of the Eustachian tube, the perforation of the tympanum is a means of cure, by re-establishing the communication of the tympanum with the external air. The opinion that the walls of the Eustachian tube are constantly in contact with each other is incorrect.

---

* Kastner's Archiv. fur die ges. Naturlehre; tom. xii. 1er. cah. 1827, p. 52.

3d. The Eustachian tube prevents any confusion in the vibrations of air contained in the tympanum; and lastly, it serves to conduct the mucus secreted in the tympanum, and by its parietes, into the posterior nares.

The bones of the ear, by the assistance of their muscles, draw the membrana tympani in different directions; but it would be difficult to explain how, and for what reason, this effect takes place; their influence on hearing is not very clear; they serve to transmit the vibrations of the membrana tympani to the fenestra ovalis, although this is not their only use. Some physiologists, Treviranus, and others, deny the conducting property of these bones, because they found in hares a red and gelatinous mass, surrounding the ossicula; and which, according to them, is peculiarly fitted for the transmission of sounds; but this red mass is nothing else than effused blood, which is found only in those hares killed in the chase, whilst no trace of it is observed in those which are decapitated. The sac, in which this mass was contained, according to these authors, was, perhaps, the tendon of the stapedius. The bones of the ear, in some animals, are hollow, and thus appear more fit for the transmission of sound.

The labyrinth, although well understood in its anatomical relations, is, and will, probably, always remain the most obscure part of the organ of hearing, as to its real use. The experiments which the author has made on the existence of the fluid of Cotugnius, are not decisive, and it remains doubtful if this liquid exists during life, or whether it is merely produced after death.

The vestibule or *membranous sacs* which exist in some animals, and the *semicircular canals* appear to contribute most to the sense of hearing; but it is difficult to say in what manner. By looking at comparative anatomy, we find that the principal utility of the semicircular canals is to strengthen the sounds. They are very much developed in those animals which have no external ear, or which is badly formed, (for instance, birds, mole, man,) those semicircular canals which are well developed, are generally accompanied with a small cochlea, and *vice versâ*. Man is the only exception from the equilibrium between these two parts. The cochlea appears to be of less importance than the semicircular canals; for it soon disappears in the animal kingdom, and birds only possess a rudiment of it; it presents more varieties than the semicircular canals; its principal use appears to be that of presenting a greater surface for the vibrations of sounds and of concentrating them, and in this way giving them power. The opinion of several authors, that the cochlea serves to distinguish the quantity and quality of sounds, does not agree with the results which comparative anatomy furnishes.

The distinction between different sounds is a function purely psychological. If the development of the cochlea indicates the development of the faculty of distinguishing the different species of sounds, the following is the order in which it is found in animals and man:—1st. The porcupine has 3½ spiral turns: 2d. the dog and fox, 3 turns: 3d. man, cow, hog, and cat, 2½ turns: 4th. the horse and dolphin, 2¼; and the rabbit, 2 turns: birds occupy the last place in this series.

The part which the *auditory nerve* takes in hearing is undoubtedly of the greatest importance; but the philosophy of its functions will always remain a mystery.

ST. GEORGE'S HOSPITAL,

FEBRUARY 1, 1828.

The following Regulations will be observed respecting the Surgical Attendance of St. George's Hospital.

1. THE house surgeons will begin to go round the wards every morning regularly at ten o'clock, and the pupils, who are not otherwise employed, are recommended to be at the Hospital by that hour.

2. On their days of regular attendance, the surgeons will be at the Hospital as soon after twelve o'clock as possible, and they will visit on those days the whole of their patients. On other days, they will attend according to circumstances, some time between the hours of twelve and two.

Monday and Friday in each week are the days of the regular attendance of the two senior surgeons; and Tuesday and Saturday, those of the two juniors.

3. The examination of the new patients, who apply to the weekly board for admission, will take place on the Wednesdays, in the examining rooms, at a little after twelve o'clock.

4. The more important operations of surgery will be performed on Thursdays, in the operating theatre, at half past twelve o'clock, except any circumstances should render a deviation from this rule necessary.

The minor operations will take place in the course of the ordinary visits of the surgeons, and in the different wards.

5. A clinical lecture will be given once in the week;—generally on Thursday, at one o'clock, or as soon as any operations,

which may take place on that day, are finished.

6. The examination of the bodies of those who die in the Hospital, whether under the care of the physicians or surgeons, will take place in the theatre belonging to the dead house, either on the day of the death, or on that immediately subsequent to it, at half past one o'clock.

A notice will be placed in the pupils' room, by the house surgeon of the week, of any operations to be performed, or of any post-mortem examinations to be made.

7. The case-books of the surgeons will be open to the inspection of the pupils, and may at any time be obtained by application to the house surgeons; but the pupils are particularly recommended to take notes of the cases themselves; and they may be called upon to produce these, prior to their obtaining a certificate of diligent attendance.

8. Tables, explaining the different descriptions of diets, will be found in the wards; and the particular diet of each patient will be seen over his bed. The medicines prescribed for the patients will be inscribed on a card suspended by each patient's bed, on which will also be specified any extra articles of diet, or any wine or beer that may be allowed.

9. Two or more of the students, who are found qualified for the situation, will be selected annually to act as clinical clerks. The duties of these will be, to attend the surgeons in their visits, to take notes of the more important cases, and to enter them in a book, which will be kept for the purpose in the pupils' room, and which, as well as the surgeons' case-books, will be open to the inspection of the pupils generally.

Gentlemen, who wish to officiate as clinical clerks, will make application to the surgeons. They will be required to produce notes of cases which they have taken, to enable the surgeons to judge of their fitness for the situation.

10. The house surgeons will be appointed from the best qualified of the perpetuals, after an attendance of at least three years.

Gentlemen, desirous of obtaining that appointment, must signify their wish to the surgeons, that their names may be entered in the list of candidates, which cannot be done until they have completed one year of regular attendance on the Hospital; and, after being admitted as candidates, they must not discontinue their attendance, without permission of the surgeons, or their names will be erased from the list.

11. The dressers will be appointed from the perpetual and annual pupils, after they have completed at least six months of their attendance.

Those gentlemen who are desirous of officiating as dressers should, at an early period after their entrance, signify their wish to the senior house surgeon, that their names may be entered in the list of candidates; and, if attentive, and found to be qualified, they will be appointed in their regular turns.

Each dresser will continue in office for twelve weeks, and perpetual pupils may hold the appointment a second time, after they have completed the first year of their attendance.

The dressers will be required to be very punctual in their attendance, and not to leave the Hospital until the business of the day is finished.

The dresser of the surgeon of the week must be at the Hospital by nine o'clock in the morning, and remain there until ten o'clock at night. He will board in the Hospital during that week.

Each dresser, on his appointment, will pay into the hands of the steward the sum of three pounds, to be credited to the funds of the charity, for the expenses of his board.

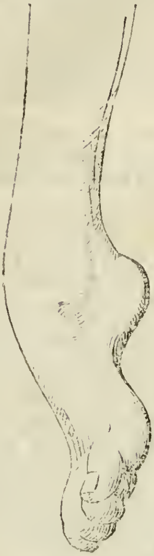
12. The pupils, who reside within a reasonable distance of the Hospital, will have notice when the surgeon of the week is sent for to any serious accident; and, as it is of importance to them that this notice should be regularly delivered, each pupil is recommended to ascertain that his name and proper address are entered on one of the lists by which the summonses are sent out.

It is the intention of the surgeons, that the messengers shall, on every occasion, be paid by them for delivering the letters according to these lists; and they request that immediate notice be given to the house surgeon of the week of any inaccuracy which may appear.

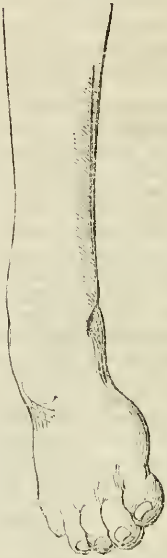
CASE OF PARALYSIS, IN WHICH THE MOXA WAS SUCCESSFULLY EMPLOYED.

Elizabeth Cox, aged fifty-seven, was attacked with paralysis of the right side, in August. She had been subject to pain in the head, and occasional giddiness, for some months previous to the occurrence of the paralytic affection; the power of speech, at first lost, was gradually restored in a few days. The muscles on the right side were quite powerless, and scarcely any indications of returning sensation were observed, although the most powerful remedies had been tried. On the 14th of March, a moxa was burnt slowly over the deltoid, and another over the biceps, and subsequently, until the 6th of April, the moxa was almost daily used in various parts of the body. The patient's strength gradually increased, and she was eventually able to walk without crutches; there was not, however, so free an action of the muscles on the right as on the left side.

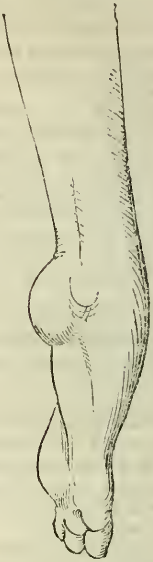
1.



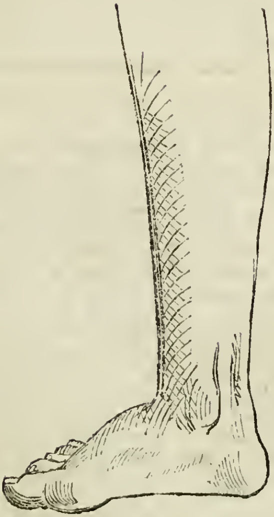
2.



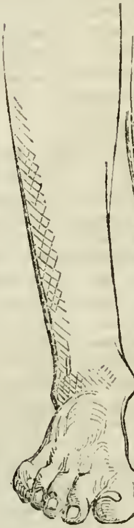
3.



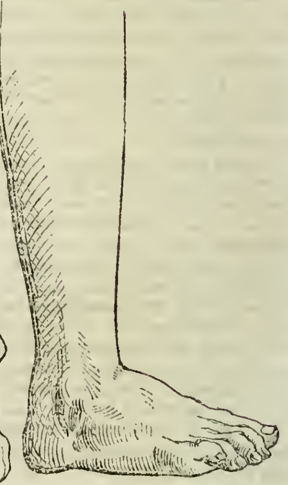
4.



5.



6.



MR. SHELDRAKE ON DISTORTIONS OF THE FEET.

To the Editor of THE LANCET.

SIR,—I now send another case of distortion, which took place some time after birth, without any defect in her limbs: in its general features it resembles the last, but there are some circumstances in which it differs from that case.

I am, Sir,
Your most obedient servant,
T. SHELDRAKE.
No. 276, Regent Street.

In May, 1800, a gentleman consulted me about his daughter, of whom he gave the following account:—

She had been healthy from the birth, till about the end of two years, when she had a fever, and, at the same time, lost the use of her limbs, as it was supposed, by a paralytic stroke: from this she recovered soon; but it was observed, that her right foot was weaker than the left. As she grew, this defect increased; the foot became weaker, and deformed to such a degree, that, at last, she had no power to use it; it became rigidly fixed in its deformed state, with much tendency to increase in deformity, in consequence of the very imperfect manner in which she was able to move about. The left leg and foot now began to assume a similar appearance, though in a less degree. Electricity, the Bath waters, and every other means that could be devised, had been tried, without effect, for her infirmities increased so much, that she could not walk across the room, without being led by an assistant, and supported by a stick: she began to be distorted from the pelvis upwards; as every circumstance of the disease was rapidly increasing, without any well-founded expectation of restoring the form and powers of the parts affected, application was made to me, to contrive some means of preventing her from getting worse; and, if possible, of enabling her to move about in the situation she then was.

At this time her right foot was, as it was believed, in consequence of permanent contraction of the tendo-Achillis, so drawn downwards, that the ball of the great toe, the heel, and the calf of the leg, were in a direct line with each other; the foot was much shortened, and rendered hollow on the bottom and the inside; the great toe was much drawn up, and appeared to be permanently shortened, because it was most rigidly fixed in the position it was then in; the circular head of the astragalus was out of its natural situation, and lay in a direct line with the front of the leg; the toes were turned inwards so far, that when she attempted to stand or walk, she rested upon the nails of the three middle toes, as the great toe did not touch the ground. In consequence of this state of the foot, every attempt she made to walk or stand upon it, had a tendency to increase the deformity. The leg was flaccid, much wasted, and she was not conscious of any sensibility, either in the leg or the foot.

The left foot had made so much progress towards the same state, that, in any other patient, it would have excited much alarm; but, in this, the right was so much worse, in every particular, that the left leg was a subject of inferior consideration; both the knees bent inwards; the distortion that was beginning to take place above the pelvis, had not yet assumed a permanent form, and, as it was evidently produced by the deranged action of the legs, was not, at this time, an object of attention.

When the father of this patient applied to me, he had no expectation of more than palliative relief; but, in consequence of the opinion I gave, he determined to place her under my care, that I might do every thing that was practicable, to effect a cure as complete as the circumstances of the case would admit. At this time I had casts in plaster of Paris, taken from both her feet; as the left foot was treated, in every respect, the same as the right, and being less distorted, became sooner well, I shall confine these explanations to the right foot only.

From the cast of the right foot, which was taken before anything was done to it, I made the following measurements:—

	Inches.
The length of the foot	6½
Breadth of the foot at the toes	3
Circumference of the foot at the toes..	7½
Measure taken over the instep, and round the heel	9
Measure round the smallest part of the leg	5½
Measure round the largest part of the leg	8½
Measure taken from the patella, to a line drawn parallel to that part of the heel which was nearest to the ground	11

Though she had no sense of feeling in her legs or feet when I first saw her, when my treatment had been carried on about a week, she felt a glowing warmth pervade both her legs, which continued during the whole time of the cure, with so much tendency to increase, that it required much attention, during the progress of the cure, to prevent it from becoming excessive; the form of the feet underwent gradual improvement; and when she was standing, there was little to distinguish them, in point of appearance, from the feet of any other person. At this time I had another cast taken from her right foot, from which the following measures were taken:—

	Inches.
Length of the foot measured	7¾
Breadth of the foot at the toes ..	3½
Circumference at the toes	8½
Over the instep and round the heel	10¼
Round the smallest part of the leg	6½
Round the largest part of the leg	9½

By comparing these measures with those that were taken from the same foot in the preceding way, it will be seen how much was gained in size, as well as form, in the preceding eight months; upon this subject, it is to be observed, that the length of the foot, and the change of position of the heel, must be attributed to alteration that had taken place in some of the bones of the foot, viz. the circular head of the astragalus was now restored to its natural position under the scaphoid cavity of the tibia, by which change the os calcis was enabled to place itself on the ground, and the natural motion of the ancle-joint was regained, though there was still no power existing in the joint, by which motions could be directed in obedience to the will of the patient.

The increased size of the fleshy part of the leg, being one inch in the circumference for the whole length of the leg, is certainly to be attributed to the growth, in consequence of the action of the gastrocnemeii muscles being partially restored. As so much had been done, it was determined that she should continue under my care. She remained with me two years longer, when her feet were returned to their natural form and powers, which she always retained; for ten years afterwards I had some correspondence with her, in which she told me that she was capable of taking every kind of exercise which her rank in life, as a gentleman's daughter, rendered necessary.

Before she was finally removed from my care, I had casts taken from both her legs; from the cast of the right leg, I took the following measures:—

	Inches.
Length of the foot..................	9
Breadth of the foot at the toes	3½
Circumference at the toes	8½
Circumference over the instep and heel	11
Measure of the smallest part of the leg	6¾
Measure of the largest part of the leg	11½
Length from the patella to the bottom of the foot, as she stood upright with her heel flat on the ground ..	17

The difference between these measures, and those which have already been given, will show the advantages which were gained, in point of size and form, by this patient, besides her having been restored to perfect health.

The figure 1 is a profile view of the right leg, looking at the inside of the tibia.

Figure 2 is a front view of the right leg.

Figure 3 is a profile view of the right leg, looking at the outside of the leg.

Figure 4, a profile view of the right leg when restored, looking at the inside of the leg, the same as figure 1.

Figure 5, view of the right leg restored, looking at the front, the same as figure 2.

Figure 6, outside of the right leg restored, in the same view as figure 3.

GILHAM THE MURDERER.

To the Editor of THE LANCET.

SIR,—The body of Robert Gilham, who was executed at Ilchester, on Wednesday last, for the murder of his fellow-servant, Maria Bagnall, was removed the same evening to the Bath United Hospital for dissection. A notice was posted on the hospital door, that the surgeons of the institution would, on the succeeding and following days, demonstrate the body, to which medical men and pupils alone could be admitted, as they (the surgeons) having understood that the deceased had a brother, a respectable individual, living in Bath, would not hurt his feelings, by making a public exhibition of his brother's body.—Gilham was 28 years of age, about 5ft. 6in. high, having a very receding forehead, light hair, heavy brows, small eyes, and rather large mouth. His general appearance little accorded with Lavater's principles of physiognomy. A cast of the skull was taken by Mr. Crook, phrenological lecturer; and of the features, by Mr. C. Harries, the house-surgeon.

Mr Soden's demonstration was confined to the muscles of the chest, branches of the aorta, and variations to which they are subject, (illustrated by preparations from the museum,) the axilla, and operations for aneurisms. In securing the subclavian, Mr. Soden prefers operating above the clavicle, making his incision along the upper edge of that bone from the insertion of the trapezius to the origin of the mastoideus; a second incision, of about two inches in length upwards, passing the ligature from above downwards between the nerves and the vessel, and on the outer side of the scalenus anticus; thus avoiding the probability of injuring the scapular and transversalis colli arteries, &c. The innominata, Mr. Soden believed, had been tied but three times—by Graefe, of Berlin—Dr. Mott, of New York, and Mr. G. Norman, of Bath.

Mr. G. Norman demonstrated the abdominal muscles, the inguinal rings, and parts connected with inguinal hernia: the operation, and means to be resorted to for returning the bowel before an operation, the taxis, bleeding, warm bath, freezing mixtures, and the tobacco enema; but the lecturer particularly pointed out the fatal consequences of deferring the operation too long. In external inguinal hernia, Mr. Norman cuts upwards and outwards; in the internal bubonocele, directly upwards; or, as a general rule, or where there is uncertainty which species of hernia exist, directly upwards. Next was the anatomy, physiology, and pathology of the thoracic and abdominal viscera. Amongst the cases of disease in the alimentary canal that Mr. Norman mentioned, was one in which the patient, who had been long declining, suddenly became worse, inflammation followed, and death closed the scene of suffering. Dissection revealed the mischief. An abscess had destroyed the villous and muscular coats of the stomach, on its posterior portion; this injury was evidently not recent. The immediate cause of the patient's death was the rupture of the peritoneal coat, and the contents of the stomach escaping into the abdominal cavity. A second case of diseased abdominal viscera occurred in the private practice of Dr. Pring, at the time of the ——— a general practitioner in Bath; the case was diseased rectum, the stricture of which increased till a bougie could no longer be passed. Stoppage had existed for several days; the pulse was scarcely perceptible, and the whole symptoms indicated death was close at hand. Mr. Pring, therefore, proposed making an opening in the parietes of the abdomen and segmoid flexure of the colon. This was effected, and relief obtained almost instantaneously. The patient recovered, or survived the operation, seven or eight months. Upon examining the body, after death, the rectum was completely mortified, the sacrum denuded and carious.

Mr. Wilson Brown explained the most approved methods of operating for femoral hernia. Mr. B. divides the stricture parallel to the horizontal ramus of os pubis; and he observed, that where the obturator artery did arise by a common trunk with the epigastric, (and which did not originate thus once in twenty times,) that wounding the former vessel was not to be considered a certainty in this way of operating. The operations for femoral and popliteal aneurism were next performed on the dead subject. Mr. Brown concluded with remarks on fractures of the cervix and shaft of the os femoris. Three cases of the former accident he had met with in the last twelve months; the patients got well with very little shortening of the affected limb.

Fractured patella.—Two cases had been brought to the Hospital lately: one was a severe radiated fracture, from a kick of a horse; the patient recovered in eight weeks.

The demonstration of parts by Mr. Gore was very minute; it comprised the muscles and operations on the upper and lower extremity, on the throat, the carotids, laryngotomy, and bronchotomy. The danger of attempting the latter too hastily, and without drawing aside an artery that might be in the way, was exemplified in the subject on the table, in which an artery proceeded upwards from the innominata to the thyroid gland. In the lateral operation for lithotomy, make your external incision, said Mr. G., parallel to the raphe of the perineum, and let it, in the adult subject, be three inches in length; divide the trans. per. muscle and a small portion of the sphin. ani, and placing the knife in the groove of the staff, make a free opening through the membranous portion of the urethra, prostate, and neck of the bladder; thus, if the calculus be large, you will extract it without a protracted operation and laceration of the perineum. Mr. Gore did not say whether he used the knife or gorget. In elucidating the parts concerned in generation, Mr. G. referred to the rich stores furnished the medical student in comparative anatomy, observing, that each ves. sem. was formed by the convolutions of a single vessel, and that in the greater number of animals the vesiculæ did not communicate with vasa efferentia. Mr. G. inferred that they had a particular and independent function connected with the purposes of generation.

I have heard many lectures in London inferior, both in a scientific and practical point of view, to those delivered at the Bath Hospital. The physicians of the Hospital are—Dr. Mutlebury, Dr. Hardy, and Dr. Barlow; the latter gentleman is, I think, a contributor to THE LANCET. Of the surgeons, Mr. Soden is celebrated as an ophthalmic surgeon; Mr. Wilson Brown, operates successfully in hernia, and Mr. Norman in lithotomy. Mr. Gore, and his partner Mr. Kitson, are surgeons to the General Hospital, but not to the United; at this Hospital, however, Mr. G. assists in capital operations; he is well known in the scientific world as an author and translator.

You have so frequently animadverted on the monopoly of the College of Surgeons, in refusing certificates of attendance on respectable provincial hospitals, that I transmit you the foregoing sketch, it is hastily drawn up, for I am just returned from the lecture; you will oblige me by inserting it in your next valuable periodical; its object is to prove, that efficient teachers of surgery *do exist* beyond the recognised pale of the College. My opinion of the efficiency of the Bath Hospital is of course open to contradiction. One thing permit me to state, I am not interested in publishing a false statement. I am not intimately acquainted with a single officer of the institution. One good would result from the reception of provincial certificates by the College, that while the medical pupil would still desire to witness the practice of a metropolitan hospital, before he applied for a diploma, he would not defer *all the following studies for his two winters in London*—botany, chemistry, anatomy, surgery, midwifery, and the practice of physic.

I am, Sir,
Your obedient servant,
D.

Bath, June 11, 1828.

CLINICAL LECTURE ON THE EXTIRPATION OF THE NECK OF THE UTERUS,

BY M. LISFRANC, PARIS.

To the Editor of THE LANCET.

SIR,—The following are notes which I took at a clinical lecture given by M. Lisfranc, previously to amputating the neck of the uterus of a young woman, in whom schirrus had commenced at that part. I am aware that you have already published, in your 12th Vol., an account of this operation by Mr. Turley of Birmingham; but as there are some points mentioned in this lecture concerning the anatomy of the parts, and the symptoms following the operation, which he has not noticed, as well as a fuller description of the after treatment employed, you will, perhaps, not think it unworthy a place in your Journal; more especially, as this operation has not yet met with the attention which I think it deserves in this country.

I remain, Sir,
Yours obediently,
O.

M. Lisfranc began by giving a short history of this operation. The first attempt was the removal of the whole uterus through the vagina; this was successfully performed, in one case, by a surgeon in Switzerland. Langenbeck removed the uterus, in fifteen cases, by an incision above the pubes, as for the high stone operation; but all his patients died. M. Dupuytren removed the neck of the uterus by paring it *in situ* with a knife, curved laterally, having first introduced a speculum to guard the vagina and fix the uterus: this mode M. Lisfranc reprobated: the blood prevents you seeing whether you have removed all the disease or not; and the vagina may be wounded from the uterus receding before the knife. Many of his cases terminated fatally.

M. Lisfranc then proceeded to describe his own operation. This is to be commenced by introducing the speculum, (described by Mr. Turley, but for which Weiss's might be substituted with advantage) the blades of which are then to be gradually separated; this stretches the upper part of the vagina, and brings the mouth of the uterus within the tube; the inner surface of which being polished, reflects the rays of a candle held at the orifice, and enables one thoroughly to examine the state of the part. The neck of the uterus should now be seized transversely with a pair of forceps, each blade of which terminates in two pointed curves, care being taken to apply them at an equal distance from the fore and back part, otherwise the uterus will descend obliquely, and the incision will be oblique, instead of perpendicular to the axis of the organ; in applying the forceps we should seize the part rather suddenly, otherwise the instrument may slip and wound the vagina; we now remove the speculum, and gradually draw the uterus as low as we can; this point differs in different women, in some we can make the neck project some lines beyond the vagina, in others it will not quite reach the orifice; the latter case rendering the operation rather more difficult. An assistant should now separate the labia moderately, and another pair of forceps are to be applied perpendicularly to the former, with the blades above and below; for if we have only one pair, when the cut has past the level at which they are applied, the uterus is drawn obliquely by the part yet undivided; and instead of the incision being in one plane, a flap is formed, of some lines in length, on the fore part; the second pair obviates this inconvenience. The assistant now raises the neck of the uterus a little, to allow room for the knife; this is a curved blunt-pointed bistoury, the blade of which is sheathed with linen from the handle to within an inch and a half of the point; with it the neck is to be cut directly across from behind, at the requisite height; the forceps are then removed, and the uterus is allowed to retire.

The bleeding is not generally great; in only one of 22 cases, in which I have operated, have means been used to check it; and in this they were probably unnecessary, as they were employed by a young student in whose charge the patient had been left.

About an hour after the operation, vomiting generally occurs, returning every quarter of an hour for four, six, or even ten hours; this is, at first, alarming, the patient becoming pale and exhausted; the vomiting too generally causes a return of bleeding;

but I am loth to use means to arrest it as it disgorges the uterus and prevents the chance of metritis. These symptoms subside gradually, and by the following day the patient appears quite well, the lancinating pains of the cause having disappeared, &c. In only one case metritis appeared, but readily yielded to a large application of leeches.

On the third or fourth day, the surgeon should introduce his finger into the vagina, and remove any clots which may have lodged there, as their putrefaction would irritate the wound. I think this better than using injections which should not be employed until the seventh or eighth day, as the parts are as yet tender from the tractor, and there is danger lest the pipe be incautiously thrust against the wound. About the eighth day we may examine the part with the speculum, and we shall generally find it covered with healthy granulations and half cicatrized; we may now begin to use an injection of the solution of chloro-oxide of sodium, weak at first, gradually increasing the strength; the wound heals rapidly, but should a small ring remain sore, round the orifice of the uterus, we may employ the nitrate of silver in solution. In five or six weeks the patient is well.

In some patients, during the healing, some alarming symptoms occurred, viz. lancinating pains in the uterus; these, however, generally proved to be preludes to the appearance of the menses, and disappeared with them.

The objections which have been urged against this operation are, 1st. That the peritoneum descends so low, and the insection of the vagina on the uterus is so narrow, that there is danger of wounding the peritoneum in removing the diseased part. 2d. That in many cases the neck is so softened as not to afford sufficient hold for the forceps. To the first I reply, that before I performed this operation, I examined the parts in upwards of 50 subjects at la Pitié, and in all I found that the insection of the vagina instead of being linear, occupied a space of three or four lines all round, and that the distance from the commencement of the insection to the fold of the peritoneum was seven lines in front, and six at the back, thus obviating all danger of wounding the peritoneum, even were we to amputate at the insection of the mucous membrane. To the second objection, I can only say, that where the neck of the uterus is so softened, the body will be always diseased, and that nothing but the complete removal of the organ can succeed.

The patient, a young woman, aged 24, was now brought in and operated on; the chief part of the pain was caused in drawing down the uterus; the incision also gave more pain than in either of the former cases I saw, (those described by Mr. Turley,) for then neither patient was aware when the incision was made, and thought, when the operation was concluded, that the preliminaries only had been made.

Bleeding continued for about four hours, about 14 oz. of blood were lost, which caused fainting. In the evening slight pain in the belly, for which she was bled to 4 oz., was rather sick once, but did not vomit. Passed a bad night; probably kept awake by a woman in labour in the same ward. On the following day she had a slight attack of gout in the middle finger of the right hand; she had had one attack previously.

The case continued to do well, and the wound healed kindly.

CASE OF RETENTION OF URINE.

By —— Hare, *Esq. Great Baddow.*

In a late communication, I promised you some interesting particulars of a case of retention of urine, which occurred in my practice some years ago. As there is a cast of the case in the museum of St. Thomas's Hospital, I feel that a short history of it ought to go down to posterity, at the present moment, as all the parties concerned are living except one, and may further elucidate or correct any errors I may inadvertently have fallen into.

I have repeatedly urged the gentleman to whom the patient belonged, to publish the case, but without effect; whether this arose from a consciousness that there was a fault in the operation, I know not; if so, I am willing to bear the blame with him; though not the operator, I was present, and consenting, and therefore ought to share, and not shrink from, the responsibility.

The operation was performed in the linea semilunaris, an unusual place, and too high up; this arose from the great ascent of the bladder, and not reflecting that when the water was drawn off, it might contract to such a degree, as to recede from the instrument, and endanger an infiltration of the urine into the cavity of the abdomen; that this did not occur, I have no doubt arose from its having formed adhesions to the parietes with which it was in contact.

About five years ago, I was accidentally introduced to Sir Astley Cooper, at Guy's, surrounded by his pupils; he immediately addressed me, and said he was constantly speaking of me in his lectures; I told him I was not aware that I had done anything to entitle me to such an honour; he mentioned the case of a man who had worn a catheter in the abdomen upwards of a twelvemonth, and that he had got a cast of it in the museum, which he very kindly invited me to see.

I shall state the leading particulars, with as much brevity and precision as I can.

—— Palmer, a florid healthy man, about thirty years of age, consulted a neighbouring physician for a difficulty in making water, from a stricture of some standing; he prescribed some medicines, and recommended the use of the bougie; the attempt brought on complete retention of urine. After every means had been unsuccessfully tried for many hours to relieve him, I was called in; I found him in great distress, the bladder enormously distended, filling the whole anterior part of the abdomen. I advised that the bladder should be immediately tapped above the pubis, which being assented to, several pints of urine were drawn off, to his great relief. The puncture was made with a very large-sized trocar, whose calibre admitted the introduction of a female catheter, which was left in, in order to evacuate the water, till the natural passage could be restored. When he had sufficiently recovered from his late severe sufferings, every proper attempt was made by bougies and catheters to overcome the stricture, without effect. The course was then had to the caustic bougie; after several applications, it brought on inflammation and swelling of both testicles, and such high symptomatic fever, as to place his life in jeopardy for some days.

After several months' confinement to his bed, he gradually recovered, and was enabled to follow his ordinary business of driving a van. The wound became sore and excoriated; he felt anxious to have something done to relieve him. He consulted Mr. Cline, who declined doing anything for him; advised him to rest satisfied with his present situation, considering the great improbability of finding the natural passage, and the hazard attending the making a false one. Not satisfied with this opinion, he was most fortunately recommended to Sir Astley Cooper, who, with a boldness, dexterity, and skill, not to be surpassed, and rarely equalled, succeeded in passing a sound into the bladder, and sent him into the country with the following note addressed to me:—

"Mr. Astley Cooper presents his best compliments to Mr. Hare, and although he has not the pleasure of knowing him, yet he respects him, on account of his superior skill, as evinced by the case of Palmer.

"Mr. Cooper has done all in his power to re-establish the natural canal, and a bougie, of the largest size, can be passed. The female catheter may be removed in the course of a week, as he can make water perfectly well.

"New Bond Street."

It affords me great pleasure to add, that he has enjoyed perfect health since the operation, having all the functions and procreative faculties of the parts happily restored.

This case shows, in a striking point of view, the great resources of nature, and the superiority of modern surgery, as evinced by Sir Astley Cooper.

I have no doubt, a great part of the passage was a newly made one, yet it has taken on all the functions of the natural one. It tends also to confirm a most important pathological fact, viz. that whenever the bladder is wounded in any part, that point becomes the centre towards which all the coutractions of this organ are directed, and consequently the urine is expelled by these contractions; for, notwithstanding the bladder was tapped so high up, the urine was readily expelled through the catheter, without any change of posture.

Great Baddow, Essex, May 10, 1828.

CASE OF RHEUMATISM SUCCESSFULLY TREATED BY ACUPUNCTURATION.

BY T. W. WANSBROUGH, ESQ. FULHAM.

The following case exemplifies, in a most remarkable degree, the efficacy of acupuncturation, a remedy which, in despite of the sneers of certain learned sages, has come into general use.

Christopher Rowles, ætat. 68, applied for relief, in consequence of severe pain in the back of his head, under which he had laboured, in a state of *continued* suffering, for seventeen weeks. He had been attended by a medical man, who had treated him for rheumatism. He had been "physic'd, cupped, and blistered," but had found no relief; his sight had become impaired, and his frame much emaciated by long suffering. He referred to the occiput as the seat of pain. His head was inclined towards the left shoulder, that is to say, the action of the left splenius had drawn the head in that direction; he had not the power in his right arm to take off his nightcap, nor to put it on; the same difficulty existed with respect to putting on his coat, so that either in the elevation or extension of the arm, the muscles were incompetent to their offices. On examining the ridge of the occiput, the pain was very sensibly felt, as also on pressing the trapezius and splenius along their course, down to the line with the superior posterior angle of the scapula; the sense of pain was greater on the left side, and especially throughout the whole extent of the left scalenus. The tongue was clean, pulse steady, bowels regular, and skin cool. Having satisfied myself that the *seat* of the disease was *muscular* and not *cerebral*, I proceeded to perform the operation of acupuncturarion ; I introduced a needle two inches from the ridge of the occiput into the trapezius and left splenius ; acute pain was felt, and the patient moved his head towards the *left* side, I then introduced a needle through the trapezius, and into the *right* scalenus ; in *one minute* the patient exclaimed, " I can see now ! God bless my soul." His head became straight, and he turned it about, like a man released from the pillory, delighted at his emancipation from a yoke that had bound him for seventeen weeks. When asked, " Where was the pain?" He answered, " Gone," in a tone of wonder and surprise. He then requested me to assist him in putting on his nightcap. " Come," said I, " let me see whether I can't make you do it yourself." I passed two needles into the right deltoid, and suffered them to remain a minute ; when I removed them, he raised his hand to his head, put on his nightcap by himself, and his coat and waistcoat with very little assistance. He again moved his head about, as if to be certain that it was not fixed, and, with joy on his countenance, exclaimed, " O, I can see now very well;" and left him free from all pain or inconvenience, excepting debility, which his long illness had produced.

On the following day the pain returned in a slight degree, but was instantly " routed" by one needle ; a *second* introduction into the deltoid enabled him now to put his hand *behind* his head. I will confess that I never experienced more heartfelt satisfaction in the exercise of my profession, than I have in performing the operation of acupuncturation. The wife of Rowles, whilst witnessing the introduction of the needles, was utterly astounded when she heard him immediately after declare himself *free from pain* ; her eyes were filled with tears of grateful joy, and her hands were clasped in wonder and astonishment ; the old man himself, when he returned home, " cried for joy," exclaiming, " He has cured me !"

There is something in the history and character of this case, connected with the primary and *ultimate* treatment, which strikes me as bearing on the pathology of that train of horrible symptoms, which so frequently come under the sweeping cognomen of " rheumatism of the head." To a common observer, when Rowles put his hand over the occiput, and stated that he had had " rheumatism" *in* his head for *seventeen* weeks, that he had been cupped and blistered, and had not received any relief, it would certainly have appeared, that the *brain was* the seat of the disease, and, at the moment, I thought so too ; but, on considering the *ratio symptomatum*, and the *duration* of the disease, I could only imagine one of two things, either that the patient must have suffered in *mind*, from such long-continued cerebral disease, or that the affection was *muscular*. The *former* symptom, on inquiry, I learnt, had not appeared, and the examination of the *origin*, course, and *insertion* of the muscles, and the pain experienced, convinced me that the disease was muscular, and led to the adoption of a remedy which succeeded beyond my most sanguine expectations.

Fulham, June 6th, 1828.

In the last volume of the Medico-Chirurgical Transactions, Dr. Elliotson* has given the most satisfactory information respecting acupuncture. He says, that of forty-two cases in the Hospital, taken in succession, thirty were cured ; the other twelve were clearly not adapted for the remedy, as they were either accompanied or aggravated by heat, which, in Dr. Elliotson's opinion, contraindicates the use of acupuncture. The twelve cases alluded to were subsequently cured by antiphlogistic measures.

USE OF PERUVIAN BALSAM, AS AN APPLICATION TO ULCERS.

A Correspondent, Mr. John Smith, directs our attention to the efficacy of the *Peruvian Balsam*, as a local application to " wounds tending to gangrene, and wounds actually gangrenous." In a case of chancre, situated on the glans penis, with phimosis and extensive ulceration of the foreskin, Mr. Smith employed the balsam with much benefit. The nitric acid lotion had been employed for some time in this case, without effect. With a sloughing wound on the side of the foot, occasioned by severe contusion, the balsam was equally efficacious. The mode in which Mr. Smith applies the remedy, is either by dropping a small quantity into the wound, applying lint over it and a poultice, or by soaking a piece of lint in the balsam.

It is undoubtedly true, that there is a " fashion" in medicine. A remedy which in one age is extolled to the skies, in the succeeding age is thrown aside as utterly worthless, until either by accident or caprice its use is revived—an impetus is given, and it once more " becomes popular."—

---

* Mr. Churchill has also published many excellent cases on the same subject.

There is scarcely an article in the materia medica which has not been subjected to this vicissitude, and the remedy in question, the balsam of Peru, has experienced this fate in a remarkable degree. At one period it was held in high repute as a "detergent" application to wounds and ulcers. Kirkland and Rowley attest its efficacy in high terms of commendation. As far as our experience has gone, the balsam is highly useful in certain kinds of ulceration; the one which we have more particularly in view is the ulcer of the leg, which has a glassy surface, is irritable, and devoid of granulations. Of its utility in gangrenous wounds we cannot speak; a few months since we saw it employed in public practice, in a case of phagadenic ulceration of the labium pudendi, but it produced in this case the most excruciating pain, and was productive of no benefit eventually.

WATER-PROOF CLOTH URINALS.

In a communication from Mr. W. Maclure, of Harley Street, Cavendish Square, we are informed, that a new and useful application of the "Glasgow water-proof cloth" is found in the manufacture of Urinals. This water-proof cloth, of which a Mr. Mackintosh is patentee, according to Mr. Maclure, is composed of two layers of cotton cloth, with "an intervening layer of a glutinous solution of caoutchouc," and it has been extensively used for various purposes, in the manufacture of life-preservers, &c. From its possessing the property of being impervious to air as well as to water, the patent cloth has likewise been used for the making of cushions and pillows, which are so formed as to be readily inflated with air when required. Mr. Maclure justly remarks, that it is somewhat singular surgeons have not availed themselves of the use of this cloth, as there are many cases in which it would contribute greatly to the comfort of the patient, and in none more obviously than in cases of incontinence of urine. The glass, or earthenware urinals, are objectionable, on account of their liability to be broken, as well as on account of their bulk and unyielding nature; and, although they may be used occasionally, they cannot be kept constantly applied, so as to receive the urine when it dribbles from the body. The water-proof-cloth urinal, which is an admirable substitute in such cases, is made of a conical shape, and draws together at the mouth by means of tape. There are attached to it two long and two short tapes; the former, after having puckered the mouth of the urinal around the root of the penis, are passed round the body in opposite directions, and then tied in front. The short tapes are intended for the purpose of encircling the scrotum.

It is further stated, that the urinal may be conveniently worn during the day, which is, indeed, a most important qualification. Care must be taken not to make an aperture in the urinal, in which case it is spoiled; and, to remove the fœtor, which it otherwise acquires by use, it is frequently to be washed in warm water without soap.

CASE OF EPILEPSY, IN WHICH THE MOXA WAS SUCCESSFULLY EMPLOYED.

Mr. R. Wade, of Dean Street, Soho, has recently employed the moxa with benefit, in a case of epilepsy, and also in a case of hemiplegia. The epileptic patient, a delicate girl, 17 years of age, had been subject to occasional fits upwards of four years. When first seen by Mr. Wade, the pulse was 112, small and wiry; extremities very cold; constant pain in the left side, occasionally extending to the back; frequent palpitations; a sense of weight in the head, with giddiness and dimness of sight; a coldness experienced in the right half of the brain, this part feeling heavier than the opposite side; the stomach extremely irritable; the bowels constipated; and the left side of the body paralytic. The nitrate of silver had been given in large doses, as had also the most powerful tonics and antispasmodics. Leeches and blisters had been applied without benefit. The moxa was first used on the 17th of March; three were employed, one over the junction of the occiput with the atlas, and one on each side of the neck; they were allowed to burn slowly, and were held between two and three inches from the part, so as to produce only a slight redness of the skin. It was found on the following day that the convulsions, instead of having occurred in the afternoon, as before the application of the moxa, were deferred till the next morning, and lasted only half the usual time. The moxa was used daily for two months, and the patient progressively improved, becoming stronger, and having no fits. On the 15th of May she complained of pain in the cardiac region, and was cupped; the use of the moxa was still persisted in, but on the 25th of May, the patient had a fit. From the latter period to the 25th of April in the ensuing year, the moxa was occasionally applied, gradually lengthening the intervals of its use. There was no return of the fits, and the girl entirely recovered her health.

At the time when the affection of the head was most distressing, the immediate relief afforded by the moxa was extremely satisfactory; the patient said, that after its application, her ideas became vivid, and she experienced a throbbing in the right half of the head; a gradual warmth succeeded the coldness, and in a few minutes this side felt like the other.

THE LANCET.

London, Saturday, June 21, 1828.

Dr. Forbes has just published a statement of the circumstances which led to his resignation of the office of Physician to the Westminster Eye Infirmary. This pamphlet may be regarded as a supplement to his former statement, in which he gave a minute detail of the circumstances connected with the unsuccessful attempt to effect the suppression of his testimony, in the action commenced by Mr. Guthrie against this Journal. Our analysis of that statement was acknowledged, even by those who were disposed to view the conduct of Mr. Guthrie in the most favourable light, to admit only of one answer; namely, the negation of the facts detailed in Dr. Forbes's statement, from which our inferences were, step by step, deduced. This method of reply was accordingly resorted to, and at a special meeting of a Committee of the Westminster Eye Infirmary, composed of six vice-presidents, out of thirty who belong to the charity, and nine members, out of upwards of three hundred, it was resolved, that the statement respecting the change of the hours of attendance at the infirmary, and that respecting the person denominated house-surgeon, which statements implicated the honour and veracity of Mr. Guthrie, were both *false*. It was, moreover, stated, that, before adopting these resolutions, the Committee called in several witnesses, and examined such papers as were calculated to throw light upon the subject.

So far, so good. Mr. Guthrie's honour, in so far as it was affected by these statements, appears, in the opinion of this Committee, to have been satisfactorily vindicated; but at whose expense was it vindicated? The statements are distinctly alleged by the Committee to be false, and to whom is the falsehood imputed? We had occasion to observe, last week, that whenever we detect a desire to conceal, we may fairly predicate the existence of fraud; and we beg our readers to bear this proposition in mind, while we call their attention to the manner in which the Committee introduce the statement respecting the change of the hours of attendance which, after the examination of witnesses and papers, they resolve to be false. Do they fairly state the authority on which this statement rested? Have they the manliness and the honesty to name the individual who had printed and affixed his name to the statement? No! they introduce it by stating, that "the following paragraph from The Lancet, of the 8th of March, page 834, was submitted to the Committee," and then proceed, without naming Dr. Forbes, against whom their resolutions were in reality directed, to declare that this statement is *false*.

We have no hesitation in declaring, that this cowardly suppression of the name of Dr. Forbes, and the attempt to fix this Journal with the responsibility for a statement, of which the framers of these resolutions knew Dr. Forbes to be the author, throw a taint of suspicion upon the whole proceedings of this Committee. Dr. Forbes, in the statement just published, makes the following observations on this paltry manœuvre:—

> "The passage called a 'paragraph from The Lancet,' is, in truth, a passage from my 'Statement,' already referred to, as published in that Journal on the 8th of March. This was well known to those, with whom the proceedings of the 8th of April originated; but it was thought necessary, in the first instance, I suppose, that the blow, though really intended for me, should apparently be aimed at another. Some members of the Committee, indeed, to whom I have been long and estimably known, might, otherwise, have hesitated before consenting to a resolution, which had for its real object to charge *me*, in direct and offensive terms, with having stated that which was untrue. In fact, one of the members present on that occasion, Mr. Stewart, publicly declared in the Committee of the 28th of May following, that he was completely in the dark as to the true aim of the former Committee,

or he should never have assented to their decision."

This declaration of Mr. Stewart, by the way, discloses rather a curious fact, and tends, at the same time, to establish our position, that concealment is almost invariably the offspring of fraud. Mr. Stewart, it seems, was, in point of fact, deceived by the language of the resolutions, and cheerfully acquiesced in a vote imputing falsehood to THE LANCET, which he would never have assented to, had he been aware that the object at whom the blow was really aimed was Dr. FORBES. Verily we are much indebted to this Mr. Stewart, and we cannot forbear repaying, in some sort, the debt which he has cast upon us, by offering our grateful homage to the pure and conscientious principles which appear to have influenced his decision. Mr. Stewart has as much reason to complain of the conduct of the Committee, as his friend Dr. FORBES; for he has clearly been entrapped into delivering a verdict of guilty, under an erroneous impression, as to the party whose character was to be destroyed. It is plain that this gentleman could have taken no part in the examination of witnesses and documents, and that the confidence which he placed in the insinuation of the Committee, that THE LANCET was the object of censure, has been artfully abused. Ready as this most righteous judge must have been to dismiss from his mind all consideration of the matter charged, and to consider only who was the party inculpated, it is grievous to reflect that such singleness of character should have been imposed upon. Whether Mr. GUTHRIE will still be disposed to regard, as one of his compurgators, a gentleman who declares that he only testified to the falsehood of Dr. FORBES's statements, on the supposition of those statements having been made by THE LANCET, is a point upon which we will not attempt to decide. If a *locus pœnitentiæ* be conceded to Mr. Stewart, the number of members who, besides six out of thirty vice-presidents, agreed to the resolutions, will then be reduced to eight.

But whatever may be the weight attached to these Resolutions, and whatever undue influence may have been exercised over the small Committee which passed them, they refer to points of comparatively trivial importance, and do not in any degree affect the main question in which the public was interested, namely, the attempt to obtain a verdict against a public journal, by the suppression of evidence which would have been fatal to the cause of action. That fact is established beyond the possibility of contradiction, and it may prove of singular benefit, not merely to the interests of this Journal, but to the cause of the liberty of the Press, which is inseparably connected with the interests of the community, that such an attempt was made, and that it failed in consequence of the refusal of Dr. FORBES "to lend himself to withhold evidence,"—we use his own expression—"unfavourable to the cause of Mr. GUTHRIE."

It appears from Dr. FORBES's statement, that in consequence of the resolutions adopted at the meeting of the 2d of April, he tendered, in a letter to the Committee, his resignation of the office of Physician to the Westminster Eye Infirmary, declaring, however, at the same time, that those resolutions were founded *upon a supposition entirely false.* His resignation, couched in these terms, was twice refused by the Committee, but it was accepted, when subsequently tendered in a formal note, addressed to Lord Grantham, the President.

Dr. FORBES further states, that, while his papers were at press, he received a communication from Mr. GUTHRIE, proposing, "as their differences were professional, and not personal, first, that they should meet with one friend each, at any place Dr. Forbes would select, and, after a gentlemanly discussion, leave their two friends to draw up such written document, which they should both sign, as would be alike honourable to them and *final*;" or, secondly, "that they should meet and settle their misunderstanding in a way becoming their rank in the service." To this communication Dr. FORBES replied, "That, after all that had passed, and *the measures that had been* taken in these unpleasant differences on both sides, it would be entirely futile for the parties themselves, thus late in the day, to enter into any private proposals whatever, and that he (Dr. FORBES) now considered it more incumbent on him than ever, to leave the public and the friends of the Charity, to form their opinion of his conduct, which he entertained no apprehension would either be discreditable to himself, or prejudicial to his professional reputation."

Upon this part of the statement we shall merely observe, that if Mr. GUTHRIE's second proposition is to be construed as warlike, we perfectly agree with Dr. FORBES, that it is much too late in the day to hint at such an alternative, especially as Dr. FORBES has already exposed his person in a contest, on Mr. GUTHRIE's account, with a *third party*, to whose conduct and office on the occasion we allude to, we do not choose to give the appropriate designation. We should have abstained from making even this observation, on a matter which we should have held to be of a private character, had it not been for Mr. GUTHRIE's declaration, that he considers the differences between himself and Dr. FORBES as of a professional, and not a personal, nature.

With respect to the points at issue between Dr. FORBES and Mr. GUTHRIE, though they certainly involve the veracity of these gentlemen, they are of but little public importance, and some of them, from the absence of other evidence than the conflicting allegations of the parties, do not admit of being decided. Veracity, in the absence of testimony, is not a quality to be determined by a show of hands. A Committee of fifteen members of the institution, including Mr. GUTHRIE, can no more establish, by a resolution, the falsehood of Dr. FORBES's statements, than a Committee composed of Dr. FORBES's friends could demonstrate, by a counter-resolution, the falsehood of Mr. GUTHRIE's. Under such circumstances, it is to be regretted that the interests of a charitable institution should have been sacrificed to the desire, which appears to have animated a very small portion of its members, to uphold the credit of one medical officer of the establishment, by aiming a blow at the honour of another. We concur, for the most part, in the view taken of this subject by Lord LONDONDERRY, who has withdrawn his name from the Institution, in consequence of the resolutions of the Committee. We regret that we have not space, at present, for the whole memorandum, transmitted by that Noble Lord to the Committee, in which he states his reasons for withdrawing from the Institution; but the following observations will enable our readers to judge of the candour and good sense by which this document is characterised.

"I must be permitted to remark that, if any serious charge existed, either of professional mismanagement or a breach of moral conduct in the principal officer of a great public institution, composed largely of military officers, who, for twenty or thirty years, could vouch for the professional character and ability of such public officer, due notice should have been promulgated of the nature of the charge, and inquiry proposed to be established, to have ensured a full attendance.

"If incapacity was alleged, other professional men, unconnected with the institution, might have been examined. If moral turpitude was the accusation, full time for all subscribers ought to have been afforded, interested in the institution and in the parties, to attend, that the most impartial decision should have been obtained.

"Whereas, upon the committee which took place on the 2d of April, six vice-presidents, out of thirty who belong to the charity, were present, and nine members out of upwards of 300.

"With all due respect for the committee, it appears to have been very suddenly formed for so grave a proceeding; and to establish such a verdict as, that a statement is FALSE (vide committee proceedings), upon a point of a very trivial nature, as connected with the real good of the charity, and which possibly could only have been known to Mr. Guthrie and Dr. Forbes themselves, seems, in my humble judgment, a very severe and cruel measure."

EXCLUSION OF "PERPETUAL" PUPILS FROM GUY'S HOSPITAL.

A CORRESPONDENT, who subscribes himself "A General Practitioner, and a PERPETUAL Pupil to Guy's Hospital," has addressed a very spirited and sensible letter on the subject of the impotent attempts recently made at Guy's Hospital to revive the "Hole and Corner" system of surgery, by the threatened exclusion of pupils suspected of reporting cases. Our Correspondent asks whether the pupils are really so pusillanimous and abject, so destitute of manly feeling, as tacitly to submit to an invasion of their rights by men who enrich themselves from the purses of the students? The only answer to this is, the humiliating fact, that such is the case. "About three years since," says our Correspondent, "I became a dresser for twelvemonths at Guy's Hospital, for which I paid the sum of 51*l*. 10*s*., with some additional fees to servants. I was at this time positively and distinctly informed by Browell, the steward, that I was *entitled* to attend the hospital practice as long as I pleased. How great, then, was my surprise at hearing the same steward state a few days since, that a pupil was *not* entitled to attend the hospital practice after the expiration of twelve months, unless by *courtesy*—by *permission* of the surgeons." That a paid menial should act the character of Polonius—should say and gainsay at the will of his master, is not extraordinary. But it is not with such underlings that we have to deal, and we may here remark, that it is not the hardship experienced by any particular individual being excluded from the Hospital. to which we look so much, as to the principle which such an act involves. The tendency—the purport of exclusion, clearly is to stifle the voice of the free medical press; but impotent, futile, and absurd, as the attempt may be, it is not the less diabolical, nor are the abettors of it less deserving of reprobation and scorn. If they fail, as assuredly they will, in reviving the "Hole and Corner" system, it is not from want of disposition, but from lack of power. As well might the hospital surgeons attempt to stay the ebbing and flowing of the tide, or "cover the moon with a blanket," as to prevent the publication of reports.

SUPPLY OF WATER IN THE METROPOLIS.

The Dolphin, or Grand Junction Nuisance, proving that Seven Thousand Families in Westminster and its Suburbs are supplied with Water, in a State offensive to the Sight, disgusting to the Imagination, and destructive to Health. 1827. 12mo.

Report of the Commissioners appointed by His Majesty to inquire into the State of the Supply of Water in the Metropolis. April 21, 1828, pp. 154. folio.

The Water Question; Memoir addressed to the Commissioners appointed by his Majesty, to inquire into the State of the Supply of Water to the Metropolis. By J. WRIGHT. 8vo. pp. 53. Jan. 1828.

An Investigation of the Properties of the Thames Water. By WILLIAM LAMBE, M.D., Fellow of the Royal College of Physicians. Underwoods. 8vo. 1828.

Remarks on the Supply of Water to the Metropolis; with an Account of the Natural History of Water in its Simple and Combined States; and of the Chemical Composition and Medical Uses of all the known Mineral Waters; being a Guide to Foreign and British Watering Places, &c. &c. By MICHAEL RYAN, M.D. Longman and Co. 8vo. 1828.

TOWARDS the close of the year 1826, the attention of the public was directed to the state of the water supplied to the inhabitants of this immense and unrivalled city. This was effected by the meritorious exertions of a single individual, Mr. Wright, of Regent Street. This gentleman addressed a letter to the patriotic and highly distinguished member for Westminster, Sir Francis Burdett, who, with his wonted and unremitting attention to public welfare, thought the subject one of great importance, and recommended a public meeting of the aggrieved inhabitants, who were principally his constituents. Thus encouraged, Mr. Wright collected and published a number of facts, proving the insalubrity and impurity of the water, which was daily used in the metropolis, and he entitled the pamphlet "The Dolphin." The object of the author may be readily seen, by referring to his title prefixed to this article. He most truly observes,

> "That, at a moment like the present, when both the Legislature and the Government are endeavouring to unfetter the commerce of the country, by removing oppressive prohibitions and inconvenient restrictions, and thereby giving greater facility and encouragement to the skill, the capital, and the industry, of the people of England—that, at such a moment, there should exist, in the very seat of that Government, a monopoly of an element of nature, cannot but be matter of just astonishment.
>
> "The highest legal authorities have long ago denounced all such monopolies, as being not only contrary to the ancient and fundamental laws of the realm, but injurious to the public: in the first place, by invariably raising the price of the article monopolised; and, secondly, by deteriorating its quality. Numerous, too, have been the acts passed by the Legislature, for the punishment of such as shall be guilty of creating a monopoly of any kind, but especially a monopoly of any of the necessaries of life.
>
> "The sale of provisions in an unsound, corrupted, and unwholesome condition is, by the law of England, considered an offence against the public; and statute upon statute have been passed to prevent it. But the insatiable thirst of gain has ever been proof against prohibitions and penalties; the possible and probable sacrifice of a fellow creature, being a secondary consideration with these sordid assailants of human life."

The author then proceeds to expose the monopoly of the five water companies, and the evils that the public suffer from them. He next describes the properties of good water, the importance of its purity, its salutary effects, and the fatal consequences of using bad water; and, in proof of his assertions, on the last part of the subject, he quotes the opinions of some of the most eminent members of the medical profession, who unanimously agreed as to the gross impurity of the fluid in common use, and its unfitness for culinary and domestic purposes. The concluding part of the volume is on the abatement of the nuisance, and on the best mode of procuring a supply of pure and wholesome water for Westminster and its suburbs. Immediately after the appearance of "The Dolphin," one of the companies put forth an advertisement in "The Times," pledging themselves to prove, on oath, "the charges in that publication were as false as they were malignant," "that the author was an anonymous slanderer, and his book a most wicked publication." However, Sir Francis Burdett gave notice in the House of Commons, "that he would shortly call the attention of the House to the state of the supply of water, in the western part of the metropolis." A public meeting of all the rank and respectable inhabitants of that peculiar district took place, when a series of resolutions were entered into, among which it was resolved,

> "That the water taken up from the River Thames, at Chelsea, for the use of the inhabitants of the western portion of the metropolis, being charged with the contents of the great common sewers, the drainings from dung-hills and lay-stalls, the refuse of hospitals, slaughter-houses, colour, lead, and soap-works, drug-mills, and manufactories, and with all sorts of decomposed animal and vegetable substances, rendering the said water offensive, and destructive to health, ought no longer to be taken up by any of the water companies, from so foul a source."

And petitions were presented to both Houses of Parliament, praying that a commission might be appointed by his Majesty to inquire into the supply of water in the western part of the metropolis, and the commission was immediately granted. The attention of the commissioners was directed to three principal points, namely,

"First, to ascertain the *sources* and *means* by which the metropolis is supplied with water, and their efficiency as to the *quantity* supplied; secondly, to determine the *quality* of the water; and, thirdly, to obtain such information as might enable them, if necessary, to suggest *new methods* or *sources of supply*, or to point out the means of ameliorating those now in existence."—*Report*, p. 3.

"The *supply* of this, (the western,) the most extensive portion of the metropolis, is dependent upon five companies, which, arranged in the order of the number of tenants they serve, and nearly in that of the quantity of water which they respectively furnish, stand as follows:—

The New River,
The East London,
The West Middlesex,
The Chelsea, and
The Grand Junction Companies.

"Of these companies, the New River derives its principal supplies of water from a spring at Chadwell, between Hertford and Ware, and about twenty-one miles north of London; and also from an arm of the River Lea, the source of which is near the Chadwell Spring, in the proportion of about two-thirds from the former, and one-third from the latter. These united waters are conducted by an artificial channel nearly forty miles in length, to four reservoirs, called the New River Head, at Clerkenwell; proper means being adopted to prevent the ingress of fish and weeds, and such arrangements being made in respect to the mains, as to prevent interruption of service in case of repairs. Since, however, the abandonment of the London Bridge, and of the York Buildings Waterworks, whose former districts are now supplied by the New River Company, they have found it advisable to erect an engine at Broken Wharf, Thames Street, by which they are enabled occasionably to supply parts of their district with Thames water, when, from long continued droughts, severe frosts, or other accidental causes, the flow of the New River is impeded. It appears, however, that the quantity of Thames water thus supplied, bears a very trifling proportion to the other source, the engine at Broken Wharf having been worked for seventy-six hours only, in January and February of last year, and for 100 hours during the drought of July and August. The number of tenants supplied by the New River Company is between 66,000 and 67,000, and the quantity of water, which is daily supplied, exceeds 13,000,000 of gallons, being about 2,000,000 of cubic feet.

"The East London Water-Works are situated at Old Ford, on the River Lea; but as the tide of the Thames flows up that river to the extent of a mile beyond the works, and as their supplies are taken during the ascending tide, the description of water thus furnished will closely approximate to that of the Thames. This Company has four reservoirs; the number of tenants supplied amounts to about 42,000, and the daily consumption of water to nearly 6,000,000 of gallons, or about 950,000 cubic feet.

"The West Middlesex Water-Works are upon the banks of the Thames, at the upper end of Hammersmith, and draw water exclusively from that river, opposite to the works. They have two reservoirs, one at Kensington, and one at Little Primrose Hill, which are supplied by the engines at Hammersmith, and they serve about 15,000 tenants. The average daily consumption of water is 2,250,000 gallons, or about 360,000 cubic feet.

"The Chelsea Water-Works are upon the banks of the river, about a quarter of a mile east of Chelsea Hospital; and their supplies are derived entirely from the Thames, opposite to their works. They have two reservoirs, one in Hyde Park, and one in the Green Park, close to Piccadilly. They supply about 12,400 houses; the average daily supply to the whole being about 1,760,000 gallons, or nearly 282,000 cubic feet.

The works of the Grand Junction Company are also at Chelsea, immediately adjacent to, and east of, the hospital. They derive the whole of their supply of water from the River Thames, with which they fill three reservoirs situated at Paddington, and from these their district is served. The number of their tenants does not appear to exceed 7,700; but their daily consumption of water is about 2,800,000 gallons, or upwards of 450,000 cubic feet.

"It appears from this statement that the portion of the town upon the north side of the River Thames, including the cities of London and Westminster, is supplied daily with a quantity of water amounting to nearly 26,000,000 of gallons, and that the total number of houses and buildings receiving this supply amounts to about 144,000. The water is, of course, very unequally distributed, the average consumption in each house being apparently greatest in the district supplied by the Grand Junction Company, where it amounts to about 363 gallons daily per house. Taking the average of the whole supply, the daily consumption of each house is about 180 gallons. Of this water, more than one half of which is derived from the Thames, a large portion is delivered at very considerable elevations above the level of the river, constituting what is called *high service*; for which purpose fifteen steam-engines are employed, exerting a power of about 1,105 horses.

" It is obvious, from the above statement, that the *quantity* of water supplied in London and Wesminster is abundant; and in our examinations of individuals touching the quality of the water, we have in no instance met with complaints of deficiency in quantity. We have reason to believe that the hospitals, workhouses, and other similar establishments, where an abundance of water is an essential requisite, are, in all cases, duly supplied; and upon the important subject of supply in case of fire, our evidence leads us to believe that of late it has always been ample, and that when not immediately procured, the fault has lain with the turncocks; for, among other advantages of the reservoirs annexed to the works upon the Middlesex side of the river, is that of having at command a large head of water, by which the mains are kept full, and, in many districts, are under considerable pressure. The supply of a large quantity of water upon any sudden emergency is thus ensured; and among other great advantages arising out of the substitution of iron for wooden mains, is that of their sustaining the pressure of a column of water which it would have been impossible, in the former state of the works, to have commanded.

" As far, therefore, as regards the description and quantity of water supplied to the cities of London and Westminster, it appears that more than half the consumption is derived from the Thames, and that it is in such abundance, as not only to supply all necessary demands upon ordinary and extraordinary occasions, but that a proportion is constantly suffered to run to waste, by which the cleansing of the drains of houses, and of the common sewers, is effectually accomplished; all accumulations of filth obviated; and the general healthiness of the metropolis promoted.

" We next proceeded to examine into the supply of water to those parts of the metropolis situated upon the south side of the river, including the borough of Southwark. We found that they are dependent upon three establishments, known as

The Lambeth,
The South London, and
The Southwark Water-Works.

" The first of these is upon the banks of the Thames, between Westminster and Waterloo Bridges, drawing its supplies from the river immediately opposite to the works. They have no reservoir, the water being forced immediately from the river into the mains, and thence distributed to about 16,000 tenants, who consume 1,244,000 gallons daily, or nearly 200,000 cubic feet.

" The Vauxhall, or South London Water-Works, are situated in Kennington Lane, and have also an engine on the river at the foot of Vauxhall Bridge. They supply Thames water exclusively, and have reservoirs for the service of their upper engine. The number of their tenants is about 10,000, and the daily consumption of water about 1,000,000 of gallons, or about 160,000 cubic feet.

" The Southwark Water-Works are upon the bank of the river, between Southwark and London Bridges, and derive the whole of their water from the middle of the river opposite to their engines. It appears that about 7,000 tenants are supplied by this establishment, with about 720,000 gallons of water, or 115,000 cubic feet daily.

" Each of these establishments has two engines, the aggregate power of the six may be estimated at about 235 horses. The whole of the water which they supply amounts to nearly 3,000,000 of gallons, or 485,000 cubic feet daily, which is distributed among 33,000 tenants.

" There appear to be no just complaints respecting the quantity of water furnished by any of these companies, except in cases of fire, when there has occasionally been a serious deficiency. We have inquired into the causes of this, and are induced to refer it to the want of proper reservoirs for preserving a head of water upon the mains, when the engines are not working. On these occasions much time is often lost in sending to the engine of the district, and if the steam be not up, and the fire low, further and fatal delay sometimes occurs.

" In reference to the total amount of the quantity of water required for the daily supply of the inhabitants of the metropolis, and for the use of the various manufactories requiring it, it appears to be about 29,000,000 of gallons, or 4,650,000 cubic feet."

The Commissioners next directed their attention to the *quality* and *salubrity* of the water, with which the inhabitants of London are supplied, and endeavoured to form a correct and unprejudiced opinion on this part of the subject. The first confine themselves to the water of the Thames, and state that

" The weather will materially affect the purity of the water, which is sometimes comparatively clean and clear, and at others loaded with various matters in mechanical suspension, rendering it more or less coloured and turbid. In the latter state, when thrown into cisterns, and other receptacles of houses, it is manifestly unfit for immediate use; but after being allowed to rest, it forms a certain quantity of deposite, and thus may become sufficiently clear for ordinary purposes. This deposite, however, is the source of several evils; it renders the cisterns foul, and runs off into those pipes which issue from or near the bottom of the reservoirs. By the agitation which accompanies every fresh influx of water, this deposite is constantly stirred up, and becomes a renewed source of contamination to the whole mass; and although chiefly consisting of earthy substances in a state of minute division, it is apt also to contain such proportion of organic matters as will occasion a degree of putrefaction when collected in any quantity, and especially in warm weather. Of this deposite, more or less is almost always collected, especially where the service is direct from the river; and although some of the companies have reservoirs of such magnitude as to enable them to serve water already partially purified by deposition, the system is still very imperfect, and the water is frequently supplied in a turbid state. In other cases, the companies' reservoirs, however eminently useful in cases of fire, become objectionable in regard to the purity of the water, since the mud accumulates in them, and also proportionately in the mains and branch pipes."

The Commissioners then report, that the water of the Thames may be filtered by passing through beds of sand in the river, and be rendered pure; and with such rapidity, as not to interfere with the regularity of service. They observe, however, that

" It must be recollected, that insects and suspended impurities only, are separated by filtration, and that whatever substances may be employed in the construction of filtering beds, the purity of the water as dependent upon matters held in a state of solution, cannot be improved by any practicable modification of the process. If, therefore, it can be shown, that water taken from the parts of the river whence the companies draw their supplies either is, or is likely to be, contaminated by substances dissolved, or chemically combined, it will follow that the most perfect system of filtering can effect only a partial purification."

They next had specimens of the water taken from different parts of the river, at different times of the tide, especially at those parts at which the Companies derived their water, and also in situations where the tide can have no influence on it, and from those parts where it is said to have been impregnated with copper from the bottoms of the ships; and those specimens were submitted to the eminent chemist, Dr. Bostock, for analysis; and the conclusions he deduced are expressed in the following passage:—

"'It appears that the water of the Thames, when free from extraneous substances, is in a state of considerable purity, containing only a moderate quantity of saline contents, and those of a kind which cannot be supposed to render it unfit for domestic purposes, or to be injurious to the health. But as it approaches the metropolis it becomes loaded with a quantity of filth, which renders it disgusting to the senses, and improper to be employed in the preparation of food. The greatest part of this additional matter appears to be only mechanically suspended in it, and separates by mere rest. It requires, however, a considerable length of time to allow of the complete separation; while, on account of its peculiar texture, and comminuted state, it is disposed to be again diffused through the water by a slight degree of agitation; while the gradual accumulation of this matter in the reservoirs must obviously increase the unpleasant odour and flavour of the water, and promote its tendency to the putrid state.

"' Regarding the greatest part of the extraneous matter in the Thames as mechanically mixed with it, we may conceive that a variety of incidental circumstances will affect its quantity in the same situation, and under the same circumstances of the tide; but the observations are sufficiently uniform to warrant us in concluding, that the water is in the purest state at low tide, and the most loaded with extraneous matter at half ebb. It would appear, however, that a very considerable part, if not the whole, of this extraneous matter may be removed by filtration through sand, and still more effectually by a mixture of sand and charcoal.'

The Commissioners report, that the water in the London district has suffered deterioration within the last ten or twelve years; that fish will not exist in certain parts of the river, and that it is impossible to preserve live fish, for any length of time, in water taken from the same district.

" The causes of these impurities are, perhaps, principally to be traced to the increase of certain manufactories, amongst which those of coal gas are the most prominent, polluting the river by their refuse; to the constant passage of steam-boats, by which the mud is stirred up, and to the peculiar nature of that mud within the above-mentioned precincts. The very circumstance also of the great abundance with which water is supplied to the houses and manufactories of the metropolis, appears to be essentially connected with the augmented impurity of the river; for where refuse animal and vegetable matter of various descriptions used to be collected, and from time to time removed for the purposes of manure, it is now indiscriminately washed into the sewers, and conveyed into the Thames: and the sewers themselves are rendered much cleaner than formerly by the quantity of water which runs to waste, and which, as already remarked, has rendered them less offensive, especially in those parts of the town where they used to be most liable to stagnation and consequent putrescence. Thus it has been stated to us that the water of the river is more polluted immediately after heavy rains, which force down the contents of the sewers, than after a continuance of dry weather, when its course is sluggish or altogether arrested; and the results of experiments we directed to be made on the subject fully establish this fact. The great increase which has of late years taken place in the population of London, and of its suburbs on every side, must also be attended by a proportionate augmentation in the quantity of extraneous matter carried down into the Thames."

To these causes may be added, the position of the suction pipes of the engines belonging to some Companies, with regard to the mouths of the sewers, to the quantity of dead animals thrown into the river, to the various other sources of impurity which need not be mentioned. It is manifest, that if the general quality of the river water be objectionable within the whole district, whence the supplies for the metropolis are drawn, any remedies for local evils become comparatively unimportant. The Commissioners allege, that it is difficult to trace bad effects of the water on the human constitution, and there is a strong suspicion, even when filtered in the beds of sand, of its insalubrity. It is said, that there are no grounds for improvement in the state of the water drawn from the London district of the river. The New River Company is not open to the same objection as the Thames, but is still susceptible of improvement; if the Company could prevent persons from bathing, as they have laudably endeavoured to do, by offering a sufficient supply of water for that purpose, they would effect great improvement. Taking all the evidence, which occupied 132 folio pages, into consideration, the Commissioners are of opinion, that the supply of water is susceptible of, and requires, improvement; that the complaints concerning its quality are well founded; that it ought to be derived from other sources than those now resorted to, and guarded by such restrictions as shall at all times ensure its cleanliness and purity. The time allowed the Commissioners was too limited to enable them to form a correct opinion on any of the plans proposed for improvement, a subject which they had contemplated much. They cannot refrain from expressing their earnest hope, that its full investigation by competent persons will not be long deferred. The Commissioners were restricted by Mr. Peel from inquiring into the compacts agreed upon by the several water companies on the Middlesex side of the Thames, as a select Committee of the House of Commons had been appointed for that purpose in 1821; but the Commissioners observe, that the supply of water ought not to be confined to monopolising Companies, and that, at present, their proceedings ought to be subjected to some effective superintendence and control. It appeared from this inquiry, that there was an abundant supply of water, and hence Mr. Peel contended, that the subject ought not to be taken up by government, but left to the public. But the public complaints were urged, not as to deficiency of quantity, but as to the deterioration of the water supplied, and hence there has been a public meeting since the discussion in Parliament, and there is not a shadow of doubt that the evils complained of must be speedily and completely remedied.

JEMMY JOHNSTONE.

To the Editor of the late MEDICO-CHIRURGICAL REVIEW.

"I call thee coward! I'll see thee damned ere I call thee coward!" but if the "*omission of cancel*" at page 583 of your Number for October last is not as *pale-faced* a specimen of that "*discretion*" which is the "*better part of valour*," may I be damned instead of you, and the devil for once be cheated of his due. The fat knight of facetious memory cowled to the "*true prince*" "*upon instinct*;" but "*what instinct hadst thou for it*," most *discreet* friend? I will tell you; it was the *instinct of self-preservation*, roused by "*the notice of legal proceedings*," and called into action by the resuscitated pangs of the pocket; that grovelling instinct which keeps up the stock of knaves and poltroons in the world, and which induces the lips to kiss, what the foot was raised to kick, but dared not! Let us examine into this matter a little.

When THE LANCET first became a candidate for public patronage, you, in all the puffed-up pride of fancied power and assumed merit, were amongst the first to cast the stone of envy and detraction; but when you saw it probable that you might suffer from the rebound, you rested satisfied with your *coup d'essai*; you abided, with the most Job-like patience, the pitiless pelting of the storm, which your indiscretion had provoked, and went on munching your cabbage stalk with the most asinine endurance, until some unseen hand (you have read the Sentimental Journey!) let fall such a thundering bastinado upon your crupper, that with an "out upon it, cried I," you brayed forth "*to those whom it may concern*," and paid SEVEN HUNDRED POUNDS for your frolic! I remember that when a boy, we had a trick of slitting the tongue of a certain chattering bird called a magpie, for the purpose of making him jabber; but although this is an excellent receipt for setting a silly bird's tongue agoing, yet the wisdom of Solomon himself could never hit upon an expedient for keeping a fool's tongue quiet; in our degenerate days, the experiment has been tried, by making him *pay* pretty smartly for the exercise of it; but even this does not always succeed, especially when he prates upon paper. There is an animal still more inveterate in the use of the language which God has endowed him with, than even the fool who writes "*Scribbler*" at the end of his name. "*Am I not thine ass*," was the pithy annunciation which it once required a miracle to extort from him, but which it would now be miraculous indeed for any one of his congenus to keep to himself. In a part of the globe of which I have heard, the natives, having somewhat sensitive ears, are addicted to bore a neat little circular aperture in each of this patient creature's nostrils, the consequence of which is, that his efforts are all still-born, and that although he *looks* every inch what he is, yet his *voice* ceases to betray him, and to a blind man, or under the shadows of night, he may pass muster along with other beasts—*verbum sat*; do you avail yourself of the hint: it may be even yet a hundred pounds in your way, and should any of your friends wonder at your muteness, and your nasal perforations, you will still have your *ears* left in self-defence; and should you happily keep to windward of the pillory, may carry with you to your grave these tokens of legitimacy. I am, however, *tickling*, when I ought to *cudgel*—allons. In that unfortunate, that *dearly paid for*, "*To those whom it may concern*," (you remember it, do you not? 'twas in your Number for April 1826, page 599,) you called the editor of THE LANCET and his coadjutors, "Outcasts of medical society"—"men who have been accused of arson"—"convicted of libel"—"literary robbers"—"disgraces to the profession"—"obscene"—"slanderer"—"preyers on garbage"—"dealers in legerdemain"—"pilferers"—"pandars"—"without conscience, principle, or rectitude," &c.; at page 585 of the same Number, you mentioned *by name*, "Mr. Wakley, editor of THE LANCET," adding in a note, "Next to the approbation of honourable minds, we prize the maledictions of those who have no honour to bestow," &c. So far so good; you of course *believed* all you uttered, and your *conscience* not allowing you to keep your belief to yourself, you suffered martyrdom for your faith, to the tune (as I have said before) of "SEVEN HUNDRED POUNDS;" but in a late Number (that for October, 1827, page 583,) it appears that you invited the "hundred pound" martyrdom merely for the fun of the thing; that all those foul words were intended for "no abuse—none, 'pon honour;" that you *believed* the Editor and his crew to be "all honourable men," and merely "dispraised them before the wicked, that the wicked might not fall in love with them;" for you there say, (October, 1827,) "We have no hesitation in declaring that we know nothing of Mr. Wakley personally, nor of any circumstances which can justify the above allegations, &c., and that we believe the said allegations to be without foundation;" in other words, you declare publicly, in 1827, that the vile, abusive, and scandalous language which you used in 1826, was as false as it was abominable, and that in addition to culprits, convicted and punished offenders against the laws of your country; you are, by your own admission, *malicious liars* of the first magnitude! and for this character you have paid SEVEN HUNDRED POUNDS of lawful money of the realm; verily you have bought a good pennyworth, and may you make the most of it; consummate the deed by putting yourself to the small extra charge of a halter, and commit suicide in self-defence! for never again can you hold up your head before men.

If you believed what you asserted in 1826, you *must have believed* the same in 1827, for nothing had occurred to change your belief. If you *did not believe* your assertions of 1826, how *dared you*, as an *honest* man, (setting the *prudence* of the thing aside,) to make them! And if you *still believe* them, the Lord avert from you "*the deep damnation*" of your recantation—in "*the catalogue*" you may still "*go for a man*,"

> "As hounds and greyhounds, mongrels,
> spaniels, curs,
> Shoughs, water-rugs, and demi-wolves,
> are ycleped
> All by the name of dogs."

But, like Cain, you will carry your curse about with you, and pay dearly for the privilege.

Castigator.

Lisbon, April 20.

P.S. I do "love to see the engineer hoist by his own petard." In turning to p. 584, under the head "Hospital Reports," I find, "We shall not condescend to argue with these petty *tyrants* (some physicians and surgeons who have prohibited you from the publication of their cases). They dare not allow records of practice to see the light, unless *manufactured* by themselves, &c. They are on the eve of annihilation, and even the short span of their *worthless existence* will surely be embittered by the complete frustration of their *feeble*, *selfish*, and *unchristian* endeavours to cramp the, &c. Let them not (the reporting students) be intimidated by the threats of a few individuals, whose *utter* and *reckless disregard* for all public utility, for all *honourable distinction*, in short, for all things but *selfish*, *paltry*, *pitiable pelf*, &c. Students, &c. are under no obligation to consult the opinion or solicit the sanction of *moles*! who hate the light, of *incubi*!! &c., of *upas trees*!! &c., of *vampires*!! &c.; in fine, of a few remnants of *vandalism*!!! &c.

Now had *we*, who have always been in the habit of "calling things by their *right* names," a spade being to us a spade all the world over; had *we*, I say, written the above, there would have been nothing in it; but that *you*, the chaste, the mild, the gentlemanlike editor of the Chirurgical, that *you*, in whose mouth sugar would hardly have melted, should have "condescended" to call men "moles"—"incubi"—"vampires"—"upas trees"—"unworthy of existence"—"unchristian"—"dishonourable," &c., and that I should happen to have stumbled upon this *petit morceau*, and to have introduced it afresh to your recollection, in the same columns with your never-to-be-forgotten, "*To those whom it may concern*," with its meek, lamb-like adjuncts of "libellers"—"robbers"—"outcasts"—"slanderers"—"pilferers"—"panders"—"preyers upon garbage"—*cum multis aliis*—is certainly something rather extraordinary; but what will you say, or more properly, what will *those say who are to pass judgment upon you*, and from whose sentence there is no appeal, when OUT OF YOUR OWN MOUTH, and at page 364 of this same Number, I convict you of "bullying, defamatory, and blackguard language," (your own words,) "such as threatens to place the medical character in the eyes of the world on a level with that which it obtains in Spain," &c. It does behove you, indeed, (your own words again,) "To reflect that you belong to a profession which has been termed liberal;" and it is quite impossible (still your own words,) "That these terms can continue long to be applied by a public which witnesses with astonishment the degrading scenes which every day occur in what used to be called medical literature, (i. e. writing men down *panders*, *pilferers*, *incubi*, *vampires*, &c.,) but which now more resembles the sanguinary conflicts of gladiators, than the sober discussions of science, (i. e. did this *oaf*, page 532, ever happen, &c.!) It can indeed ('I thank thee, Jew, for teaching me the word') no longer be said of medical science (in the garb of the Chirurgical,) that, emollit mores nec sinit esse feros; on the contrary, the ferocious epidemic which has lately pervaded, &c. (vide 'To those whom it may concern,' and '*Hospital Reports*,') appears, like Circe's wand, to have converted men into brutes;" and with you, and in *your own* identical words still, we join in the "hope that the good sense of Englishmen will ultimately repress this terrible revolution in the manners and conduct of medical men;" and, in words of our own, that the editor of the late Medico-Chirurgical Review may, without delay, be brought to the tribunal which he *has himself erected*—may be tried by his *own individual and sole evidence*—condemned, dog like, to devour his own vomit, and "the Lord have mercy upon his soul!!!"

GUY'S HOSPITAL.

CASE OF STRANGULATED VENTRAL HERNIA—OPERATION BY MR. BRANSBY COOPER,—DEATH.

Wm. Cantwright, ætat. 38, a stout and muscular man, of pugilistic renown, was admitted into Luke's Ward on the afternoon of Friday, the 6th of June, under the care of the Junior surgeon.

The patient stated, that about twelve months since the hernia appeared as a small swelling, situated on the fore part of the abdomen, and that it readily disappeared on pressure. Under his ordinary occupations (being a labouring man) it had gradually increased; but as it was always easily reduced, it had not been productive of any serious inconvenience. On Wednesday last, when employed at his daily labour, the hernia became protruded to a considerable size, and its protrusion was accompanied with so much pain, that he was obliged to relinquish his work. He attempted to reduce the swelling, but could not succeed; the pain continued all night, so that he could scarcely rest, and he had no evacuation from his bowels till Thursday afternoon, when nausea and vomiting came on. A surgeon was then sent for, who bled him to the amount of 36 ounces, and used the taxis, but unsuccessfully. The tumour was at this time tender to the touch, and very tense. Leeches were applied, and some cathartic medicines were administered. No evacuation was obtained from the bowels, and, on the following morning, the man being much worse, was sent to the Hospital.

At the time of his admission, the countenance was excessively anxious; the features were sunk, and the cheeks flushed. The tongue was furred, and the skin hot; the forehead and palms of the hands were bedewed with a clammy perspiration, and the pulse was small, quick, and thready. The hernial tumour was of considerable size, being nearly as large as two fists. The hernial tumour became protruded on the left side of the linea alba, and just above the umbilicus. It was exquisitely tense and tender to the touch. The skin covering it had a shining appearance, and there was some tenderness of the abdomen generally. He had constant nausea, distressing vomiting, and occasional hiccup.

Upon consideration of the urgent nature of the symptoms, it was at once determined that an operation should be performed, to which the man readily consented.

The operation was commenced by making the ⊥ incision; the different coverings of the hernia were successively divided, and the hernial sac opened. The contents proved to be intestinal. Considerable effusion had taken place, the intestine was of a dark chocolate colour, and a small ecchymosed spot was observable. The stricture, which was chiefly formed by the mouth of the sac, was twice divided. As it was feared that gangrene had already commenced, it was thought most expedient to allow the strangulated portion to remain at the mouth of the sac, and in case the gut should give way, the man would have the chance of saving his life, although with an artificial anus. The operation was finished by bringing the edges of the wound together in the usual manner, and the patient was placed in bed.

He was ordered to take two drachms of the sulphate of magnesia in spearmint water every hour, until the bowels were freely opened. After the two first doses, the stomach rejected the medicine. Instead of salts being given in aqua menthæ viridis, they were administered in peppermint water, but with the same effect. A common glyster was injected. In the evening the glyster was repeated, but no evacuation followed.

7. The patient has passed a restless night. He complains a good deal of pain in the right side of the abdomen. The pulse is 104, and *sharp*; the tongue furred, and the countenance anxious, but less sunk; the skin hot. He has had no evacuation from his bowels. The common enema was repeated three times, but no evacuation followed. The vitriolated infusion of mint was given, but the stomach rejected it immediately; it was therefore discontinued. No bleeding ordered.

In the after part of the day the patient pased a small quantity of fæcal matter, probably some of the contents of the rectum. The abdomen was fomented, and he was ordered to take two grains of calomel, with half a grain of opium, every two hours. In the evening he became exceedingly restless, and the pills were discontinued, having taken but three. Still no blood abstracted.

8. The patient has slept a good deal during the night. The tongue is less furred; the temperature of the skin is lower; the pulse at 92, and softer; the abdomen much less tender; and the countenance decidedly improved. He was ordered to take two grains of calomel, with one grain and a half of opium, every two hours.

9. On inquiry this morning, we find that, on the preceding evening, the bowels were rather copiously evacuated. After he had taken two of the pills he fell asleep, and had passed a good night. The skin is now scarcely above the natural temperature; the tongue is much cleaner; the pulse is 88, soft and compressible; and there is somewhat less tenderness of the abdomen.

In the course of the day the dressings were carefully removed, in order to examine the state of the wound, and it was found that a layer of adhesive matter had been thrown out, which completely covered the intestine, so that no part of the gut was discernible. Perfect quietude, and a strictly spare diet, were enjoined. No medicines were prescribed for him.

About three o'clock, p. m., the same day, (Monday,) he was suddenly taken with a severe pain in the abdomen, and a state of alarming collapse supervened. The countenance became anxious and pallid; the features shrunk; the pulse small, quick, and thready; the extremities cold; the respiration hurried; and an unusual coldness and dampness of the surface. The abdomen, though excessively painful, was not so when compressed by the hand, but rather became easier, which led to the belief that ulceration of the gut had taken place and that extravasation of fæces had been the result. The patient was exceedingly restless, and was constantly throwing his arms about the bed. His body emitted a most peculiar cadaverous smell, and he was evidently sinking. Brandy and wine were ordered to be given him at intervals. He lingered out till the afternoon of Tuesday, when he expired.

Inspectio Cadaveris.

On dilating the wound, and exposing the cavity of the abdomen, there were marks *of the most intense peritoneal inflammation* having existed. The intestines were much congested; the sides of the knuckle of the gut, which had formed the hernia, were glued together by adhesive matter; on opening it, a small spot of superficial ulceration was found, but there were no traces of gangrene. The peritoneal inflammation had gone on to such an extent, that not less than a gallon of fluid, in which were floating large flakes of coagulable lymph, was effused. The great omentum was much shortened, and there were other signs of chronic peritonitis having existed. The liver was enlarged, and on cutting into it several small abscesses were found.

ST. THOMAS'S HOSPITAL.

ANEURISM OF THE TEMPORAL ARTERY.—OPERATION BY MR. GREEN.

The operation of tying the temporal artery was performed on Friday the 14th, by Mr. Green, in a case of temporal varicose aneurism, under the following circumstances:—

George Pascall, ætat. 28, was admitted into Edward's Ward, under the care of Dr. Scott, on account of pains in the limbs. A few days after his admission, he complained of uneasiness about the left temple, from a small tumour having rapidly enlarged, and in consequence, Mr. Green's attention was directed to the case. Upon examination, there appeared to be considerable dilatation of the artery from above the zygomatic process of the temporal bone, extending upwards about three inches, at which extremity was a small aneurismal sac, that could not be emptied by pressure. It appears, that about five years ago, the patient was cupped on the temple and the artery scarified, from which there was profuse hæmorrhage. Pressure was applied, and the wound soon healed; but a few days after, a small tumour of about the size of a garden pea, was observed on the forehead, which, in the course of a month, burst, attended with considerable bleeding. Pressure was again applied on the artery, and the man recommended to have it divided, which operation, we presume, was *intended* to be performed, but in the space of a month the tumour again formed and burst. Pressure was applied, and for some time kept up, until the wound healed.

From this time, the artery gradually enlarged; and until the man's admittance into the Hospital (a lapse of nearly five years,) the only inconvenience he had felt was from the noise of the artery pulsating, which at times was so great as to prevent him from sleeping.

The operation was performed by first tying both the artery and vein immediately above the zygomatic process, dissecting out a part of the dilated artery and tumour, and applying ligatures to two branches into which the temporal artery divided superiorly. The edges of the wound were retained together by means of adhesive plaster, over which a compress of lint was placed.

TEMPORARY PARALYSIS OF THE LOWER EXTREMITIES, RESULTING FROM INJURY.

John State, ætat. 4, was admitted into Luke's Ward, on the 7th of June, with complete paralysis of the lower extremities. It appeared, that in crossing a street he slipped up, and fell with his back against the curb-stone of the pavement. Upon examination, it was found that the parts, from the crista of the ilium downwards on each side, were completely devoid both of sensibility and power of motion; a sharp-pointed probe was introduced into the leg, without the boy manifesting any signs of pain.

The boy was brought to the Hospital in the forenoon, soon after the accident; he was cupped in the course of the day, a dose of house-medicine administered, and the urine drawn off. On the following morning the paralysis was entirely gone, and the boy was dismissed from the Hospital cured, on the 12th.

ST. BARTHOLOMEW'S HOSPITAL.

On Tuesday, June 10th, Mr. Lawrence amputated the thigh of a woman, aged 45. The patient was admitted into the Hospital, May 16, with a simple fracture of the tibia and fibula, about two inches above the ankle joint. The leg was placed upon its side in the semi-flexed position; but the patient became so restless that it was found necessary, in a few days, to change it for the straight position, and the limb was placed in a fracture-box. Inflammation of the leg supervened; leeches were repeatedly applied; but it terminated in extensive sloughing of the skin and subcutaneous cellular tissue of the foot, and lower part of the limb; the broken end of the fibula became exposed, and there was copious discharge of matter. The strength of the patient was much reduced; but by the free use of wine, ammonia, and nutritious diet, she rallied, and her pulse became quick and moderately strong; the tongue was clean and moist, and the functions of the stomach tolerably good. Extensive suppuration was, however, still going on, and there were two or three fistulous openings at the upper part of the leg. Mr. Lawrence now proposed the removal of the limb, as affording the only prospect of saving the life of the patient; observing, that the circumstances which were favourable to this measure were, the age of the patient, the state of the pulse and tongue, and the absence of that excitement which is generally observed in cases of this description, and which often continues after the removal of the limb. The leg was removed above the knee, by the circular incision. There was very little blood lost during the operation. Two grains of opium were given immediately afterwards, and repeated at bed-time; it produced rest and some sleep. Brandy and water, and ammonia, were given at short intervals. She grew more feeble, and expired on the following day.

LONDON VETERINARY SOCIETY.

The Members of this Society assembled by adjournment on Tuesday evening last, at Mr. Youatt's, when F. C. Cherry, Esq., was unanimously called to the chair.

The minutes of the previous meeting having been read and confirmed, the election of officers was postponed to Tuesday evening next, June 24, at seven o'clock, when the Society will again assemble at Mr. Dermott's theatre, Little Windmill Street.

In the course of the evening, several interesting discussions took place, and some morbid specimens exhibited, amongst which was the brain of a horse having two large tumours growing from it; the history of the case will be detailed on the next evening. This specimen was produced by Mr. Rogers.

The Society has commenced under the most auspicious circumstances, and we hope that the Members of the Veterinary profession will give it their most ardent support.

ENGLISH PHYSICIANS IN PARIS.

To the Editor of The Lancet.

Sir,—The article you extracted from the Gazette des Tribunaux, giving the report of a trial for defamation, brought by Messrs. Roberts and Langeois, against thirteen English physicians, and in which they were adjudged to pay five thousand francs damages, with costs, and to be placarded on the walls of Paris, as defamers, is a matter of no slight consequence to the medical character of our countrymen abroad, morally and professionally. What would be said in this country, if thirteen physicians combined, or rather conspired, had written, what seamen call a round robin to an authority, such as that of an ambassador; which deprives an innocent man of his fair professional exertions, and causes him to stand in obloquy, if not sent out of the country in which he is domiciled? Would not our blood curdle with indignation? and should we not instantly appeal to twelve honest men, (not physicians,) to remedy such civil injury, as we would to the free exercise of The Lancet, to scarify every such depraved professional delinquent? Upon what plea is all this done? Why, because *they suspect* that Mr. Roberts is cognizant of an article in the French paper L'Hygié, imputing some per centage understanding between them and a French pharmacien; at least such is their ostensible plea. Mr. Barthe, the French counsel on this trial, aware that our country vomits forth upon the French shore practitioners, as well as subjects, whom our public weal can well dispense with, particularly addressed himself to Dr. B. the leader of the junta, and certainly if one half of what is published in hand-bills, &c. of that individual in this country, and at Paris, be true, he must be a consummate blockhead.

On the other hand, I have reason to know, that Mr. Roberts is an open, warm-hearted, inoffensive man; and, inasmuch as his conduct is forbearing to others, feels and resents an injury to himself, in a mode or measure that a cold, calculating, phlegmatic man would say was not within discreet bounds, seeing the great disparity against him of thirteen to one: still, in a foreign land, he has displayed an admirable degree of public spirit. Finally, it is melancholy to reflect, that such a host of men, calling themselves physicians, should be exhibited in so degrading a light to the French public; and, under the guise of exercising a liberal profession, pursuing a spirit of hostility and revenge against a brother practitioner, for no other reason, apparently, than that his success in practice comes into conflict with their base and monopolizing avarice.

R. I.

CASE OF STRICTURED VAGINA, FOLLOWING EXTENSIVE LACERATION DURING PARTURITION.—SUBSEQUENT PREGNANCY AND SAFE DELIVERY OF THE PATIENT.*

Dr. James M'Naughton, the distinguished Professor of Anatomy in the University of the State of New York, relates the interesting case of an unfortunate female, who, having in a labour of extreme difficulty suffered laceration of the vagina and bladder, recovered with such a cicatrization of the parts as almost obliterated the vagina. Nevertheless, at the end of eight years she became pregnant, and went through the usual period of gestation, at the end of which Dr. M'Naughton was called to attend her. On examination there was found a firm cicatrix of cartilaginous hardness, situated two inches from the orifice of the vagina. At the upper part, near the symphysis pubis, there was a small perforation leading to the uterus; beyond the cicatrix, the vagina was ascertained to be natural. After some delay the doctor divided the stricture laterally, on both sides, and introduced his finger to the os tincæ, which he found dilated. As the labour progressed, and the cicatrix was rendered tense by the head of the child, which presented favourably, the orifice of the cicatrix was still further dilated by incising its margin slightly in several places. At length it became much dilated, and Dr. M'Naughton flattered himself that a living child might be born.—The pelvis, however, being preternaturally small, the head became immoveably locked, and he was compelled to the use of instruments. The forceps being inadmissible, and the vectis proving ineffectual, the crotchet was the dernier resource. The calvarium having been broken up, and the brain removed, there was still great difficulty in moving the head. At length the delivery of the child was effected, but the organs of the mother were so much injured that an opening between the bladder and vagina occurred, and the urine distilling upon the lacerated parts produced great distress. To obviate this evil a catheter was introduced into the bladder, and a pledget of charpie was applied to the opening. Judicious management restored the patient to health, and healed the lacerated septum.

Professor M'Naughton thinks, the stricture in this case was so complete, that in coition not a particle of the seminal fluid could have reached the uterus.

CASES IN MIDWIFERY.

By Richard Long, M.D. Surgeon to the Arthurstown Dispensary.

Case in which the Body of the Fœtus was separated from the Cranium; the Head remaining in the Womb.

In April, 1826, Dr. Long was called to Mrs. F., aged thirty-four years, who was in her fourth accouchement, her former labours having been uncommonly favourable and quick. She had been in labour four days; there had been an arm presentation; the arm was removed; the thorax perforated; its contents evacuated, and, as it afterwards appeared, the crotchet had been passed through the thorax, and fixed between the first and second cervical vertebræ. In this position the unremitting exertions of the gentleman in attendance, a powerfully strong man had been used four hours to accomplish delivery without effect. On Dr. Long's visit, the uterine action continued so forcible as to preclude any attempt at turning with safety; it was also clear that delivery could not be accomplished while the body and head of the child remained in the present posture; he therefore sought for the other arm, which was removed, and immediately the remaining portion of the body was expelled with violence; but, to his great dismay, the head was separated, and remained within the uterus. Before the uterus had time to contract, Dr. Long introduced his hand, and firmly fixed the head against the side of the uterus, his colleague at the same time steadying it by external pressure; the head was then perforated, and extraction accomplished by the crotchet.

---

* New York Medical and Physical Journal.

In June, 1827, Dr. Long was again called to the same patient, who had been some hours before delivered, naturally, of a still-born child; the placenta was retained without hemorrhage. On examination, a firm hour-glass contraction was found in the centre of the uterus; this, however, was not the cause of the placenta being retained, as it was found firmly adherent near the fundus uteri, and required a tedious exertion with the fingers to effect its separation piece by piece. The part of the uterus to which the placenta adhered had a gristly semi-cartilaginous feel.

This woman appeared to go on well for several days after her confinement, but, from some mismanagement, peritoneal inflammation was produced, by which she was carried off.

Case of Uterine Hæmorrhage.—In November, 1827, Dr. Long was requested to visit Mrs. W., aged 39 years, who had been delivered two hours before of her eighth child. She was, to all appearance, dead; there was no perceptible pulsation or breathing, except a slight convulsive heaving of the chest; the eyelids were half opened, and the eyes turned up, as in instances of recent death; the lips were colourless, the face cold and clammy, and the extremities quite cold. On examination, the uterus was found flaccid and uncontracted, and the woman drenched in blood. The placenta had been removed.

The hand was instantly passed into the body of the uterus, and, by frequent friction of its inner surface, muscular contraction was excited. The nostrils were stimulated by hartshorn, and warm wine and hartshorn were poured down the throat, apparently without any effort of deglutition by the patient. Warmth was applied to the extremities, and a large sheet, quadrupled, and wetted in the coldest spring water, was placed over the abdomen. For some hours, the success of those means, although steadily persevered in, appeared extremely doubtful. As the uterine action, however, was restored, the vital spark appeared to rekindle, and animation was slowly but perfectly established. After several weeks of suffering from extreme debility, the patient was able to resume the care of her domestic affairs.

FELINE OBSTETRICS.

There are two female cats, mother and daughter, dwelling in the laboratory of a sculptor of first-rate eminence, in the west end of town. They are by no means kindly disposed towards each other; rather the contrary, excepting on particular occasions, which are their respective periods of parturition. So soon as one exhibits parturient inquietude, the other endeavours to cheer her by all the kind attention she can perform towards her mamma, or daughter, as the case may be; and when labour actually takes place, they both repair to a box, which serves them for a bed, and, placing their backs against the opposite sides, Madame Accoucheur places her paws against the abdomen of her patient, and continues the operation of kneading and rubbing her until a kitten is passing the *os externum*. Then she changes her mode of attention, and assists in bringing forth the young one, in a manner which instinct informs her is most calculated to alleviate the pangs of birth!—*Med. Rep.*

BOOKS PUBLISHED THIS WEEK.

Morrison's Cases of Mental Diseases. 8vo. 7*s.*

Harwood's Curative Influence of the Southern Coast of England. 8vo. 9*s.* 6*d.*

Stevenson on Deafness. Post 8vo. 7*s.* 6*d.*

Williams on Disease of the Lungs. 8vo. 7*s.*

Philip on Indigestion. 8vo. New Edit.

Watson's Compendium of the Diseases of the Eye. 8vo.

Stone on the Evidence of the System of Phrenology. 8vo.

Lambe on the Properties of the Thames Water. 8vo.

SUBSCRIPTIONS

FOR THE DISTRESSED MEDICAL GENTLEMAN AND FAMILY, RECEIVED SINCE FRIDAY LAST.

	£.	*s.*	*d.*
Sum already advertised	25	13	0
J. P. Vincent, Esq.....	1	1	0
A. B................	1	0	0
Martin Ware, Esq.....	1	0	0
James Wardrop, Esq...	1	0	0
B. C. Brodie, Esq.	1	1	0
Geo. Sigmond, M.D...	1	1	0
J. E................	1	1	0
W. Jeaffreson, Esq., Framlingham....	1	1	0
W. Cooke, Esq.	1	1	0
Dr. Reece	1	1	0

TO CORRESPONDENTS.

Dr. Blundell's Lectures on Midwifery will be resumed in a week or two, and will be completed in the present volume.

Others in our next.

THE LANCET.

Vol. II.] LONDON, SATURDAY, JUNE 28. [1827-8.

LECTURES ON VEGETABLE CHEMISTRY,

BY

PROFESSOR BRANDE.

Delivered at the Royal Institution of Great Britain.

Lecture XLVI.

There is a substance supposed to exist in vegetables as a distinct principle, to which the name of *extractive matter* has been given, and when we come to examine into its chemical habitudes, or rather into those which have been ascribed to it, we find that it partakes occasionally of the one, and occasionally of the other of the proximate principles of vegetables, and I do not know, therefore, under which head to advert to it. It is described as being soluble in water and alkalies, and insoluble in æther; but you must not confound it with what, in pharmacy, is called extractive matter.

The *bitter principle* is another substance obtained from vegetable substances, and it may be fairly regarded as one of their proximate principles. *Lignin* is the insoluble substance remaining after the vegetable matter has been extracted from the woody fibre, so that, ultimately, a woody fibrous substance remains, not soluble in alcohol or æther. Lignin agrees, in its composition, with the other vegetable principles, it is remarkable for its difficult solubility, and is therefore particularly unfit for nutrition; it exists more or less in most vegetable products, and may be considered as making up the main bulk of the vegetable tribe generally. On the solubility of vegetables, their nutritive powers are considered principally to depend, and in the table which you see here of some esculent plants, and roots, and grains, their relative proportions of soluble and nutritive matter, contained in 1000 parts of each of the substances named, are set down:—

One Thousand Parts.	Soluble or Nutritive Matter.	Starch.	Gluten.	Saccharine Matter.
Wheat	955	765	190	—
Barley	922	790	60	70
Oats	743	641	87	15
Peas	574	501	35	22
Potatoes	250	178	35	12
Carrots	98	3	—	95
Swedish Turnips ..	64	9	2	51
Common Turnips ..	42	7	1	34
Cabbage..........	73	41	8	24

So that you learn from this table which vegetable substances are most soluble, which contain most gluten, sugar, and starch or mucilage, and we can thus arrive at a knowledge of those which are most nutritive. The loss of weight in each is referable to water, and inert vegetable matter, possessed of the properties of woody fibre. You see that the loss is comparatively trifling in the wheat, whilst cabbage, turnips, and carrots suffer a very serious diminution, showing that their weight is principally made up of water.

Tannin is the astringent matter, which is obtained by steeping catechu in cold water; catechu being the extract of an acacia, or of the extractive matter, rather, obtained from it. *Oak* bark derives its astringency from the considerable quantity of tannin which it contains, and all substances, fit for what is called tanning, contain this material. One distinguishing property of tannin is its power of precipitating animal jelly, so that if you take a solution of glue, or isinglass, or any of the common forms of jelly, and add a vegetable infusion supposed to contain tannin, an insoluble precipitate will be thrown down, as you see by this experiment. In galls there is a very large quantity of tannin, but it is combined with gallic acid and other matters, and in order to obtain it pure, you must have recourse to bruised grape seeds, which, when digested in cold water, afford tannin tolerably pure.

The composition of tannin is carbon, oxygen, and hydrogen; and to ascertain the quantity of tan in any substance, you must take a certain measure of any astringent vegetable infusion, and immerse a piece of dry, clean, and well-washed skin into it; this will absorb all the tan, and if you then dry the skin you will learn, by its increased weight, the quantity of tan contained in the infusion. Tan may be formed artificially, by digesting charcoal in dilute nitric acid; the charcoal is ultimately dissolved; it combines with the elements of the acid, and by evaporation, a quantity of an ash-coloured substance is obtained, which has all the leading properties of natural tan; but there is this difference between them, the artificial tan is not afterwards decomposable by nitric acid, whereas the natural tan is.

Colouring matter exists in a great number of vegetables, but we cannot fix upon any peculiar chemical substances to which the name of colouring matter can be given; it seems, sometimes, to be in the starch, and mucilage, and so on. Now, the chemical history of colouring matter is very important, as connected with the arts of *dyeing* and *calico printing*, and it will be proper to give you an outline of them.

First, it will be remembered, that the art of *dyeing*, in its simplest form, consists in immersing a piece of goods of any kind into a coloured bath. If you make a solution of indigo in sulphuric acid, and dip a piece of silk into it, that silk will come out blue, and it will retain its colour after it has been washed; but if you immerse a piece of cotton into it, the colouring matter might be washed out of it, and it would not be properly dyed. It may be right here to observe, that the different fibres, or structures, usually submitted to the process of dyeing, possess different attractions for colouring matter; so that, if you dip woollen cloths, silk, and cotton, or hemp, successively into solution of indigo, they will all come out blue; but the most colour will be retained by the wool, next by the silk, and the least by the vegetable fibre; indeed the vegetable fibre will not retain it scarcely at all, at least it may be readily washed out. You will observe, then, that in order to dye any substance *permanently*, it becomes necessary, in the first instance, to impregnate it with a body, which has a strong attraction for the colouring matter, so as to transfer it to the body to be dyed. There are several substances of this kind, but none more remarkable than aluminous earth. If you make an infusion of madder, or cochineal, and dip into it a piece of calico which has not undergone any previous preparation, it will come out of a red, or yellow colour, but if you expose it to the air, or wash it a little, the colour will be dissipated. If you previously impregnate it with a solution of pure alum, you find that a portion of the aluminous earth is retained by the fibre of the calico, and that, having dipped it in the colouring matter, you may wash it as much as you please, but it will not lose its colour. Alum has a strong attraction for colouring matter, and therefore, if you dip a piece of calico so prepared into a bath of colouring matter, the colour combines with the alum and the fibre of the stuff, and is thus fixed, or rendered permanent; and the substances which have this power of fixing colours are called *mordants* or *leases*. Here is a solution of cochineal, to which I shall add a small quantity of alum and a little ammonia; you see thus the alum is precipitated, and carries with it all the colouring matter, leaving the fluid colourless. In the arts of dyeing, therefore, you generally find that the goods are dipped in certain solutions, previous to their being submitted to the colouring matter; take the dyeing of black as an instance. The goods having been steeped in a solution of galls, the astringent matter combines with a certain quantity of the fibre of the wool, and when sulphuric acid is added, a precipitation takes place of a black matter, which is attracted by the fibre, and the matter is said to be dyed. But you will see the value of mordants better in the process of calico-printing than in dyeing.

Calico-printing is the art of dyeing in spots, or patches; here you see a piece of printed calico, exhibiting various colours and patterns. Now, the whole secret of this consists in applying the aluminous mordants to particular spots; the whole piece is then dipped in a solution of colouring matter, and afterwards exposed to the air, and the colour is bleached away from the spots to which the mordant was not previously applied. Calico-printing is a delicate art, requiring great nicety in the application of the mordants, which are usually put on by wooden blocks, in which the pattern is engraved in relief, and according to the mordant employed will be the colour produced, so that you may obtain two or three colours from the same colouring matter, by using different mordants. I can only give you the theory of calico-printing; but we have here a piece of calico or two dipped in some mordants, just to show you how the colours are got up. Here is a piece in which the pattern has been printed in an iron and in a copper mordant, and if we dip it into a weak solution of the prussiate of potash, the copper mordant will produce a brown, and the iron mordant a blue colour in the goods, and thus the printed patterns are brought out. Here are specimens of other mordants; here is a combination of iron and an aluminous mordant, bringing out a black and red, by being dipped in a solution of madder; but you have all the intervening portion of the calico of a dingy yellow hue, coloured with the madder, and therefore you must get rid of it by dipping it in a solution of brine and water, and then expose it on a bleaching ground, and this mixture of mordant has the property of heightening the colours very considerably. You observe, therefore, that calico-printing is the art of precipitating colours upon the fibre of the goods; that the various mordants are composed of various substances, capable of combining with the fibre and colouring matter; and that aluminous earth, and other substances, are commonly employed for this purpose. Now, there are various processes followed in order to produce greater efficiency in calico-printing; the production of a white pattern on a black ground is effected by printing the pattern in citric acid, mixed with gum, and then putting it into the colouring matter, which adheres to every part of the goods but the spots where the mordant is applied. The patterns are cut very finely in wood, and in copper still finer, and you must be convinced of the great dexterity of our manufacturers in using them by the delicate minuteness with which the patterns are produced, and by their beautiful colour. In the printing of what are called *chintses*, a variety of mordants are employed, and of course great varieties of colouring matter.

Wax and *Oils*.—The next substances upon our list, wax and oils, belong to a class of vegetable products in which hydrogen predominates, and belong, therefore, to the inflammable bodies.

Wax is generally known as the product of the bee, but there is a *vegetable wax*, which has the same general properties; it is insoluble in water, but at 150° it is fusible, and at a higher temperature, is converted into a very inflammable matter, burning with as bright a flame as a candle. It mixes slowly with alcohol and æther, but readily with the fixed oils, forming cerates. The acids scarcely act upon it, and hence the value of wax as a lute to prevent the escape of acid vapours. Among the varieties of vegetable wax, we may place the wax which has been imported from Brazil, obtained from the berries of the *myrica cerifera*, and from the leaves of the *ceroxylon* of Humboldt. Here is a substance to which the name of artificial wax has been given, obtained by acting upon fixed oil with sulphuric acid. Upon the whole, however, vegetable wax is not a very important matter of commerce at present; but it may be obtained in such large quantities from some vegetables, in warm climates, that it may become a matter of importance hereafter.

The *fixed oils* are well known by their bitter taste, by their specific gravity being below that of water; they are obtained commonly by expression, and the greater number of them congeal above the freezing point of water, although they are usually liquid at common temperatures. Almond, linseed, olive, and other oils, are well known to be obtained by expression; some of the fixed oils are solid at the common temperature of this climate, and are called vegetable butters; you have an instance of this in cocoa-nut oil, and some others.

Now, it has been ascertained, that all oils may be regarded as being composed of two substances or principles; to the one the term *elaine* is given, as being the oily or fluid principle; and to the other, the term *stearine*, or the fatty principle. If you expose a jar of olive oil in frosty weather, you will have a substance precipitated, which is, in fact, the fatty principle, or the *stearine*, and a part will remain fluid, which is very difficult to freeze, this is the oily principle, or the *elaine*. So that you have these two principles in the oils, and it will be right to remember this, because when we come to speak of the action of alkalies upon oil, they will form an important matter of distinction in the formation of soaps. When you heat these oils, they show little inclination to volatilise, and hence the term *fixed*, which has been applied to them; but at high temperatures they do volatilise, and become converted into a highly inflammable vapour, burning, as you see, in the wick of the lamp in a bright flame. You know that the wick of a lamp serves no other purpose than to convert a portion of the air into vapour, oil which thus furnishes the flame. Exposed to air, some of these oils become rancid and dry, and are therefore called *drying oils*, especially linseed oil, which is used extensively in paints, and in printers' ink.

If you combine these oils with alkalies, you form *soaps*, and it has been imagined that you might separate these again into their original forms; but Chevreul has shown, by a series of elaborate experiments, that the elaine and stearine are altered from their original form by such combination, and are converted into two acids, the *oleic* and *stearic acids*. But without entering into these refinements, I may say, that the hard soaps are made by mixing soda with the oils, and the soft soaps by mixing potash with them. Soap is remarkable for its detergent and cleansing qualities, and in it you observe that the oil has lost its insolubility in water, and the alkalies have lost their causticity; the soap, when dissolved in spirit of wine, forms a jelly, and what is called opodeldoc is obtained in this way. When this solution is evaporated, it is sold under the name of transparent soap. The vegetable oils are used for the manufacture of the fine soaps, and the animal oils for the coarse, as fat, tallow, and so on, and occasionally a quantity of resin is added; thus coarse soaps are coloured with the oxide of iron, and have occasionally a mottled appearance. The common yellow soap is made of fat, alkali, and resin. There is an use occasionally made of a solution of soap, which is, to apply it as a test of the goodness of water, and of its fitness for washing. If you take a solution of fine soap in alcohol, and add it to rough water, a large precipitate is thrown down, which is a sulphate of lime for the most part; the lime combines with the oil, and forms an insoluble soap, and the alkali and acid combine to form a salt, whilst the oil floats upon the surface of the water. Whereas, if you add a solution of soap to distilled water, it remains perfectly clear; and the well-diggers generally employ this test for the softness of water. The term hard and soft water, like every other thing, must be used only relatively, as what we call hard water in London would be esteemed soft by persons where the water is harder, and *vice versa*.

Plaster, or *putty*, is a composition of oil and oxide of lead: to mix them it is necessary that water should be present, and then the hydrated oxide of lead combines with the oil at a temperature of 212°; it is sometimes called *lead plaster*.

Volatile Oils.—There is a class of oils to which the name of volatile oils has been given; they are obtained by distillation with water. If you put into a still a quantity of peppermint, you will have floating upon the water which passes over, a quantity of oil, upon which the odour and the pungency of the vegetable depends; but you are not to fancy, that because the oil comes over readily with the water, that it distils easily, for that is not the case. Some of the oils require a temperature of 600° to distil them alone, but they come over with great facility when mixed with water. They possess considerable volatility, so that if you rub a little upon a piece of paper, it will easily dissipate by the application of the lamp, and this test would render it easy to detect the adulteration of the essential with the fixed oils, as in that case the greasy spot would remain upon the paper after the heat has been applied, as you see in the present instance. There is an adulteration to which these oils are liable, namely, their mixture with alcohol; but you may readily detect that by adding water, which will abstract the alcohol, and the diminution in bulk which the oil suffers, will enable you to judge of the extent of the adulteration. It was supposed that it was a test of the purity of the essential oils to try their solubility in spirit of wine, but the adulterators discovered that castor oil was also soluble in spirits of wine; this, however, you may readily detect, by evaporating it on paper in the way already pointed out.

Some of these oils possess peculiar properties; they often appear to contain the odoriferous parts of vegetables, and some of them are exceedingly delicate and fugitive in their nature, such are the oils of the jessamine and rose, and to separate them, distillation cannot be resorted to; but the flowers are steeped in a fixed oil, and then by mixing alcohol with this oil, the essential oil is dissolved, and the fixed left.

Camphor may be considered as a concrete essential vegetable oil; it is very odorous, and sparingly soluble in water; and you well know that the aromatic waters in pharmacy, are solutions of the volatile oils in water. When camphor is distilled with nitric acid, it is converted into a peculiar vegetable acid called *camphoric acid*, and it unites with certain bases, forming camphorates, which possess little or no interest. There is a substance called *artificial camphor*, obtained by acting upon oil of turpentine with chlorine, but the compound always retains chlorine, and may be resolved into its elements.

The *resinous substances*, which form an important class of vegetable products, are inflammable and fusible at moderate temperatures, and are chiefly characterised by their insolubility in water, by their being readily soluble in spirit, and by their spirituous solutions, being again precipitable on the addition of water. These precipitates used formerly to be used in pharmacy under the name of *magisteries*; so that there was the magistery of Benzoin, and so on.

The resins combine with the alkalies, and form a curious class of compounds, which might be termed resinous soaps. Some of the resins contain *Benzoic acid*, and may be made to furnish crystals of that substance; these resins have been called *balsams*; such are Styrax, Benzoin, and balsam of Tolu; there are others again which appear to be composed of resins and volatile oils, and these have improperly been also called balsams; as balsam of Copaiba, of Peru, Canada balsam, and so on. There are some peculiarities in some of the resins, which have induced chemists to designate them by their particular tints, as Guiacum, and a few others. Then you have a great variety of compounds containing resin and gum, and these are called *gum-resins*; such are olibanum, camboge, asafœtida, and so on, which are insoluble, or imperfectly soluble, in alcohol and water; the alcohol takes up the resin, and leaves the gum, and the water takes up the gum, and leaves the resin; so that what is called an aqueous solution of these bodies, is merely a suspension of the resinous parts in the gummy solution.

There are two or three curious and interesting bodies to be described, because they have been designated as the *active principles* of certain vegetables, such are morphia, and strychnia. I shall give you a brief account of them in the next lecture, and then proceed to the *vegetable acids*.

Lecture XLVII.

On Bitumen; on the active principles of Plants; and the vegetable Acids.

Bitumen. There is a class of fossil substance to which the name *bitumen* has been given, resembling, in some respects, the oily and resinous bodies, and there are several varieties. Such are *naphtha*, *asphaltum*, *petrolium* or mineral tar, *maltha* or mineral pitch, and so on. *Naphtha* is an odorous, oily fluid, found frequently on the borders of the Caspian Sea, and in some springs in the neighbourhood of volcanos. It is volatile and very inflammable; when pure it seems to contain no oxygen, and is therefore a convenient fluid for the preservation of potassium and other readily oxidisable metals. *Asphaltum* is found on the shores of the Red sea, and in the island of Trinidad; it is of a brown or black colour, heavier than water, and soluble in naphtha. Here is a portion of a substance which seems to denote that these bituminous substances are of a vegetable origin; it is found in the coal beds, and it appears to be a portion of resin converted into bitumen. Here is a specimen of *mineral fat* found, by Mr. Hatchett, in different kinds of iron clay. There are a variety of substances combined with bitumen and carbonaceous matter, forming *coal*, of various degrees of purity. Some coal leaves scarely any ashes; it puffs up and swells in the fire, and its residue is trifling; but our coals, in common use, leave an abundant earthy matter behind, and if urged in a strong fire they run into clinkers. There is evidently a portion of nitrogen in coal, as by distillation ammonia is produced; but whether the nitrogen is furnished by the coal, or by the application of air, has been a question; but when it is considered that ammonia is produced when coal is distilled in close vessels, nitre must be regarded as one of the components of common coal.

Peat and *turf* are substances which have undergone less change than coal, and in them the vegetable fibre is less destroyed. With regard to coal, I think there can be little doubt that it was of vegetable origin; but how the change was effected, or how the strata of coal were formed, are matters not so easily determined, and belong rather to the geologist than chemist to solve: that it is so, I think must be conceded from the immense masses of vegetable matter found in it, in states of change intermediate between charcoal and coal, and between resin and bitumen.

Among the proximate principles of vegetables there is a set of bodies called *vegetable salifiable bases* and *vegetable acids*.

In regard to the vegetable salifiable bases, they are substances found to possess certain characters common to the alkalies; thus many of them turn vegetable blues to green, and yellows to brown; they combine with and neutralise the acids; and, like the other vegetable proximate principles, are compounds of oxygen, hydrogen and carbon, to which, in all cases, I believe nitrogen to be superadded. Such is the nature of this ultimate composition.

Morphia. The first of these bodies, accurately shown to exist, was obtained from opium; and as it was afterwards found that the leading narcotic character of opium depended upon it, the term morphia was applied to it, and it was obtained by the simple process of triturating powdered opium into a paste with dilute acetic acid, by pouring caustic ammonia into the filtered solution, and by evaporating it; a brownish precipitate is thrown down, which, by repeated solutions in spirits of wine, may be rendered colourless, which is found to be pure morphia, the substance to which the active power of the opium is referable. It may be obtained in the crystalline form from the alcoholic solution in quadrangular and octoëdral crystals; it is fusible and combustible, and appears, in some respects, to possess the character of an alkali, reddening turmeric paper, and forming salts by uniting with the acids. It is sparingly soluble in water; it is intensely bitter, and it is very poisonous. Some of these salts are used in medicine, and one of them, the acetate, appears to have gained some celebrity as a narcotic; they all have a bitter taste, and are decomposed by the addition of ammonia.

Now, with respect to the number which represents it, it is 325, which is a remarkably high number, when taken in conjunction with its small saturating powers. Fifty parts of acetic acid are found to require 325 parts of morphia to form 375 of the acetate of morphia; and 40 of sulphuric acid combine with 325 morphia, to form 365 sulphate of morphia, and so on. This substance appear to be combined in opium with a peculiar vegetable acid, to which the name *meconic acid* has been given; and it has been stated, therefore, that opium derives its activity from the presence of a *meconiate of morphia*. There is another principle on which the strength of opium is said to depend, called *narcotine*, which is obtained by digesting opium in cold æther, and evaporating the solution. It is a substance not sufficiently examined; and I merely allude to it now as constituting one of the vegetable principles of opium. In a practical point of view, however, I am inclined to put little importance on the discovery of these salts. It has been found to be very uncertain in its effects; and I think that it would be safer to trust to the action of the pure drug, than to morphia.

The case is very different with a set of substances found in the Peruvian bark, of which you know there are three kinds in use in this country; the *cortex lancifolia*, or pale bark, called also Peruvian bark, and commonly employed under the name of *bark* in certain stages of intermittent fevers, and as a general tonic; then the *cortex oblongifolia*, or red bark; and the *cortex cordifolia*, or the yellow bark. In the cortex cordifolia and lancifolia, two distinct vegetable principles, of an alkaline nature, have been discovered, to which the names of *cinchonine* and *quinine* have been given. In the red bark, and some spurious kinds, it has been found that there is a combination of these two substances.

The separation of the *cinchonine* from the *cortex lancifolia*, and of the *quinine* from the *cortex cordifolia*, is a very simple operation; there is some difficulty, especially when carried on in the large way, to ensure the utmost product; but, upon the whole, the process is very simple, and consists in digesting the bark coarsely powdered in weak sulphuric acid, and then to repeat this digestion as long as you can obtain any soluble matter out of the bark; so that you procure a considerable quantity of decoction of bark, and there remains little else than the mere woody fibre. This decoction is intensely bitter; and it occurred to Pelletier and Caventou, and I think that the discovery is one which ranks among the first of modern chemistry, that there might exist in this solution a peculiar body united with the sulphuric acid, which they thought might be the active principle of the bark. They added to this decoction of bark, a small quantity of quick-lime; the lime combined with the sulphuric acid to form a sulphate of lime, and there was thrown down with it a difficultly soluble substance, which was the body they were in search of. The matter thus thrown down is to be washed, and then you add alcohol to it, which takes up the cinchonine, but will not dissolve the sulphate of lime, and you obtain the cinchonine pure. By repeating the solution once or twice, and crystallising, you obtain the cinchonine in a perfect state. This solution in alcohol is intensely bitter; it furnishes crystals, which are small and irregular. Now having obtained it in its crystalline state, you may combine it with acids, and form a class of salts. The number representing cinchonine is 315, which is very high; it combines with sulphuric acid to form a dry sulphate of cinchonine, 40 parts of acid uniting with 315 parts of cinchonine, to form 355 sulphates of cinchonine. Now the most important fact connected with this discovery is, that, in this cinchonine, we have the real active principle of the bark divested of all the dead woody fibre, which renders it invaluable as a medicine. I cannot pretend to say exactly, what quantity of the sulphate of quinine is to be considered adequate to a given quantity of bark; but I believe that *one grain*, or a grain and a half, is equivalent to a *drachm* of bark, and you get rid of the necessity of swallowing a quantity of inert powder, which you know often renders this medicine invaluable, especially with children. Thus you have, in the preparation of this substance, an important chemical fact developed; and we are taught, in the first place, that the active principle of a powerful vegetable may be obtained in the insulated state, and that we may depend upon it as upon the bark itself; and as it has been applied with the same success in the cure of intermittent fever, there can be no reason for rejecting cinchonine from medical practice, although it is not at present much used. We use quinine more than cinchonine; because the yellow bark, from which it is procured, is more plentiful; the quinine, therefore, is cheaper than cinchonine, and is just as useful. To obtain it, you proceed just in the same way as with the former; you grind the yellow bark into a coarse powder, and digest it in a weak solution of sulphuric acid, an acid that is about the strength of vinegar to the tongue; you heat it a time, and procure a precipitate, which you afterwards dissolve in alcohol, and thus you obtain the pure quinine. The quinine is not crystallisable; but, on the application of heat, it runs down into a kind of paste. It is intensely bitter, and forms with the acids a set of crystallisable salts. If you digest it in a weak solution of sulphuric acid, you get the sulphate of quinine, which is the salt now generally used for medical purposes; it crystallises in four-sided prisms. Here is some quinine, which I dried very carefully under the exhausted receiver of an air-pump; and you see that it is a white pulverulent substance, not easily soluble, and therefore not affording a very bitter taste; but if you add a drop or two of acid to it, these become intensely bitter to the tongue, because more soluble. The neutralised sulphate of quinine is not very bitter, and you should be aware of this; because I have known medical men suspect that the sulphate was adulterated, because it did not taste bitter. There is also a *bisulphate of quinine*. It has been mixed with a great variety of substances; as sugar, starch, sulphate of magnesia, sulphate of lime, and so on, to add to its weight; for when I tell you that the average price is thirty or forty shillings per ounce, it is not very surprising that some persons should be tempted to do this, as it is a substance well fitted for adulteration.

To determine its purity, the simple process of heating it is sufficient; if it evaporate entirely, without charring and melting, it is pure; but if it should turn black, or smell sweetish, you may suspect that sugar or starch is present. I have sometimes found lumps of pipe-clay, and various other substances, mixed with it; so that when you are purchasing it in large quantities, you must be upon your guard. Its number is 360, or thereabouts; that is to say, the dry sulphate, the crystallised sulphate is represented by the number 372.

The other bodies of this class are not of any great importance, *strychnine*, the active principle of the bean of St. Ignatius, resembles, in many of its properties, the substances I have described. It has a high equivalent number, unites with the acids, and is very poisonous. *Brucine* is a substance lately discovered by the French, but I cannot make out whence they obtain it; they tell us that it is procured from the angustura bark; but it is well known, that what is called angustura bark in the market, often proves to be a species of strychnine. It is certainly not obtained from the angustura bark.

Vegetable Acids.—The vegetable acids are very numerous, and I shall endeavour to point out the properties of some of the most important.

We are indebted for the knowledge of many of them to Scheele; he pointed out the mode of obtaining the *tartaric acid* in its pure form. In order to obtain it, cream of tartar, which is a supertartrate of potash, is decomposed by chalk; thus you procure a tartrate of lime, which is again decomposed by sulphuric acid. Then, by evaporating the aqueous solution from which remains, from the decomposition of the tartrate of lime, you obtain an impure tartaric acid, which, by repeated solutions, may be procured perfectly white, and may be crystallised in six-sided prisms. To give you a notion of the manner of decomposing the tartar, to obtain tartaric acid, of the quantities of materials necessary, you need only to look at this table; you see that 182 parts of tartrate of potash will require 50 parts of chalk to convert it into 95 parts of tartrate of lime, composed of 67 tartaric acid, and 28 lime; this again requires 49 parts of liquid sulphuric acid to separate the lime to form 68 parts of sulphate of lime. The equivalent of tartaric acid is 67; it combines with the different bases, constituting a class of salts called tartrates, some of which only are used in medicine, as the tartrates of soda and potash, the bitartrate of potash, or cream of tartar, as it is usually called, the tartrate of iron, and a few others. Tartar is originally a deposite during the fermentation of wine, when it is thrown down in an impure state, under the name of *argil*; but by boiling it in solutions of aluminous earths, or with whites of eggs, it is freed from much of its vegetable colouring matter, and then you obtain the bitartrate of potash, or *cream of tartar*. Here are different specimens of the tartrates on the table.

If you saturate the excess of tartaric acid in the cream of tartar with soda, you then obtain a singular salt, formerly called *Rochelle salt*, or *sel de Seignette*. Now with regard to this salt, it is a compound of tartrate of potash, tartrate of soda and water; and it consists of one proportional potash, one of soda, two of acid, and one of water, in its crystallised state, and its equivalent number is 286. It is a salt only used in medicine as a saline aperient, but almost all such salts have been superseded by the sulphate of magnesia.

Tartrate of lead is procured by adding a solution of tartaric acid to a solution of lead, and when this salt is calcined, a bluish powder is obtained, which takes fire when exposed to air; and it is a curious circumstance, because one can detect nothing in it that can explain such phenomenon, except that the lead is in a state of minute division, and, by exposure to air, it absorbs oxygen with such rapidity as to take fire. You see that when I turn some of the powder out of the bottle, it is pyrophoric, and this powder is simply a calcined tartrate of lead.

A very important salt connected with the tartrate of potash, is the *tartrate of antimony and potash.* When the protoxide of antimony is boiled with the bitartrate of potash, the excess of acid takes up the protoxide, and forms a triple salt, a tartrate of antimony and potash, which crystallises in tetraëdral crystals, and I have here crystallised a portion to show its distinct figure. It always ought to be crystallised before it is used as a medicine, as you are otherwise never sure of its composition. It is called *emetic tartar*, or, in the Pharmacopœia, *antimonium tartarizatum ;* it is composed of one proportional acid, three of protoxide of antimony, two of tartrate of potash, and three of water, and its equivalent number is 363. These are its elements, and it is a most important salt, and appears to me to be the only salt of antimony essentially necessary in the practice of physic. The antimonial powder and other preparations are very uncertain in their composition, and consequently in their effects, as I have already pointed out.

Oxalic acid was formerly derived entirely from the juice of a vegetable, the *oxalis acetosella*; but is now easily obtained, by acting upon sugar with nitric acid; the sugar is decomposed, and so is the acid. You mix together about four ounces of nitric acid, two ounces of water, and one ounce of sugar, and after the effervescence has subsided, the solution will deposit about half an ounce of crystallised oxalic acid, which is composed of carbon and oxygen, and, in its dry state, appears not to contain any hydrogen. In its crystalline state it contains water, and then, of course, involves hydrogen as one of its elements. There is something very curious in the composition of this acid; if you take the dry acid, you find that it consists of equal proportionals of carbonic acid and carbonic oxide, containing 6 carbon, and 30 oxygen, so that its equivalent is 36; whilst, in its crystalline form, it combines with four proportionals of water 36, and its equivalent is then 72. It combines with various bases, forming *oxalates*, but particularly with lime, and hence forms a good test for the presence of lime, and a remarkably nice test it is. If you wish to ascertain whether spring or mineral water contain lime, the oxalate of ammonia is best for the purpose, which, being added to the water, combines with any lime it may contain, and falls down as an *oxalate of lime*; and if you wish to know how much lime is deposited, you burn the lime, the oxalic acid is driven off, and the lime is left.

Oxalic acid is well known as a violent poison; whether any of the other vegetable acids would be poisonous, if taken in large doses, has not been ascertained, but oxalic acid has probably been used very frequently as a poison, in consequence of its great resemblance to Epsom salts, for which it is often mistaken. You know that when a large quantity of the acid is swallowed, and has remained a long time in the stomach, it is generally fatal, but if it be discovered in time, and vomiting be immediately excited, there is little danger. The best method of neutralising the acid is to mix up a quantity of whitning in warm water, and giving the patient large draughts of it; it generally produces vomiting, and is sure to render the acid almost inert, by converting it into an oxalate of lime. If you cannot get whitning, you can generally get soap and water, which you should make the person drink; the alkali of the soap neutralises the acid, and the mixture acts at the same time as an emetic.

Citric acid is obtained from lemon juice, by a method very similar to that of obtaining tartaric acid from tartar. It was discovered by Scheele, and its number is 58, in its dry state; when crystallised, it contains two proportionals of water 18, and is there represented by the number 76. The *citrates of potash* and ammonia are frequently used in medicine.

Malic acid is found in apples; it is obtained by decomposing the *malate of lead*; it presents nothing very interesting or important; it is one of the acids which will not crystallise.

These acids, the citric, malic, and tartaric, are found in many fruits; the orange and lemon contain citric acid; the gooseberry, currant, and apple, malic acid; the grape furnishes tartaric acid, and so on.

Gallic acid.—There is an acid which is found in the gall nut, which combines with tan; it is called Gallic acid; it unites with bases forming a class of salts, the *gallates*, and we know that solutions of galls, when added to metallic solutions, precipitate a great many of them of a black or of a blue colour; the per-salts generally blue, and the proto-salts black. You must remember that no excess of acid must be present in the salts which you wish to precipitate, for if there is, the precipitate will not be formed, since it is soluble in the acids; and when we talk of precipitating solutions by tests, it is always necessary to take into account the circumstances under which they are applied.

Benzoic acid.—Of Benzoic, the last acid upon our list, I have nothing to say, except that it may be obtained by heating benzoin and in the crystallisable state. It unites with bases, forming a class of salts called *benzoates*, which are of no use. It is usually sublimed into paper cones; and it is soluble in alcohol.

In the next lecture we shall commence with the subject of *fermentation.*

FOREIGN DEPARTMENT.

FATAL ABSCESS OF THE NECK, IN CONSEQUENCE OF A BONE BEING SWALLOWED.*

The following case was recently read to the faculty of medicine of Paris, by Dr. Gibert:—

A young man, twenty-four years old, swallowed a piece of bone, which gave him very severe pain in traversing the pharynx, he thought, however, that the bone had descended into the stomach since attempts had been made to push it down with a probang, and food had been swallowed since. The pain, however, continued in the part of the neck where it first began, and it increased so, that it soon became impracticable to swallow. Symptoms of œsophagitis came on, which were treated with general and local bloodletting, On the seventh day, the patient, in a slight effort of vomiting, brought up a small portion of bloody and purulent matter; and in the stools, globules of pus were recognised. It was suspected that an abscess had formed, and that the matter was evacuated by the stools; the pain ceased; the patient could drink with ease. At the end of two days, an attack of fever came on, which, on the thirteenth, terminated fatally.

On opening the body, it was found that, at the junction of the pharynx with the œsophagus, the mucous membrane had been traversed by a bone which had given rise on the left side of the neck, under the deep layer of muscles, to a large abscess, in which the bone could be distinguished. M. Gibert cited two analogous cases; one of which was communicated to him by Dr. Corby, and which terminated fatally; the other by M. Fillean, in which the bone fortunately descended into the stomach, and escaped per anum, but was not extracted from this opening, without a great deal of pain.

CASE OF CONTINUED PRESSURE ON THE MEDULLA OBLONGATA. BY PROFESSOR LENHOSSEK.

(*Med. Jahrbuch des K. Oesterich. Staates.* tom. iii. cap. 1.)

A young man, twenty-four years of age, was found dead in the public road, without the least trace of violence being perceptible on the body: he was thin, not taller than a lad of twelve years, and presented no signs of puberty, either on the face, or the organs of generation. The bones of the cranium were thick, as compared with the development of the other parts of the body; the meninges were gorged with blood; the cerebral substance was hard, and contained a good deal of blood; each lateral ventricle contained half an ounce of serum. The odontoid process of the second vertebra was preternaturally long; the head of this process was more developed than usual, and its apex was attached to the edge of the foramen magnum, by means of a ligament directed horizontally forwards. In consequence of this anormal condition of the parts, the occipital foramen was contracted one half, and, consequently, the medulla oblongata compressed and impeded in its development. The right lung was moreover œdematous, and the left adhering to the parietes of the chest. The heart was very large, and covered with fat. The liver and spleen adhered to the parietes of the abdomen, and the stomach was distended with a quantity of aliment; its internal coat was red.

For several years this lad had been subject to a great deal of anxiety, and also to such loud palpitations of the heart, that they could be heard at a distance. Death, in this instance, was the result of apoplexy. Professor Lenhossek attributes the continuance of childhood in this case, and the other affections, to the size of the odontoid process; but it may well be doubted, whether the large development of the process was not rather an effect, than the cause of a diseased state of body, viz, of rachitis.

SUPPRESSION OF THE SECRETION OF URINE FOR MORE THAN SEVEN WEEKS.

(*Journal der Pract. Heilkunde.*)

Dr. Racum, of Riga, relates a case of this nature, which he observed on a child of twelve years; the secretion of the urine was suppressed, without the general health of the child being disturbed; and, on introduction of a catheter, not a drop of water escaped. The secretion of the urine returned, with the administration of turpentine and balsam of copaiba, and frictions, with oil of turpentine in the lumbar region.

DESCRIPTION OF CERTAIN ORGANS IN A YOUNG LION. BY DR. JOS. JUL. CZERMAK, DEMONSTRATOR OF ANATOMY.

*At the University of Vienna.**

The following parts were attentively examined by Dr. Czermak, in a lion four days after birth, viz., the pupillary membrane, the Eustachian valve, foramen ovale, and ductus arteriosus. The pupillary membrane was visible, but was only formed of one layer. Its anterior and posterior surfaces were lined by the membranes of the aqueous humour.

---

* Archives Générales de Médecine. Mai, 1828.

* Med. Jahrbück, desk. oester. Staates; t. iii. cah.

The membrana pupillaris materially assists in the secretion of the aqueous humour; its vessels are more numerous, in the fœtus of the lion, than in the human subject. The vessels, which pass to the centre of the pupillary membrane, do not arise from the ciliary arteries, in as regular a manner as in the human eye ; they anastomose freely with each other and the vessels of the iris, and form a true vascular net-work. It may be seen, and without any difficulty, that the tissue of the iris does not pass into that of the pupillary membrane, In the centre, the author has seen the vessels fold back to the internal edge of the iris, from which it may be concluded, that these vessels form the small vascular circle of that membrane. The pupillary membrane disappears when the animals open their eyes, which takes place from the 12th to the 18th day. The author thinks, from these facts, that the fœtal circulation continues longer in animals than in man. M. Cuvier denies the existence of the valve of Eustachius in the lion ; but the author describes a part which he believes analogous to it.

A WOMAN WITH THREE BREASTS. BY DR. H. L. DREGER.*

This woman, at her first accouchement, had, beside the two natural mammæ, which were well filled with milk, a third smaller one, but quite similar in form, and situated under the left breast ; it extended from the 6th to the 8th rib. There was no areola, but a nipple, from which, on slight pressure, a considerable quantity of milk escaped. The milk flowed spontaneously, as long as the child sucked at the upper breast. The nipple was a kind of *nævus*, presenting in its centre an opening, with which several lactiferous canals communicated.

MIDWIFERY.

To the Editor of THE LANCET.

SIR,—In compliance with the request of the Gentlemen attending my class, I inclose you a copy of an Introductory Lecture I delivered on Midwifery, a few days ago, at the Central Infirmary and Metropolitan Lying-in Institution, Greville Street, near St. Bartholomew's Hospital. Another reason that induces me to send this communication is, that it contains a concise, though perfect, history of the rise, progress, improvement, importance, and utility of this branch of medicine, and also the universal sanction it has received from mankind in the past ages, and present most enlightened times. From the historical sketch afforded, it is evident that the diseases incident to females, in every period of life,—before conception, during pregnancy, at, or during the process of childbearing, and after delivery,—were attended to by many of the most eminent physicians and surgeons in ancient and modern times, and were not despised or neglected, as some few persons of antiquated and obscurated ideas would endeavour to lead the public to imagine.

Should you think this production worthy of a place in your highly useful and very valuable Journal, I shall feel obliged by its insertion when convenience will permit.

I am, Sir, your obedient servant,
M. RYAN, M.D.,
Member of the Royal College of Surgeons.

68, Hatton Garden,
May 21, 1828.

INTRODUCTORY LECTURE TO THE THEORY AND PRACTICE OF MIDWIFERY.

BY DR. RYAN.

Delivered at the Central Infirmary and Dispensary, Greville Street, Hatton Garden.

GENTLEMEN,—In commencing a course of lectures on any art or science, it is usual to make a few preliminary observations, on the utility and importance of the subject, and also on the arrangement, or classification, of the matter intended to be adopted in the subsequent discourses. In compliance with this ancient usage of medical teachers, I proceed to make some remarks on the subject of which I mean to treat, namely, on that branch of the healing art denominated Midwifery, and on the qualifications and duties requisite for the accoucheur, as well as for all medical practitioners.

It is now very generally admitted, that every class of medical practitioners must be intimately acquainted with all the branches of the art and science of medicine, namely, the theory and practice of medicine, surgery, midwifery, and pharmacy ; and that he who does not acquire this universally-established course of education, will be sadly embarrassed in his future practice—will find himself continually disappointed in his opinions and exertions; and, what is still more afflicting, will incur an awful responsibility, by undertaking the management of many diseases of which he is ignorant, and, consequently, excluding duly qualified men from the treatment of the sick, and thus being, virtually, the cause of extinguishing many lives. No conscientious man can reconcile this great responsibility with the civil, moral, and religious obligations required of medical men by the most improved and enlightened society of modern times. No matter how absurd, or unnatural, the ancient subdivisions of medicine into different professions may be—divisions, be it recollected, that took place in the darkest ages, when literature and the sciences were involved in the most profound obscurity and utter debasement—it is now, I say, universally admitted, by all the most enlightened and impartial medical men, that the different branches of the healing art are not only indivisible, but so intimately connected and dependent on each other, that the perfect knowledge of each and all is absolutely indispensable to the medical practitioner, whether physician, surgeon, accoucheur, or general practitioner; he cannot otherwise practise with a safe conscience, or with satisfaction to himself, or with even probable benefit or impunity to his patients. The line of distinction fruitlessly attempted in the study of medicine and surgery, serves neither, but is a positive injury to both; for the healing art is one, and therefore those who advocate the necessity of separate study, advocate both ignorance and darkness. In further proof of this assertion, we now observe that every branch of the healing art is taught at our numerous schools of medicine and surgery, a system further adopted in all the distinguished colleges and schools in the polite nations in the vast continents of Europe and America. The most eminent and distinguished members of the different professions of medicine, in every country, also recommend this system of acquiring medical knowledge, which is not more compatible with medical experience than with the reason and common sense of mankind in all ages. Thus Moses, the most ancient historian, informs us, in the Book of Genesis, chap. l., (A.M. 2315, A.C. 1689,) "That Joseph commanded his servants, the physicians, to *embalm* the body of his father;" an operation which was consigned to the surgeons in all the subsequent ages, and so continued to the present time. This is the first and most authentic account of physicians; but the same inspired and most ancient historian, in the 35th and 38th chapters of the same book, speaks of midwives; and hence it would appear, they were anterior to the male practitioners of the healing art. Medicine, however, is decidedly the most ancient of all the arts and sciences, as it originated from the innate principle of self-preservation. It was nearly coeval with man, in consequence of the calamities entailed upon him by his fatal disobedience, namely, the deprivation of eternal life, the liability to corporeal diseases, and to death itself. The vicissitudes of season, the varieties of climate, the influence of the circumambient atmosphere, the action of surrounding bodies, and the construction of the human frame, must have rendered diseases nearly coeval with mankind. The presence of bodily infirmity produces pain, and impels man to seek immediate alleviation, and to employ means for that purpose, either by instinct, experiment, or spontaneous exertion. The many injuries to which he was exposed in the early ages, must have frequently obliged him to suppress hæmorrhage, to remove the deformity of dislocation, and to adjust the painful fracture. Thus an early necessity conceived the various branches of the healing art, reason nourished them, long use promoted them, experience, at length, completed them, and made them absolute.

---

* Hygœa; juill. Sept. 1827.

In the early ages medicine was promiscuously practised, every man being his own physician and surgeon; but it soon became a liberal art, and was practised by certain individuals only, some of whom were appointed for the treatment of particular diseases, others for diseases in general. Thus they had oculists, aurists, dentists, hepatists, lithotomists, midwives, chiropedists, &c. &c. according to Herodotus, Pliny, and Strabo; and thus the early physicians, or medical men, attended to external as well as internal diseases. Moses became acquainted with the learning of these people, the Egyptians, who were the inventors of physic, and inserted their practice of embalming the dead in his medical, dietetical and obstetrical code, as we read in the Leviticus, c. xii. Clemens, of Alexandria, states, that Æsculapius enlarged and amplified the medicine of the Egyptians, and delivered it to his sons, Machaon and Podalirius, who were kings of Greece. We have also the evidence of one of the Roman poets, that Æsculapius was wont to be accompanied, in his visits to his patients, by a dog and a goat, the one to lick ulcers, the other to give milk to his consumptive patients. He was born at Epidaurus, and statues and monuments were erected to perpetuate his memory by different nations, and he was absolutely deified some hundred years before the Christian era. History thus affords proof, that this reputed father of medicine attended external or surgical diseases. His sons, Machaon and Podalirius, though instructed by him in the mysteries and arts of physic, acted only as surgeons at the Trojan war, A.M. 2820, A.C. 1184, others say, 932, for they did not undertake the treatment of the plague which ravaged the country at that period. We are indebted to Homer for this latter opinion; while Virgil very loudly extols the consummate skill of Japis, the physician of Æneas, who also *acted* as surgeon. The records of history also inform us, that the immortal Hippocrates, who flourished 460 years before the birth of the Saviour, and first separated physic from religion and philosophy, and who reduced the chaos of his predecessors to an useful and liberal art, to a noble and dignified profession, and first gave it the air of a science, acted in all the medical capacities, as physician, surgeon, accoucheur, apothecary, and even nurse. The works of that venerable and extraordinary man extended to seventy-two volumes, embracing every branch of medicine, and of course including that on the diseases of women, and the obstetric art, and have conferred on him a reputation, of which two thousand years have not deprived him; and many of these works remain with lustre, while those of sneering critics have sunk into well-merited oblivion. From his time to the middle of the dark ages, many of the most eminent medical men both wrote on, and practised every branch of medicine. About the latter period, A.D. 1173, the church, at the Council of Tours, decreed, that her members should no longer practise surgery, for, at the time the clergy had monopolised the professions of medicine and surgery, as well as theology, a decree was published, declaring that they were defiled by sanguinary operations,—"Ecclesia abhoret a sanguine,"—and surgery was then committed to their domestics, who were also their barbers, and hence arose that class of practitioners, afterwards very well known through Europe, the barber-surgeons. All external operations were committed to these men, and to lay persons, who were sunk in the darkest and most profound ignorance at the time; and thus arose the unnatural and irrational subdivision of the healing art into physic and surgery,—a separation soon confirmed by law in the different nations, and continued in most countries to the middle, or perhaps towards the close of the last century,—a remnant of which prevails in our own country even to the present time. In the British dominions, we have corporations of physicians, surgeons, and apothecaries, in each of the countries which are now happily united to the first and most powerful nation in the world. Each of these corporations in England, Scotland, and Ireland have peculiar rights and privileges, though a knowledge of each profession is often acquired from a similar source, often from the same teachers and authors, and the practice of each is precisely similar; and yet, a practitioner authorised by any one corporation, cannot practise within the precincts of the other with impunity. As the principles and practice of the different branches of British medicine are similar in every part of the empire, should not all duly and legally qualified members of either corporation have equal rights and privileges, in the same dominions? This is the case in France, and in all the other enlightened European nations, and throughout the vast continent of America. The third article of the French charter declares, that "all Frenchmen are equally admissible to all *civil* and military employments." While some of our medical corporations are endeavouring to prevent members of their rivals and contemporaries from exercising their professions, the whole empire is completely overrun with illiterate and demoralising empirics, who freely and most extensively practise on the persons and purses of his Majesty's subjects at large, with perfect impunity. A most able and veracious physician has truly asserted, that "quackery has destroyed more in this country than the sword, famine, and pestilence, united;" and never was there a period in the history of British medicine, at which the force and truth of this opinion was more obvious than at this day. But the laws relating to the practice and protection of the medical profession in the United Kingdoms, are perfectly defective and impotent, while they are no less contradictory than inconsistent, with the wants and wishes of an improved and more enlightened society.* The general diffusion of knowledge among the great mass of mankind, has given rise to corresponding improvements in every art and science; has introduced such invaluable and improved systems, that the oldest and most venerable institutions *must* adapt themselves to the spirit of the age. The just murmurs, and respectful but firm remonstrances of the medical profession, have not only reached the portals, but entered the temple of the legislature. That profession, the most useful and important to the sublunary condition of mankind, (for the conservation of the public health is the sovereign law of every nation,) has, at length, come under the consideration of the government, and of the senate, the members of which, in their wisdom, will display that great and brilliant spirit of improvement, that so highly distinguished their recent proceedings, and will introduce those changes in the laws regarding the practice of the healing art, which will render it more perfect, and better adapted for the preservation of public health. Some of our Colleges of Physicians and Surgeons, until a very recent period, refused admission to all persons, who had demeaned themselves by practising pharmacy; though without the composition of medicines, neither physicians, or surgeons themselves, could efficiently pursue their respective avocations. These august corporations enforced a similar sapient self-constituted by-law against all those who practised midwifery, as if the structure, functions, and diseases peculiar to the female organs of generation, were not as important, and the diseases as fatal, as those of any other organ in the human body. The pure physicians and surgeons would not deem themselves degraded, by treating the diseases of the female bladder and rectum, while they wisely considered that the treatment of the diseases of the intermediate organ, the uterus, as highly degrading and ignominious. I have already attempted to prove, that the arts and sciences have been revolutionised during a very brief and recent period, that the sphere of human knowledge has most wonderfully advanced, and that a reformation in the education of all classes of medical men must be carried along in the universal progression—in the general diffusion of improvement, and of universal intelligence. In truth, the vast march of mind, and improved knowledge of the present age, has established a better philosophy, and far sounder principles in the British medical corporations; and to these causes, and to that mighty engine the Press, are we mainly to ascribe the relaxation of the penal corporate enactments, against the professors of that most important art and science, which is so beneficially and marvellously exerted at the birth of man. The day has now arrived when medical science has shaken off the dust of the ruder ages, and shone forth with all its intrinsic worth and splendour; and when its full cultivation can no longer be impeded by the absonous and ridiculous dogmas of less auspicious times; and hence we find, that nearly all our medical corporations now require its fullest cultivation of their respective candidates, and that pharmacy, or the obstetric art, are no longer impediments to those seeking medical, surgical, or pharmaceutical qualifications. For some years past, few physicians, surgeons, or general practitioners, in this country, had thought their professional education complete, without including a knowledge of the principles and practice of midwifery, and the treatment of diseases of women and children. Every man in practice, no matter what his qualifications may be, will be as frequently consulted in female diseases, as in any other class of maladies; for the man will err very egregiously, who supposes that nine-tenths of society make any distinction between physicians and surgeons. In fact, it is notorious, that our best surgeons more frequently prescribe for medical cases, as they have been most improperly named, than they are called on to perform operations; and it is also well known, that the most eminent surgeons, unattached to public institutions, have practised for many years, without ever having performed a capital operation. In a word, general experience and observation fully prove, that the practitioner who is most generally acquainted with human disease, has the best and surest chance of succeeding, and finally arriving at eminence.

---

* This was admitted by the Marquis of Lansdowne, and the Right Honourable Robert Peel, in a correspondence which I had the honour of having with them, on the necessity of improving the laws relating to the medical profession in the United Kingdoms.

Let it not be supposed, that the obstetric branch of medicine is simple, because it had been long committed to females; nevertheless, it requires as much skill as the other branches; and often, the most difficult operations in surgery. Happily for humanity, the parturient process is in general safe, and free of danger, especially where females live according to Nature's primitive laws; but, in the middle and higher ranks, where these laws are openly violated or forgotten, where the constitution is impaired by luxury, and the voluptuous dissipations of modern times; the process of child-bearing is attended with considerable danger, before and after it shall have been completed. These observations are equally as applicable to the lower classes in our large cities, whose habits, pursuits, customs, and constant inebriation, render them liable to many accidents during parturition, and to a vast number of inflammatory and other puerperal diseases, subsequent to delivery. The universal testimony of all impartial and well-informed medical practitioners, fully confirms the truth of these assertions. It is unnecessary to dwell further on the utility and importance of the obstetric art, which is so obvious, as to be admitted universally by every class of society. From what has been already stated, it appears that females were attended by midwives long before physicians were named as a profession in history.

I now proceed to give a brief sketch of the history of the obstetric art, including an account of its rise, progress, and cultivation, among mankind.

The practice of midwifery was nearly coeval with the human species. From the most ancient of all profane and inspired writers, we learn that this branch was almost invariably confined to females in the early ages, especially among the Hebrews and Egyptians; a proof of which I have already submitted to you, when alluding to the medical knowledge of Moses, who spoke of midwives long before he had introduced the names of physicians. We find also, in the sacred volume, that Rachael, wife of Jacob, and Thamar, who was delivered of twins, were assisted by midwives; and that Pharoah, king of Egypt, commanded the midwives to destroy all the male children of the Hebrews—a command they most nobly disobeyed. All the Asiatic nations, as well as the Greeks and Romans, confided this branch exclusively to women. We have also the testimony of the ancient physicians and naturalists, as Hippocrates, Aristotle, and Galen, as to the duties of midwives in their times.

The immortal Hippocrates may be truly deemed the father of midwifery as well as physic, for he has left us treatises on diseases of women before and after conception, on the nature of women, and on diseases before and after parturition, as well as on parturition itself. This extraordinary personage had no experience in the practice of midwifery, and therefore we are to expect that his practical opinions are defective and erroneous. He maintained that, in all cases of natural labour, where the progress was tardy, it was very useful to exhibit sternutatories in order to excite sneezing, which, he said, would expedite delivery; which was, in some measure, true, as sneezing throws the abdominal muscles into action, and causes much pressure on the viscera of the abdomen and pelvis. If the snuffs failed, he recommended the patient to be held by the shoulders, and gently shaken at intervals, till the pains should expel the infant. Both these practices were employed for many centuries; and even at present among midwives, both before and after delivery, but especially where the placenta is retained, when they order the patients to sneeze, cough, laugh, and blow into a bottle, or on the back of the hand; all of which exertions throw the abdominal muscles into action, and consequently excite uterine contraction. It is very generally known, that severe cough will evacuate the bladder, rectum, and uterus, and absolutely bring on premature labour, as I myself have often witnessed; in fact, all those causes that act on the muscles connected with the pelvis, will produce similar effects. Hippocrates left another precept of very general adoption even in those enlightened times, namely, "that if the infant be dead, and its body become much swollen, and cannot be delivered, it should be brought away piecemeal," which is the modern operation of embryotomy. He was likewise oi opinion, "that feet-presentations were generally fatal," which proves his want of practical experience; and that in such cases, as well as when the arm, leg, or side present, such parts were to be returned into the uterus, and the head brought down as in natural labour—a recommendation also erroneous and highly dangerous, as I shall prove to you hereafter, for all such preternatural presentations ought to be reduced to footling cases, if possible or practicable. He also fell into another most dangerous error, in recommending the immediate extraction of the placenta—an operation seldom necessary, and never to be resorted to, unless in cases of extreme danger and necessity. His notions, as to the animation of the male and female fœtuses occurring at different periods, that of the one being some weeks earlier than the other, though still received by the canonists and legislatures of many nations, are quite erroneous; for the general opinion of the most able physiologists is, that animation occurs at the moment of conception, and not at the time of quickening, as people in general imagine. I have endeavoured to prove this in my Theses De Genere Humano ejusque Varietatibus. From his time, to the commencement of the Christian era, midwifery made little, if any, progress. Aristotle, who succeeded Hippocrates, A.C. 384, was physician to Amyntas II, father of Alexander, and his opinions had more influence in medicine than all of his time—and many of them were adopted to the middle of the sixteenth century, and are received by the community even at this time. "He concurred with Plato," says the learned Lord Bolingbroke, "in various ways to retard the improvement of medicine, not only during his time, but even to the present period." His crude and erroneous opinions on conception, pregnancy, and labour, have been republished, with comments more erroneous and unnatural, and very generally circulated among all classes of females in this empire, and are well calculated to terrify the female mind by the recital of unnatural and false narrations, destitute of foundation in fact or truth. His reputed work cannot be too severely reprobated.

Dr. Ryan gave an historical account of all the writers on obstetric medicine, and on diseases of women and children from the earliest period down to the present year. He gave the title and date of each work, and the leading principles maintained, which must have cost him an immense deal of labour and research. Among the authors he named, were Moses, Hippocrates, Aristotle, Asclepiades, Celsus, Aræteus, Galen, Pliny, Rufus, Ephesius, Soranus, Æcius, Oribasius, Paulus of Eginetus, Moschion, Rhazes, Avicenna, Avenzoar, Albucasis, Averroes, Abi Osbia, (who collected the works of 300 writers on midwifery to the year 1150,) Raynolds, the first British writer on midwifery, 1540; Ambrose Paré, 1575, who opened the obstetric wards in the Hotel Dieu of Paris; the immortal Harvey in 1603, the first male British obstetrician: M. Clement, the first French accoucheur in 1663; Hilden, or Hildanus; Riviere, or Riverius, Chamberlin in London, 1665; Willis and Hoffman, in 1667; Mauriceau, of Paris, 1668; Willugby, of London, and Wigmore, of Oxford, in 1670; the distinguished Sydenham in 1688; Ronheusen and Portal soon afterwards; Friend in 1703; Boerhaave in 1708; Dionis, 1718; La Motte, 1721; Dr. Maubray in 1723, the first British lecturer on midwifery;* Deventer in 1728; Chapman in 1733, who first described the forceps, and was the second British lecturer on midwifery; Dr. Hody in 1734; Dawke in 1736; Bracken, who was the author of the Midwife's Companion in 1737; and Sir Richard Manningham in 1739, who established a ward for lying-in women in the Parochial Infirmary of St. James, Westminster, which was the first British asylum dedicated to the auspicious Lucina, and sacred to the ministry of the obstetric art. The next writers who were named, were Sir Fielding Oulde of Dublin, who first accurately described the process of labour in 1741; Puzos, 1759; Astruc, 1762; Portal, 1763; Smellie, 1765; Roederer and Memes, 1766; Levret, Roulin, and Manning, 1771; C. White, Hulme, 1773; J. Clarke on infants, same year; the celebrated Dr. W. Hunter, 1774; Kirkland and Boudelouque, 1775; Armstrong and Sparman (on infants,) 1776; Leake and Lefebure, 1777; Dease, of Dublin, and Dr. Osborne, 1783; A. Hamilton, Chambon, Dr. Denman, Spence, Rigby, 1784; Spallanzani and Douglas, 1785; H. Smith and Carrere, 1787; Rowley and Aikins, 1788; Underwood, Schlegel, and others, 1791; Dr. John Clarke, 1793; Moss and Bland in 1794; Dr. James Hamilton, 1795; Drs. Haighton and Joseph Clarke, of Dublin, Forster, Perfect, Burton, Johnston, and others, wrote about this period. The writers of the 19th century, since 1800, were Demangeon and Hull, 1800; Cheyne and Hume, 1802, on infants? also Wm. Buchan, 1803; Heberden, 1804; Willan, 1806; Plocquet, A. P. Buchan, Mahon, and Foot, 1808; Burns, of Glasgow, 1809; Merriman and Mondat, of Paris, 1810; Douglas, of Dublin, and Gasc, 1811; Capuron and Syers, 1812; Armstrong and Brenan, 1814; Hey, 1815; Dr. I. Clarke on infants, 1816; C. Clarke, Gardien, Nauche, and Degland, of Paris, 1817; Granville, Hopkins, and King, 1818; Power, 1820; Drs. Conquest and Ramsbotham, 1821; Mackintosh and Campbell, 1822; D. Davis and Hornett, 1824; Dewees, 1825; Bourdat, Chevreul, Guilbert, and Dizos, of Paris, 1826; and Dr. Blundell's Lectures in THE LANCET, 1827-8.

Like all other branches of medicine, a variety of circumstances concurred to impede the cultivation of the obstetric art; among which, the delicacy and natural modesty of the other sex, and their aversion to the presence of men during parturition, were not the least prominent causes; and it was not until the employment of medical men, in the middle of the 17th century, that this art had at all advanced, or its improvements become manifest. Since that period it has been cultivated and practised by the most eminent medical men, and has now attained that degree of certainty and perfection which ranks it not only in an equal, but in a superior point of importance to any other branch of medicine. Of all the diseases incidental to humanity, those of the other sex are most deserving of sympathy and attention. The weakness and peculiar delicacy of the female constitution, call forth our greatest tenderness and compassion. We are not only bound to cherish and protect, but to aid and relieve those endearing objects, who were wisely appointed our reasonable companions, without whom bliss would be joyless, and life cheerless. Indeed it is evident, that the diseases incident to females, had been closely attended to by the most eminent members of the medical art in every age; for the neglect of removing these diseases, would be indirectly depopulating the different nations, which the laws of all civilised countries most strenuously prohibit, as they are invariably intended for the preservation of society and increase of posterity. Independently of all human laws, there is an innate natural desire in mankind, to fulfil that primitive law of the creation, which was laid as an injunction on the first of the species in their primeval state of felicity, "to increase and multiply;" and this desire irresistably impels all to wish the removal of those infirmities of both sexes which impede its object; hence the sexual diseases incident to both sexes have been attended to by the professors of the healing art from the earliest periods. There still remained a serious defect, by medical men not assisting at the parturient process, which was very frequently observed to be destructive to both parent and offspring. This defect was obviated in time, as I have already stated; and we have in this most improved and enlightened age, a class of medical practitioners who devote their entire attention to the multitudinous diseases of the other sex; before impregnation, during pregnancy, at the process of child-birth, after delivery, and during lactation; and these practitioners also attend to the diseases of new-born infants and children. Such is the province of the accoucheur, or rather obstetrician. I am not fond of innovation, or of introducing new terms into a profession which already contains so many; but I may be permitted to observe, that the English language is sufficiently copious and perfect to afford some word by which we can express the male midwifery practitioner, without our attempting to anglicise the gallican term accoucheur, as the profession in general seem to sanction, and some of our modern lexicographers have also adopted: for my own part, I shall always prefer the word obstetrician. That part of medicine which has for its object the consideration of the structure, functions, and diseases of the organs peculiar to females, is called midwifery, or the obstetric art, and this includes the arrangement that I have pointed out when describing the province of the obstetrician. We have no accurate terms which comprehend in a scientific and classic manner the anatomy, physiology, pathology, and therapeutics of the female organs of generation; nor for the process of parturition. From much consideration on these deficiences, I would propose the following nomenclature, part of which is sanctioned by Hippocrates. The father and founder of medicine left a work entitled *Γυναικειης φυσεως*, on the nature of woman; another, *Παρθενειων*, on diseases of virgins; and a third, *Γυναικειων*, on diseases of women. The classification I propose is as follows:—1st, *Γυναικοτομια*, Gynæcotomy, or the anatomy of woman; 2d, *Γυναικοφυσεωλογια*, Gynæcophysiology, the physiology of woman; 3d. *Παρθενοσολογια*, Parthenosology, or diseases of unimpregnated woman; 4th. *Γενεσεωλογια*, Geneseology, on generation, or conception; 5th. *Εγκυονοσολογια*, Encyonosology, on diseases of pregnant woman; 6th. *Τύκολογια*, Tocology, on parturition; 7th. *Λοχειανοσολογια*, Lochianosology, on puerperal diseases; and, 8th. *Παιδονοσολογια*, Paidonosology, on diseases of infants and children. Such is the order I will adopt in the following lectures, as it is decidedly the most natural that could be devised, and is infinitely superior to any arrangement that has been hitherto adopted. The order of arrangement to be adopted is, 1st. The anatomy, physiology, and pathology of the female organs; 2d. On conception and its consequences; 3d. On diseases of pregnancy; 4th. On the mechanism and process of parturition, including the various classes of labours; 5th. On puerperal diseases; and, 6th. On diseases of infants and children. When I consider the vast importance of these subjects, I feel the great responsibility incurred by those who undertake to deliver lectures on them. But I am confident that the opinions I shall advance will be, in general, agreeable to the experience of our best teachers, as they are confirmed by a very extensive personal observation, arising from ten years' active practice. I may further remark, that I devoted very particular attention to obstetric medicine, and had lately been in treaty with a most respectable medical publisher of this metropolis, with regard to the publication of a work on midwifery, which, I hope, shall shortly appear. The opinions I mean to advance, so far as they are personal, are founded on truth, whose immutability neither time or chance can ever overturn. So soon as gentlemen shall be sufficiently instructed in the principles of the obstetric art, a considerable number of patients will be supplied them under my own superintendence, and they will have extensive opportunities of acquiring practical knowledge, which I can amply afford, through my official situation of physician-accoucheur to the Central Infirmary, Dispensary, and Metropolitan Lying-in Institution in Greville Street, Hatton Garden. Each pupil will be required to treat his respective patients as correctly and attentively as if they were in private life; and thus he will be afforded a safe and perfect initiation into the important duties of private practice. Examinations will be held twice a week on the subjects that may have been recently discussed, at which the pupils and their junior medical friends, may attend gratuitously. This plan will enforce the necessity of regular attendance, which the awful responsibility and important trust, that will be imposed on you hereafter, require; a solemn duty you owe your friends, and an act of honesty you owe society at large. I pledge myself to use my best exertions to afford instruction, and to be ever ready to promote the advancement and interests of those who may honour me by attending these lectures.

---

* He lectured in Bond Street.

A CASE OF DISLOCATED HUMERUS, REDUCED TEN MONTHS AND A HALF AFTER THE DISPLACEMENT.

By Nathan Smith, M. D. Professor of Surgery in Yale College.

This was the case of a lady in Derby, Connecticut. The humeri had both been dislocated into the axillæ by a puerperal convulsion. One was reduced by Dr. Smith, at the end of seven months and a half after the accident; but it was thought not prudent to attempt the reduction of the other shoulder at that time, and another occasion did not present till the above time had elapsed. The reduction was then accomplished without the use of violent force, or any mechanical apparatus. Gentle and long-continued extension was made upon the member; the knee of the surgeon was then placed beneath the axilla, and the bone being employed as a lever, the head was, without much difficulty, conveyed upward into the glenoid cavity.

The result of these cases should encourage us to attempt more frequently than is done the reduction of old dislocations. We believe that the frequency of failure in such attempts is often owing to the injudicious employment of the mechanical powers, it being presumed that the reduction requires the exercise of great force.—*Phi. Journal of Med.*

A CONVENIENT MODE OF REDUCING CERTAIN DISLOCATIONS OF THE HUMERUS.

Dr. Belville, of Trenton, was called to a case of dislocation of the shoulder, in which he effected the reduction in the following manner:—

The patient was intoxicated, and very refractory, which made it extremely difficult to effect the reduction in the usual position. It occurred to the doctor, therefore, to place him upon the sound side on the floor, and to effect counter-extension, and the confinement of the patient at the same time, by passing a folded sheet beneath the dislocated shoulder, and directing an assistant to stand on it on each side of the patient, so as to confine him to the floor. The surgeon then grasping the wrist, made extension upwards, which can be done in that position with peculiar advantage, since we can *lift* with more power than we can pull horizontally. Counter-extension being made upon the scapula by the hand of an assistant, and the usual flexions impressed upon the bone, it was without difficulty reduced.

CASES ILLUSTRATIVE OF THE EFFICACY OF HYDROCYANIC ACID IN GASTRODYNIA.

By Dr. T. Woodforde, *Taunton.*

The hydrocyanic acid was first recommended in cases of pulmonic inflammation, and in phthisis, but it has by no means answered the expectations of its advocates in these diseases; nor can we be surprised at this, if we for a moment consider the pathology of phthisis. It is without doubt a valuable medicine in many cases of what is called spasmodic cough; and it may allay the cough in inflammation of the lungs, when it is out of proportion violent, as Dr. Elliotson remarks; and from its success in these ailments, I suppose it came to be recommended generally in phthisis, a species of reasoning unfortunately too common in medical history. But although it has no claim to our support in these diseases, I think it will be found one of the most certain remedies we possess in a class of diseases, if not destructive to life, yet totally subversive of all enjoyment of it. I have exhibited it in many and various examples of severe pains of the stomach, with vomiting and other distressing symptoms, and nothing has appeared to me to have afforded such speedy and certain relief. The two following cases have been selected from their great severity, and the obstinacy with which they had resisted a long attack, in which all the articles of the materia medica, usually recommended in such disorders, had been in vain brought up.

Mrs. G., August 6, is subject to daily attacks of severe pain in the epigastric region, shooting through to the back, accompanied by great distention and eructation of flatus: these fits last from three to five hours, and are attended with a sense of great weakness and oppression; has nausea; bad taste of mouth; headach; bowels inclined to be costive; has been subject to disorders of the stomach for many years; present complaints of six weeks standing; has taken a variety of medicines without relief.

After having had a blister applied to the epigastrium, and having tried carminatives, oxide of bismuth, &c. for a considerable time, without any material benefit, she commenced on the 2d of September, taking two drops of the hydrocyanic acid three times a day, and increased the quantity gradually; all other medicine intermitted.

On the 14th she had taken four drops three times a day, and had had no return of pain for several days; she continued its use a few days longer, and has remained free from complaint since.

S. R., March 1827, complains of acute lancinating pains at the scrobiculus cordis, increased by taking any thing into the stomach, of vomiting of all ingesta, and frequently of a black fluid of acid taste. Bowels costive; tongue white; skin dry; anorexia; great emaciation; countenance anxious.

Present complaints have existed four or five months; attributes her illness to the sudden retrocession of a cutaneous inflammation of one arm.

A crop of pustules was produced on the epigastric region by the tartar emetic ointment, and kept discharging for some time, and a variety of medicines was exhibited internally, but no relief obtained.

She commenced with the acid as in the former case, and increased it to five drops, three times a day, and with the same good effects. She has, however, had several slight returns; but they have yielded to the same remedy.

Taunton, May 12.

THE LANCET.

London, Saturday, June 28, 1828.

A PARLIAMENTARY inquiry into the causes which impede the acquisition of anatomical knowledge in this country, would, if conducted with an earnest desire of sifting the subject to the bottom, lay open some of the most flagrant abuses committed by the oligarchy in Lincoln's Inn Fields, and embrace many of the most important topics connected with the question of medical reform. We have never been very sanguine in our expectations of any practical benefit which was likely to result from Mr. WARBURTON's Committee, for reasons which we shall abstain from stating fully to our readers, until the report shall be laid before Parliament. A step, however, will be gained, by the appointment of this Committee, towards eradicating a prejudice from the public mind, even if their report should not be immediately followed up by any practical measure for facilitating anatomical dissection. In the present advanced state of the Session, it can scarcely be expected that a bill will be introduced for that purpose; and, after some recent decisions in our courts of justice, it has become more questionable than ever, whether the Secretary for the Home Department can, by his official authority, render any assistance to the profession, in promoting an object which, however essential to the public welfare, can be accomplished only by a violation of the laws.

The decline of our anatomical schools, however, is but a symptom of the general disease arising from the corrupt constitution of the College of Surgeons; and to remove the symptom, we must have recourse to constitutional remedies. The causes of that decline lie deeper than in the prejudices of the people against human dissections; and the enlightened members of our profession are well aware, that the main obstacle to the acquisition of professional knowledge is to be found, not in those popular prejudices, but in the existence of a self-perpetuating governing body, whose interest it is to maintain a monopoly of surgical teaching, and, consequently, to render the means of conveying surgical instruction in other quarters as difficult as possible. The petition of the College Council, praying for a removal of the obstacles which oppose the acquisition of anatomical science, was a piece of solemn buffoonery, which, however it might impose on a few unsuspecting members of the Legislature, was well understood and appreciated by the great body of the profession. A petition, from a company of monopolists, praying for low prices, and increased facilities to free traders in the article they monopolise, might seem, at first view, to be a gratuitous outrage on the common sense of the public; but it was essential to the interests of the Council, that they should not appear hostile to the prayer of the petitions, which practitioners in all parts of the empire concurred in submitting to the Legislature. How far they are really desirous of affording facilities to the cultivation of anatomy, is proved by the uniform spirit and tenor of their regulations. It is not necessary, for the purpose of estimating the sincerity of their petition to the Legislature, to look at the fact of this enlightened body refusing to receive certificates of attendance on courses of dissection at provincial hospitals, and insisted on the production of certificates of attendance at the London Hospitals, at a time when no subjects could be procured in the metropolis for dissection.

The very last series of regulations promulgated by the Council, is conceived in the same narrow mercenary spirit; the attainments of candidates, as a test of their competency to practise, are laid entirely out of consideration, and the question on which their admissibility is made to hinge, is not how much professional information they have gained, but where they have been taught; not whether they have acquired a competent knowledge of their profession, but whether they have paid tribute to a particular class of privileged instructors.

The zeal, intelligence, and active spirit of investigation exhibited in many of the communications transmitted to this Journal from the principal towns of the kingdom, furnish a striking commentary on the injustice and impolicy of the regulation by which the College has refused to recognise the certificates of provincial professors. We inserted last week a sketch of the state of medical science in the city of Bath, and if the accuracy of that sketch, which we have no reason to doubt, be admitted, it can scarcely be pretended, that the opportunities which a medical student possesses in that city of acquiring a knowledge of his profession, are not fully equal to any which he could enjoy in the metropolis under the auspices of TRAVERS or BRODIE. The lecturers of the London Hospitals are perfectly aware of the talents of many of the provincial teachers, and they are aware, also, that one of the first effects of admitting the certificates of those teachers, would be the desertion of many of the medical schools in the metropolis. Hence the pertinacity with which they have refused to recognise the possibility of teaching anatomy or surgery in any of our provincial towns. It is impossible, however, that the Council can long maintain a system which is founded in a base desire to fill their own pockets at the expense of public interests, and in a total disregard of all that is due to the dignity and respectability of the profession. Already is the corrupt state of this body made known by its fruits—fruits of a bitterness which has nauseated even the least fastidious portion of the public, and which has roused the most indifferent to a sense of the necessity of laying the axe to the root of the tree.

The course of political events during the last few months has been singularly unpropitious to the advancement of the claims of medical reformers. Viewed in its just light, the question of medical reform is one of paramount importance, and the legislature could scarcely direct its attention to any matter of deeper interest, than to an inquiry which has for its object to place the medical profession on a basis, which may afford the greatest degree of security to the health and lives of the community. But, though this proposition may be true in the abstract, yet it is well known that, in a parliamentary sense, there are times and seasons for particular discussions, which are not always exactly regulated by views of public expediency, and some of the ablest and most distinguished advocates of medical reform have, perhaps, exercised a sound discretion in deciding, that it would be better to postpone an appeal to the legislature on this subject, on behalf of the great body of the profession, till the next session of Parliament. *On recule pour mieux sauter.* The recent vicissitudes in the political world may have contributed to protract for a short time the existence of the medical oligarchy; but if accident has retarded the fate which the uplifted arm of the profession had designed for the hydra in Lincoln's Inn Fields, let reformers employ the interval of delay in accumulating their resources, and enabling themselves to give renewed energy and unerring direction to the blow

Academical Examinations on the practice of Surgery, intended for the use of Students. By W. GORDON, Member of the Royal College of Surgeons, Edinburgh, &c. &c. Edinburgh; published by Maclachlan and Stewart. 1828.

" BLESSED are they who expect nothing," said the witty Dean of St. Patrick; and this sentiment we reiterated, after an attentive perusal of Mr. Gordon's "Academical Examinations." It is one of the blessings of the age in which we are fortunate enough to live, that all things are "condensed and simplified;" we have essences, salts, and abridgments of all kinds; the most abstruse sciences are taught in sixpenny numbers; the most difficult languages in six lessons. Of a truth, as a popular writer observes, we may now "carry a medicine shop in a thimble, and a library in a catalogue." By the way, the greatest pretender in the condensing and simplifying line, is that shifting wight Jemmy Johnstone. For "little more than '*fourpence sterling,*' he gives his readers the '*substance*' of" cart-loads of trash. Now, whether this is effected by mere mechanical pressure, or whether it be the result of some profound alchemy, we must confess ourselves ignorant. To be sure the Doctor tells us that he is a bee—*libans omnia*—and sometimes a spider; but, in the latter character, the poor devil has met with a blue-bottle too strong for his web. What has this to do with the subject of Mr. Gordon's *Academical* Examinations? Why, gentle reader, it shows that the author has only acted in conformity with the spirit of the times, in his attempt to teach the whole science of surgery in a small octavo volume of questions and answers.

We are not altogether disposed to condemn the catechetical form of instruction; in some instances, it is perhaps the most eligible plan of communicating information; and if we were required to name a work, in which the advantage is strikingly apparent, we should speak of the "Conversations on Chemistry," said to be written by Mrs. Marcet, in which an attempt is made to teach only the outlines of the science, the general principles, by familiar illustrations, and not in the mere *rote* and parrot-like form of Mr. Gordon's book.

Inflammation is the first subject which our author treats of; and after stating, in answer to the query, "into how many kinds is inflammation divided," that it is arranged "into healthy and unhealthy, common and specific, acute and chronic," he proceeds to the definition of these, and here we have the following question and answer:—

"Q. What is meant by specific inflammation?

"A. That which has been produced by the application of some irritating substance, or poison, to the body, and which presents symptoms peculiar to itself."

Peculiar to what? the body, the inflammation, or the substance? The entire passage is nonsense.

The proposition contained in the answer, we suppose, is *intended* as universal—at least *quasi* specific inflammation; let us see then how far it obtains. It will doubtless be conceded, that blisters and boiling water are irritating substances, yet it is not a *specific* inflammation which follows their application. Again; the inflammation attendant upon gout, scrofula, and various other diseases, is of a specific kind, yet it is not attributable to the application of irritating substances. The definition, therefore, as given by the author, is palpably absurd. Passing over the puerile trash respecting the "*remote*" and "proximate" causes of inflammation, terms which we most heartily wish were for ever abandoned, we come to some observations on the different terminations of inflammation. These are, says Mr. Gordon, "resolution, adhesion, suppuration, mortification, scirrhus, effusion, and ulceration." Subsequently it is stated, that when inflammation is terminated by *resolution*, "there takes place *an effusion of serum and fibrin* into the cellular substance. Most writers would call this a termination by EFFUSION—not so, however, our modern Athenian. As specimens of the twaddle with which this trumpery publication abounds, we may cite the following queries: "What purges are best?" "When are clysters necessary?" "What diet and regimen are to be recommended in inflammation?" Then, at page 11, we find the following precious morceau of intelligence :—

> " Q. What bad effects are sometimes produced by applying cold to glandular parts?
> " A. SCIRRHUS! is sometimes the consequence of such treatment."

At page 14 we are further enlightened by the information, that the stomach and intestines are parts in which gangrene most frequently follows inflammation; and, in describing amputation of the leg, it is directed that the tourniquet should be applied " where the femoral artery perforates the triceps." The course of the carotid arteries is thus described :—" They run along the sides of the neck *covered* by the sterno-cleido mastoidei muscles ;" the grand sympathetic nerve is said to be included in the same sheath with the carotid artery. In the treatment of wounds of this artery, there is given this important monition, " if the surgeon arrives before the patient expires," &c.

Entreating the patience of our readers, we must present a few more examples of the author's pathological erudition. Common inflammation of the eyes, he designates " ophthalmia lachrymosa," and the seat of the disease, he says, is in the *tunica sclerotica*! " *What are the symptoms of epistaxis, or nasal hæmorrhage*?" is found as an interrogatory at page 157. The principal diseases of the mamma are stated to be " inflammation, abscess, scrofulous enlargement, *sarcoma*, scirrhus, and cancer." Stricture of the rectum is divided into two kinds, " the spasmodic and the permanent ;" but no allusion is made to the different *kinds* of permanent stricture. The first *symptoms* of stricture of the urethra are said to be, " a frequent inclination to make water," and " a gleety discharge from the urethra."

From the foregoing extracts, our readers will be enabled to form a pretty correct estimate of the value of " Mr. Gordon's *Academical*" Examinations, and we shall here close this notice by stating, that in our opinion the book can improve only two classes of creatures, viz. the Bats of our Hospitals, and the Owls of our College.

BROOKESIAN MUSEUM.

THE sale of this splendid collection will commence on Monday, July 14. We hope to give some account of the catalogue next week.

LONDON VETERINARY SOCIETY.

THE third Meeting of this Society took place at the Anatomical Theatre, Little Windmill Street, on Tuesday evening last, when F. C. CHERRY, Esq. was unanimously elected President.

The diseased brain, presented at the last meeting by Mr. ROGERS, was again exhibited, and the peculiarities of the case were discussed at considerable length. It appeared that, during the progress of the disease, the horse was constantly lethargic, and kept his head turned towards the left side. Inflammation of the brain was the immediate cause of death. As no section of the tumours was made, we cannot speak of their structure. There was considerable discussion on broken knees and fractured bones in horses, and some interesting cases were related by Mr. MOLDEN, of Winchester. A well-written paper on the use of blisters, and on the relative value and strength of the different materials employed in blistering, was read by Mr. E. F. CHERRY. He had found blisters of the greatest service in enlargements of bone, spavin, splints, ringbone; in thickened tendons, in effusions of lymph about the joints, and in indurations and thickenings following inflammations generally. As a blistering substance, Mr. E. F. Cherry gave the preference to cantharides, the action of which is greatly promoted by the addition of euphorbium, turpentine, oxymuriate of mercury, &c.

The subjects proposed for discussion at the next meeting are,—neurotomy, and the conditions proper for its employment ; and on inflammation of the lungs, with the best methods of treatment.

The Society was then adjourned to Tuesday, 8th July, at seven o'clock in the evening ; and a general invitation given, by the Chairman and the Members, to veterinarians, surgeons, physicians, and all persons engaged in zoological pursuits. Thus conducted, this Society is sure to flourish. Such an institution was much wanted.

MR. SHELDRAKE ON DISTORTIONS OF THE FEET.

To the Editor of The Lancet.

Sir,—I now send you a third case, similar in its general features to the two last, but there are material differences between them, which will be noticed, when I proceed to explain the treatment in my next.

I am, Sir,
Your most obedient servant,
T. Sheldrake.

No. 276, Regent Street.

A servant trod upon the foot of a child, when she was about two years old; the accident was not mentioned, till the parents perceived she was unwilling to stand upon her foot, or to walk. A medical gentleman was consulted; he advised that nothing should be done, but recommended that the child should not be allowed to stand upon her foot, or walk, till the foot was quite well. This advice was literally followed; for she was provided with crutches, upon which, without setting the foot that had been injured upon the ground, she was permitted to walk till I saw her, when she was ten years old.

In consequence of this treatment, her foot, when I first saw her, was distorted like the annexed figures 1 and 2, which were drawn from a cast taken from her foot at that time.* The foot was rigidly fixed in the position which those figures represent; and, as well as the ancle joint, every other joint of the foot was incapable of the least motion.

I was asked if I would undertake to cure the defect, without the child feeling any pain from the treatment that would be used; to this question I could not answer in the affirmative; the young lady was then asked if she would bear with the uneasiness that she would probably have to endure, if the cure were undertaken; she replied candidly, she would rather keep her foot as it was, than suffer any pain at all: as she was a favourite, and what is called a spoiled child, her father indulged her, and determined to leave her in the state she was in, in every respect, except that it should be attempted to give some mechanical support to the foot, which might, perhaps, enable her to walk with only one crutch; or, it was barely possible, to enable her to walk without any crutch at all. I was employed to this end, and she returned into the country.

Three years afterwards her father died, and her uncle and guardian being equally careful of her welfare, and more rational in the course they pursued to secure it, again brought her to me. Ever since she left London, she had managed, by using the contrivance I had supplied her with, to lay her crutches aside; but although every precaution was used to prevent any bad effects from pressure, her foot was more distorted, and, with the same rigidity as it had before, now resembled figure 3, which was drawn from a cast taken at that time. Notwithstanding this unfavourable circumstance, I was engaged to undertake the cure. She was now fourteen years old. My first process began in March 1802, and regularly continued till June 21, 1803, when the foot was reduced to its natural form, as it is represented by figures 4 and 5, taken from a cast made at that time.

She was able to stand with the heel close to the ground, and the sole bearing upon the ground in its whole length; but she had no power to bend the ancle-joint, or direct her foot, so as to place it in any other position; for, if she raised it to step forward, it immediately dropped, and hung apparently useless from the leg; the fleshy parts of the leg were much increased in size, but the tendo-Achillis appeared to be small, and was evidently very weak; she continued under my care for three years longer, when she was completely recovered, and left. I had several opportunities of hearing of her for several years after she left me, and know that she retained the perfect form and use of her leg and foot, but am not aware whether she is, or is not, alive at this time.

From the cast of her foot, made when she was placed under my care, in 1802, the following measures were taken:—

	Inches.
Length of the foot	6½
Breadth of the foot at the toes	2½
Circumference at the toes	9
Over the instep, and round the heel ..	9¼
Round the smallest part of the leg....	7
Round the largest part of the leg	10
Length of the leg from the patella to the ground, when she stood quite upright upon one leg, but would not bring her lame foot to the ground	14

From the cast made in June, 1803, the following measures were taken:

	Inches.
Length of the foot	7¾
Breadth of the foot at the toes	3
Circumference at the toes	8
Over the instep, and round the heel ..	10
Circumference of the smallest part of the leg	7
Largest part of the leg...............	11
Length of the leg, taken from the patella to the ground, when she stood with her foot flat on the ground ..	15

---

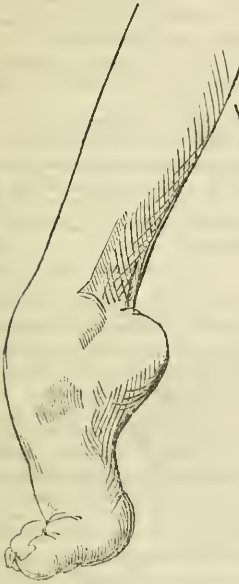
* In this drawing, it is intended to represent the form of the feet only, as the size here given is much too large.

From the cast made when she finally left me, the following measures were taken :—

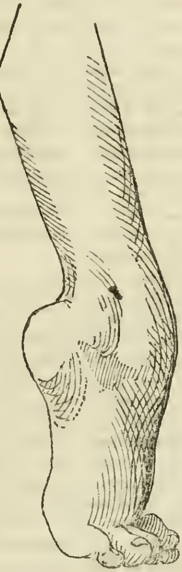
	Inches.
Length of the foot	8¾
Breadth of the foot at the toes	3¾
Circumference at the toes	8¾
Over the instep and heel	10¾
Circumference of the smallest part of the leg	8
Circumference of the largest part of the leg	12
Length of the leg from the patella to the ground, when she was standing with both feet on the ground	17

The comparison of the measures, which are given from casts that were taken during the progress of the cure, will show the amount of the whole effect that was produced.

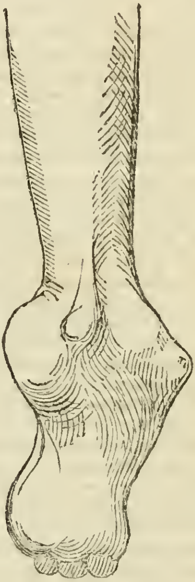
1.



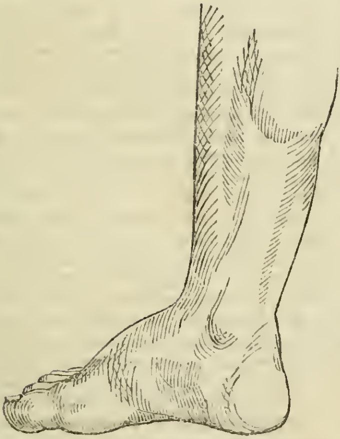
2.



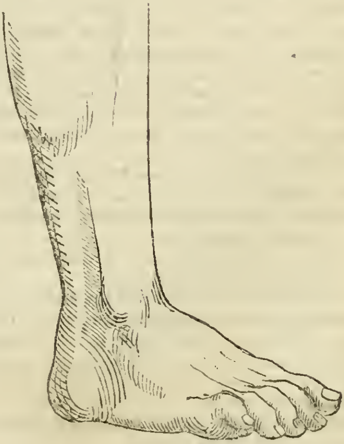
3.



4.



5.



W.C.W.Sc.

GUY'S HOSPITAL.

FUNGOID DISEASE OF THE TESTICLE.—CASTRATION.

Andrew Pearson, ætat. 28, of middle stature, a muscular and healthy looking man, was admitted into Cornelius Ward on the 30th of April, under the care of Mr. Key, on account of disease of the testicle.

He stated, that about thirteen months since, when at sea, he was bending a piece of wood in order to break it, when it suddenly flew up, and struck him upon the testicle. The blow caused the most excessive pain for a short time, when it subsided, and he thought he was quite well. In a few weeks afterwards, he perceived some swelling of the testicle, but as it was unattended with pain he took no further notice of it. After a lapse of three months, however, he observed that the enlargement gradually increased, and his attention was more particularly directed to it by his occasionally experiencing a dull aching, which was of uncertain duration, sometimes continuing longer than at others. On his return to England he consulted a surgeon, by whose advice it was repeatedly leeched. Alteratives were exhibited, and mercurial frictions of the part were also had recourse to. The mouth was slightly affected by the treatment, but the enlargement of the testicle remained unabated. The patient then consulted Mr. Key, who advised him to come to the Hospital, as he entertained an opinion that it would be necessary to remove the part. At the time of his admission the testicle was much enlarged and hardened; but there was at this time no affection of the spermatic chord, nor of the epididymis, excepting that part which is in immediate connexion with the back of the testicle, which was of considerable size, and communicated to the touch a firmness and hardness throughout. After a particular examination, the man felt some uneasiness, and latterly he complained of occasional lancinating pain. His general health was good.

On admission, he was ordered to apply six leeches to the testis, and to take half a grain of the extract of opium, with one grain of calomel every night.

May 5. Much the same: ordered to rub in mercurial ointment.

21. The testicle remains in the same state. There is a little soreness of the gums. Ordered to apply eight leeches, and to take half a grain of opium with one grain of calomel three times a day. Sir Astley Cooper has seen the patient, and expressed his opinion that the disease is of a fungoid character, and advised its removal.

June 9. The patient states, that there is some abatement in the size of the testicle. The lancinating pains he complained of shortly after his admission, are rather more frequent. Ptyalism has been excited and kept up for a few days; the true nature of the disease is becoming daily more palpable. Ordered to apply twelve leeches to the testis.

On the 11th he was cupped upon his loins, and a blister was afterwards applied. The pills were discontinued. Within the last month the patient's countenance has assumed the sallow tint, which is so characteristic of malignant disease.

On the 18th the testicle was removed. There was nothing remarkable in the operation.

23. The wound is healing, and the patient is doing well. The testicle, on dissection, presented the appearances usually found in fungoid disease. There were a number of hydatids found on cutting it open, and the epididymis was converted into a fungoid mass.

CHRONIC INFLAMMATION AND SUPPURATION OF THE KNEE JOINT, ENDING FATALLY.

Josiah Shergold, ætat. 48, much emaciated, was admitted into Cornelius Ward, on the 13th of April, under the care of Mr. Key. The patient stated, that about four years ago he received a kick upon his knee. In a few days it began to swell, and he then felt a dull pain in the joint, which incapacitated him from attending to his duty. The pain and swelling increasing, he consulted a surgeon, by whose order the part was leeched and cupped, and subsequently blistered, with much benefit, so that, in a short time, he was enabled to follow his employment. Being a police officer, his duties compelled him to use foot-exercise a great deal, and also exposed him to the different changes of the weather, and in a short time he experienced a return of the pain and swelling. During the last two years the swelling had gradually increased, and his health became affected. In the interim, similar measures were resorted to as at first, but with temporary benefit only. His previous habits of intemperance paved the way for the extension of the disease; and last October, being unable to work, he applied at the hospital for admission, and was taken in under the care of the Junior surgeon. The treatment pursued at that time consisted in the application of counter-irritants, and the administration of medicines to improve the general health. At the expiration of a fortnight, he became so much better, that he left the hospital, and resumed his employment. In a few weeks, however, being much exposed to wet and cold, the joint again became worse, and, at Christmas, he was compelled to keep his bed. Shortly afterwards the inflammation increased, and extended itself up the thigh, and also downwards, upon the inner side of the leg. Matter soon formed; the suppurative stage was ushered in by repeated shiverings and fever, and the pus escaped through a small sinuous opening, on the inner side of the tibia, about three inches below the knee-joint. During this time, he became decidedly hectic; his nights were sleepless, the bowels were irregular, and his appetite depraved, and he became considerably emaciated. The sinus, below the knee, was found to communicate with the joint, and there was also a sinus extending a considerable way up the thigh. The joint itself was much enlarged, and excessively tender. All voluntary motion was destroyed, and the least attempt created the most severe pain. The muscles of the leg were much wasted.

The limb was carefully supported by pillows. A poultice, made of the leaves of the *conium maculatum*, was applied to the knee. The thigh was ordered to be supported by strips of soap cerate and bandage, to endeavour to promote cohesion of the sides of the sinus, and to give support to the muscles. The patient was ordered to take *ten grains of the compound powder of ipecacuanha every night.** He was allowed a generous diet, with wine and porter.

22. The man has decidedly improved. He sleeps better; his appetite has increased; the bowels are regular; the pulse is small and quick; the knee is less painful and tender, and the discharge is less copious. He expresses much relief, from the application of the poultice. Pergat.

30. The patient has been slowly and progressively improving. He sleeps well; the tongue is clean; the bowels are quite regular, and his appetite good; the knee is less painful, and the discharge has gradually decreased; the sinus above the knee appears to be healing; he can bear the part to be examined, without much pain. The matter secreted is of good consistence, and apparently healthy; and it is hoped, that under this improved condition of his health, should it continue, anchylosis may eventually take place.

May 3. On visiting him to-day, he tells us that he has not been so well for the last three days. His nights are restless; the knee has become more painful; the discharge very copious, and the opening below the knee has increased to a considerable size, forming a very extensive ulceration. His appetite now fails him very much, and emaciation goes on rapidly. He was ordered to take *two ounces of the infusion of serpentary three times a day,** and to continue the wine and porter.

26. Since the last report, the poor fellow has been gradually getting lower and lower. Diarrhœa has now supervened. Ordered to take the chalk mixture, with the aromatic confection, and ten drops of the tincture of opium every four hours. The patient lingered till the 3d day of June, when he expired.

No inspection was made, the body being removed by the friends soon after death. There is no doubt, however, but that the bones of the articulation were carious, as they could be felt to grate against each other, whenever the limb was moved; the discharge, during the last month of his life, had a most unpleasant odour.

ST. THOMAS'S HOSPITAL.

CASES OF RHEUMATISM CURED BY ACUPUNCTURATION.

Case 1. Thomas Campbell, aged 32, was admitted into Abraham's Ward, on the 29th of May, under the care of Dr. Elliotson. He had been ill nine weeks, and now complained of much pain in the left arm and leg; these extremeties were somewhat swollen, and very stiff; the right fore-arm and wrist were also slightly affected; the parts very cold, and much relieved of pain by the application of warmth; bowels regular, and pulse rather fuller than natural. Dr. Elliotson immediately ordered acupuncturation in the left hip and outer part of the thigh, with two needles, for two hours daily.

31. The pain in the left arm much as before. The left hip considerably easier; thigh no better; the acupuncturation still continued.

June 3. The left lower extremity and hip are evidently greatly improved; no pain in the right fore-arm or wrist; the left arm much the same; acupuncturation now ordered to be performed in the outer part of the left upper arm, with one needle for two hours daily, and to be continued in the left hip and thigh with only one needle.

Under this mode of treatment the pain ceased, and the parts gradually resumed their former strength and mobility. On the 14th of June the patient was quite well.

---

* By way of relieving the colliquative sweats—Eh?

* Will the Senior Surgeon be so obliging, as to inform his fortunate pupils what he expected from the use of this medicine.

Case 2. Thomas Bouler, aged 44 years, admitted into Abraham's Ward, on the 29th of May, under the care of Dr. Elliotson—had been more or less affected with rheumatism in the loins for the last three years; had been blistered nine times for the present attack. There was great pain in the lower part of the back, accompanied by cold, creeping sensations; pain increased by motion; pulse rather quicker than natural. Acupuncturation was ordered in each lumbar region, with one needle for two hours daily.

On the 30th, the patient was better in every respect; and on the 3d of June, he was quite well, and he was discharged.

Case 3.—Charles Underwood, aged 32 years, admitted into Isaac's Ward, under the care of Dr. Elliotson; had been ill, occasionally, for the space of seven years, during which time he had been affected with two paralytic affections of the right side. These, in the course of time, had been succeeded by a chronic rheumatism, which, after existing about six months, gradually subsided, and he remained from that period free from either palsy or rheumatism, until the present complaint, for which he had been cupped thirty-seven times without effect, previous to admission. There was now pain in the loins, shooting along the spine, hips, and thighs, and occasionally the groin; retraction of the testicles; the urine scanty, and of a muddy brown colour; great pain on pressure over both kidneys, especially the left; bowels very costive. He was ordered to take, three times a day,—

Colchicum wine, half a drachm,
Carbonate of soda, one scruple.

Jan. 3. The pain in the loins somewhat less severe, having now become more of a dull aching character; the urine much increased in quantity; had one stool this morning, of a very costive nature; urine not so muddy or brown, but more of a pale colour. The soda was omitted to day, and the vinum colchici continued.

On the 12th, the urine was again more turbid, with a lithic sediment; the colchicum was repeated.

14. The pain was stated to be much less severe in the day time than at night; the pain in the whole, however, much as before; the patient had been purged. Acupuncturation was now ordered over the region of each kidney, with two needles, for two hours daily, and the colchicum wine to be taken in doses of fifteen minims.

19. The pain was greatly relieved generally; eight leeches were ordered to each lumbar region, and acupuncturation daily.

21. The urine was quite healthy; the pain was every where diminished to a great degree; and from this period the patient continued to mend, so that, on the 29th, he was ordered an emplastrum thuris, and was dismissed.

CASE OF CHOREA, SUCCESSFULLY TREATED WITH THE SUBCARBONATE OF IRON.

Charlotte Allbut, eleven years of age, was admitted into Elizabeth's Ward, under the care of Dr. Elliotson, on the 23d of February. She had continual pain in the forehead, occasional darting pains through the head, and tenderness of the abdomen increased on pressure. Her bowels were regular; the tongue was red at the tip and edges; the speech was indistinct; the muscular contraction general, and frequent. She was quite incapable of standing. Ordered to take *two drachms* of the subcarbonate of iron three times a day.

On the 27th, there was some amendment. The iron was now prescribed in the dose of half an ounce, to be taken every four hours.

On the 1st of March, the girl was, in every respect, better; the speech was much more distinct; she could nearly stand alone; indeed could, by means of assistance, walk a little. The headach had entirely ceased.

On the 18th, having for some time previously progressively improved, there was again slight pain in the head, and the bowels were much confined. She was directed to take a dose of house-medicine, and to continue the carbonate of iron, after the operation of the purgative.

On the 22d, she was much better; and, on the 8th of April, she could articulate very well, and walk pretty firmly. The medicine was ordered to be taken only three times a day, on the 3d of May. On the 6th, the girl was pronounced well.

On Friday evening, about seven o'clock, William Landcake, an old man, nearly 65 years old, was brought into George's Ward, with a *strangulated scrotal hernia.* The hernia had occasionally protruded for the space of two or three years, but he had always been able to reduce it himself. On this afternoon, however, while at work, it descended, and after continued fruitless attempts on his own part to return it, he was conveyed to the hospital. At this time, he was labouring under very acute pain in the part; had frequent vomiting, hot skin, and quick pulse. The dresser used the taxis for some time, without success. Mr. Green was sent for at nine o'clock; he ordered a warm bath, and bleeding in the bath *ad deliquium*, which occurred after about thirty ounces of blood had been drawn, and then by means of the taxis, the hernia was reduced in a very short time.

There have been no operations this week. A few accidents have been entered, but none having anything particularly interesting as regards their nature or treatment. The surgical cases admitted, during the last few weeks, have been of a very commonplace kind.

ST. BARTHOLOMEW'S HOSPITAL.

SCIRRHOUS ENLARGEMENT OF THE LACHRYMAL GLAND.

On Friday, June 20th, Mr. Lawrence showed the pupils a diseased lachrymal gland, which he had, the day before, removed from a gentleman, about thirty years of age. The diseased gland was much larger than a walnut, having an irregular surface; it felt hard and incompressible, and, when cut into, presented a dense, compact stricture of schirrous firmness, and of a light grey colour. Mr. Lawrence observed, that it was supposed, and had been stated, that the lachrymal gland was affected with cancer; this, however, according to his experience, was not the case. The morbid production exhibited all the marks of carcinoma, but, in his opinion, it was never malignant, and it most essentially differed from it in other respects. It never affected the adjacent parts, neither the lymphatics nor absorbent glands, nor had he ever seen it pass into the ulcerative state. The present case was precisely similar to one which he had some time since under his care at the Eye Infirmary, and in which he had extirpated the lachrymal gland; in both the disease had been of slow formation, (in the present six or seven years,) unattended by any severe pain, and had occurred in young persons. It is worthy of remark, that in both cases there was no dryness of the eye, but, on the contrary, an increased lachrymal discharge. In the patient operated upon by Mr. Lawrence, at the Eye Infirmary, no inconvenience whatsoever followed the loss of the gland, and the eye continued moist. In the present case, the eyeball was pushed downwards and inwards towards the nose, so that its whole diameter was below the natural edge of the lower lid, yet it was covered almost entirely by the upper lid, by the pressure of the tumour on the eye and optic nerve; the latter must have been extended, and hence was explained the impaired state of vision. After the removal of the tumour, globe retired to its natural situation, and vision is improved. Mr. Lawrence observed, that it was important to remark, that before the operation, the tumour appeared small, hard, and scarcely moveable, giving an idea that it originated from the bone, and that it would be very difficult to remove it; it was found, however, to be connected with the bone by intervening condensed cellular tissue, and the gland was removed without difficulty.

WARTY DISEASE IN THE PERINEUM—OPERATION.

On Monday, June 16, Mr. Lawrence removed a warty excrescence from the perineum of a man, aged 57, a gardener. The disease greatly resembled that which is produced by the irritation of soot applied to the skin, and has hence been termed "soot wart," or "chimney sweeper's cancer;" but it cannot be attributed to this cause, as the patient states he has never used soot. Three months ago he perceived a small wart below the scrotum, which he picked off; ulceration soon took place; it discharged a thin ichorous fluid, and was attended with great itching. The disease gradually extended downwards, and when he was admitted into the Hospital, May 16, there was a large warty excrescence, occupying nearly the whole of the perineum, extending from below the scrotum to near the verge of the anus. There was copious discharge of a thin ichor, excoriating the skin. The surrounding integuments were indurated, and the glands in the groin were enlarged; his health was good, and he had not suffered much pain. Various local applications were used, but without benefit; and, as the disease was extending, Mr. Vincent saw the patient, and concurred with Mr.Lawrence as to the propriety of its removal. The patient was secured, as in the operation for lithotomy; an incision was carried round the diseased skin, and the whole was dissected off the urethra. For a few days the patient had difficulty in passing his urine, and it was drawn off. The enlargement of the inguinal glands has nearly subsided; there has been slight inflammation and sloughing of the wound, but it is now (June 23) clearing, and presents a granulated surface.

On the same day, Mr. Lawrence performed amputation of the thigh, in a case of compound fracture of the tibia, and removed a diseased breast. We shall give a detailed account of the latter case.

WESTMINSTER HOSPITAL.

FUNGOID TUMOUR OF THE EYE, EXTIRPATION OF THE ORBITAL CONTENTS, AND FATAL TERMINATION.

John Burrows, ætat. 65, was admitted into this Hospital, under the care of Mr. Guthrie, on the 11th of June, on account of a fungoid tumour of the right eye. He states that he served in Egypt many years as a soldier; when there he suffered much from ophthalmia, occasioned by the sand getting into his eyes, which completely destroyed the vision of the right and also that of the left for a time, but the latter he fortunately recovered in a year afterwards. He had no tumour of the right eye until last Christmas, when he was knocked down by the pole of a carriage, which struck him in the corner of the orbit. In a few days afterwards he was seized with a violent fit of coughing, in the midst of which, as he describes it, he felt the eye give way, which occasioned great pain, from that time the eye continued to enlarge until it attained the present enormous size. The tumour protrudes about an inch and a half beyond the orbit, and is about three inches in circumference. Since he has been in the Hospital it has discharged a considerable quantity of very thin pus; there has also been a slight hæmorrhage; the patient's constitution is not in a very good condition, he complains of great pain in the eye, and cannot sleep. Mr. Guthrie, after examining the man, said that he could not exist for any length of time without an operation. He therefore, with the consent of his colleagues, proposed extirpation of the orbital contents, as the only means by which he could endeavour to save the patient's life. The poor fellow readily consented, and the operation was performed on Monday the 15th of June. Mr. Guthrie experienced considerable difficulty in clearing the orbit of several small black specks which remained behind after he had removed the globe; the patient appeared to feel excruciating agony at the moment of dividing the muscles and nerves: the ophthalmic artery bled profusely during the performance of the operation, but the hæmorrhage was afterwards stopped by placing small pledgets of sponge in the orbit; the palpebræ were then brought together, and a compress of lint was placed over them, which was secured by strips of adhesive plaster, and a bandage round the head. The operation was well performed. About an hour after the operation the patient appeared very tranquil, but complained of a slight smarting pain in the orbit. Pulse about 55, and scarcely perceptible. Ordered forty minims of laudanum at night.

June 17. Has passed a very restless night, and became speechless towards morning; was then bled to eighteen ounces from the arm; the blood exhibited a very buffy coat; about the middle of the day he was in a completely comatose state, his head was ordered to be shaved, and a cold lotion to be applied to it; his pulse in the morning was about 90, in the evening 140 He died at eleven o'clock this evening.

Examination of the body twelve hours after death.

The vessels of the dura mater were very much distended with blood; upon removing the pia mater a quantity of pus escaped from between it, and the tunica arachnoides; the substance of the brain, particularly the anterior part, and the cerebellum, participated in the same kind of disease as that of the eye; the optic nerve was much smaller than usual; the other nerves did not appear to have become affected by the disease; the liver exhibited a most excellent specimen of dark-coloured tubercles, some very large, others exceedingly small; nothing else of any consequence appeared during the examination.

DISTRIBUTION OF PRIZES AT GUY'S HOSPITAL.

The first examination which took place, was for the annual surgical prize given by Mr. Key. On this occasion the candidates were respectively presented with a subject, to which his examination was exclusively confined, and thus an opportunity was afforded for ascertaining the real knowledge of the competitors, a method very superior to that of an examination, including all the departments of surgery, in which the questions must of necessity be superficial. Mr. James Edgecome was successful in the contest, and acquitted himself in a very creditable manner, during a long examination on the complicated subject of hernia, and was presented with a handsome case of surgical instruments, bearing an appropriate inscription.

The examinations for the prizes in anatomy, given by Mr. Bransby Cooper, took place on the following days; Mr. Bacon and Mr. Guy were the candidates for the senior prize, and rendered the examination highly interesting, by the manner in which they vied with each other in the accuracy of their answers. So uniform, indeed, were their merits, that it was impossible to make a distinction between them. Mr. Cooper, therefore, presented each of them with a prize of the same value.

The junior anatomical prizes were more numerously contested than either of the others, and the able manner in which the answers were given on this occasion, reflected the highest honour on the competitors.—here, too, the merits of two of the candidates, Mr. Hughes and Mr. Tweedie, were so equal, that Mr. Cooper found himself obliged to deviate from his usual custom of giving two prizes of unequal value, and awarded one of the same worth to each of those gentlemen.

A Case where, after the Excision of an Anastomosing Aneurism from the Right Temple, Ligature of the External Carotid became necessary to restrain Hæmorrhage. By George Bushe, M.D. of the Royal College of Surgeons in Ireland, and Assistant Surgeon to the Forces.

Maria Northwood, ætat. two years and seven months, in April 1827, was brought to me by her mother, in consequence of a purple pulsating tumour about the size of a pigeon's egg, situated on the right temple, and which I was informed had existed and gradually enlarged from her birth, being for the last three months attended with repeated attacks of hæmorrhage. I recommended the removal of the aneurism, but the parents would not consent; however, on the 28th May, alarming bleeding having occurred, the parents called on me, and anxiously solicited the proposed operation. On examining the temple, I found that the tumour had considerably enlarged, and was ulcerated at its superior and anterior part; therefore, assisted by staff-surgeon Quincy, who made pressure on the carotid, I removed the aneurism (which laid above the temporal fascia) with a few quickly-executed sweeps of a scalpel. During this period very little blood was lost, but when the pressure was taken from the carotid, almost every point of the new surface projected a column of blood, so that an attempt to secure any vessel with a ligature would have been in vain, therefore I made direct pressure, by means of a portion of sheet lead cut to the shape of the wound, and wrapped in old linen, which, for the time, answered the purpose; but at eleven o'clock, p.m. bleeding ensued, and on removing the dressings, the wound presented the same aspect as immediately after the operation. By pressure on the carotid, I restrained the hæmorrhage, and having no professional assistant or instruments at hand to enable me to place a ligature on the vessel, I determined on the application of the actual cautery, which apparently was successful; but at ten o'clock on the following morning the bleeding again returned, and was so alarming, that after a short consultation with Mr. Quincy, I proceeded to secure the external carotid, which was soon effected above the tendon of the digastric muscle, by a single ligature; the lips of the wound were then brought into contact with two points of suture, and the temple lightly dressed. From this period there was no hæmorrhage or other bad symptom; the ligature was cast off on the 13th day, and in three weeks both wounds were healed.

Two questions may be asked concerning this case, viz. 1st. Could not a cure have been effected by double ligature of its base? 2dly. Did I act judiciously in adopting the line of practice recommended by Mr. J. Bell? These questions I shall now answer as follows:—1st. The base of the aneurism was too extensive for treatment by ligature, and its acuminated disposition would offer an insurmountable bar to the application of a ligature, or two ligatures on its base; 2d. In following the dictates of Mr. J. Bell, viz. of removing the tumour, I acted injudiciously, as the result of the case proved; but had the patient been older, in all probability excision would have answered: therefore, until convinced to the contrary, I shall in future trust to ligature of the external carotid in such cases; and here I may say, that where the disease is not in the orbits, I cannot see the necessity of securing the common carotid for anastomosing aneurism of the face and head. But this line of proceeding, which I have repeatedly witnessed, was adopted, I believe, from the greater facility of its execution, a circumstance which the operating surgeon should be ashamed to harbour in his mind.

Chatham, April 17th, 1828.

REMOVAL OF THE TARSAL BONES, AND COMPLETE REMOVAL OF CARIOUS RIBS FROM THE SAME PATIENT.

This case is so highly interesting and wonderful that we are induced to transcribe it literatim et verbatim.

"Betsey Gray, a young woman of scrofulous diathesis, at the age of eighteen, when in delicate health, was in March, 1823, exposed to inclement weather.

About three weeks after, she experienced frequent pain of the right foot, and was perpetually troubled with uneasy sensations of the foot and leg; the foot regularly swelled during the day, and subsided at night. Such was her case without much variation, until May, when pain became more intense, the swelling increased, and a sinus formed near the anterior articulation of the os cuboides.

In the spring of 1824, an abscess appeared on the right side of the chest, about the seventh rib, which her attending physician endeavoured to discuss: pus, however, effected its discharge in the following September, first, by a sinus situated about four inches from the anterior end of the rib, and some weeks after, by another situated at the angle. Such is the account given by Miss Gray of the early stages of her disease, which continued, with but little variation, under different plans of treatment, pursued by several physicians, until March, 1827, when she was brought to town, and came under my care. There were, at this time, five issues from the foot, two from the os calcis, one from the cuboides, and two from the ossa cuneiforme; all communicating with one another; fluids injected into any one of them issued from the other. Through none of those openings was I enabled to examine the condition of the astragalus; all their courses tending below it, suggested the hope that it was sound.

As, from Miss Gray's own account of her case, the disease of the foot was ten or twelve months prior to that of the side, I conceived the latter might owe its origin and its maintenance, at least in part, to sympathy with the former; and my recommendation of removal of the carious bones of the foot was predicated in the hope, that removal of this source of excitation, might produce such a change in the side as would cause the rib to exfoliate or resume healthy action, as in Miss Harvey's case. As there were no symptoms indicating disease of the leg bones, and as there were grounds for hope that the astragalus might be sound, in preference to amputation, removal *only of the diseased bones of the foot was advised,* well convinced from my experience of the power of nature in such cases, that bones would be speedily reproduced, or such other substance as would better supply the deficiency, than any mechanical contrivance we could substitute for a leg.

April 3. With the assistance of Drs. Caruthers, Shanks, Weir, and Preston, all the tarsal bones were removed; they were so completely carious and soft, that they were easily crushed between the thumb and fingers, the astragalus not excepted; no part of their structure retained the natural appearance, but their cartilaginous articulating surfaces. On their removal the bones of the leg were found so much diseased, that the finger met but little resistance, in passing its full length up into the tibia; whereupon, with as little delay as practicable, the leg was amputated below the knee; but disease was not yet circumvented, remaining portions of both bones were thoroughly carious. It was now concluded to remove the remaining portions of the tibia and fibula, and examine the os femoris, to ascertain whether that bone was sound. Finding that it was so, and my patient being much exhausted, I trimmed off a considerable portion of cartilaginous surface from its articular condyles, and neatly adjusting the ample flap I possessed, I dressed the stump.

No uncommon symptoms ensued,* as much of the wound as usual, healed by the first intention, the occasional discharge of synovia probably retarded the subsequent healing process; but in six weeks it was completely cicatrized.

Removal of carious Ribs.—Miss Gray's side now became an object of interesting attention; it remained in statu quo. Hectic fever, under which she had already laboured when she first came under my care, was excited and increased by the hot weather; colliquative diarrhœa came on, the discharge from her side, always extremely fœtid, grew more so; her strength declined daily.

From many careful examinations, I became satisfied that the caries of one or more of the ribs was to the extent of six or seven inches. From the anterior to the posterior opening, injected fluids readily passed; but not vice versa. The lungs were involved in the disease, as was evident from a troublesome and alarming cough, with purulent expectoration, with which she was and long had been much harassed; and which caused me to remark to her that the removal of those ribs would afford a prospect of its relief. She caught at the prospect with avidity, and urged the operation, which she was much encouraged in by the concurrent opinions of other physicians who visited her.

Fearful of the result, her case being a very unfavourable one to success, I for some time parried her solicitations. I very much doubted whether the existing disease in the lungs might not be too extensive to admit of cure even after the caries, which I considered the proximate cause, was removed. Finally, however, I consented to operate.

Never having seen a detailed mode of operating for the removal of a rib, I made my first essay upon a dog, and found the operation less difficult than I had anticipated.

On the twenty-fifth of June, 1827, with the advice and assistance of Drs. Caruthers Shanks, and Jordan, the operation was performed.

An incision was made upon the seventh rib, from the posterior to the anterior sinus, bringing to view about six inches of its convex surface, discovering it to be in a state of complete necrosis. No formation of callus any where discoverable; after examination, the incision was carried forward about an inch and a half further, where the rib appeared sound, bleeding when scraped. Having completely divested it of its periosteum, I here passed an *elevator* under the rib and between it and its periosteum, and divided it with Hey's saw. The incision was then extended back to the spine, and the rib was there detached from its articulation with the vertebræ. At this part of the operation much care was used to avoid wounding the dorsal nerves.

---

* I apprehended less danger in thus exposing the cavity of a large joint, than most writers on this subject would lead us to forebode, owing to experience derived from my manner of treating white swellings and wounds of large joints, from which I freely evacuate pus, believing that by confinement this matter becomes erosive, I willingly admit air (if it must needs be so) as a substitute; and my success, I think, has warranted the practice.

On further examination, the sixth rib was found in like manner diseased, and was in like manner removed. Underneath this rib, a little anterior to the angle, a sinus communicating with the lungs was discovered: a hole about the size of a goose's quill, which emitted a great quantity of matter, discharging with more freedom when she coughed.

From *reviews* I have seen of operations to remove carious ribs, as performed by Cettadini and Richerand, securing the intercostal arteries seems to have constituted a difficulty.

In this operation I was not under the necessity of applying a ligature to any blood-vessel, the intercostals lying between the pleura and the periosteum were made perfectly secure by interposing the elevator, as above stated, between the periosteum and the rib.

After removing as much of the diseased soft parts as was deemed prudent, the wound was closed with the interrupted suture, and adhesive strips covered with lint and secured with a roller. Inordinate inflammation was completely prevented by two small bleedings, and maintaining a loose state of the bowels.

Examination on the fourth day discovered about four-fifths of the wound to have healed by the first intention. No pain has been complained of since that time; the hectic declined, and disappeared in a few days; the cough has materially subsided, sometimes not troubling her for twenty-four hours together. An issue is maintained by tents, opposite the sinus of the lungs, through which a considerable quantity of matter, which appears to be a mixture of mucus and pus, discharges; this opening will be maintained until the lungs are entirely relieved.

On the 15th August, she left town on a visit to Digu's Sulphur Spring, a trip of twenty-two miles, which she made in a rough Jersey wagon, without complaining of fatigue. I visited her on the 22d, her cough had mended, her appetite and strength had increased, and her general health and appearance had visibly improved. She rides daily to the spring on horseback, a distance of more than half a mile from her lodgings.

The portions of rib removed had suffered internal necrosis. Their lamellated structure was, to a small extent, destroyed at several points; viz. at the anterior sinus, at the angle, and at the neck; but most at the angle."

CÆSARIAN OPERATIONS IN GERMANY.

To the Editor of The Lancet.

Sir,—I am surprised to find the following remarks in the 250th Number of The Lancet:—"Our readers will perhaps be surprised at the frequency of the Cæsarian operation in Germany, but this circumstance arises from a consideration (now sanctioned, if not first engendered, by legal enactment) that the life of the child should not be sacrificed, even with the fair prospect in view of saving the life of the mother." I can assure you and your readers, that no such law exists in any German state, and that in Germany, as in this country, the expediency of destroying the child is always left to the judgment of the medical attendant.

I am, Sir, yours, &c.
C. M. Kind.

5, West Street, Finsbury Square,
June 23, 1828.

[We feel much obliged to Dr. Kind for this correction.—Ed. L.]

ON DISEASES OF THE BONES—AMERICAN SURGERY.

A recent number of the American Medical Recorder contains a long dissertation on the pathology of the bones, by Dr. W. M'Dowell, of Fincastle, Virginia. The opinions broached in this paper are singularly opposed to prevailing doctrines, and the practice adopted in the various cases which are related, presents a striking contrast to the ordinary methods of treatment. It is the opinion of Dr. M'Dowell, that the *vis vitæ* of bones, generally speaking, is inadequate unassisted, to relieve them from diseases which have destroyed any portion of their structure; and, consequently, that the manual interference of the surgeon is, for the most part, absolutely necessary. It is, perhaps, scarcely requisite for us to remark, that the reverse of this opinion is held by the highest authorities; that the *expectant* plan of treatment is more generally adopted in respect to diseases of the bones, than in any other class of maladies.

Dr. M'Dowell, however, says, that he is "well satisfied", the pathological views of the most celebrated authors on diseases of the bones are incorrect, and he thus proceeds to state his own. By the term "*necrosis*," he means dead bone, from whatever cause arising, and he distinguishes affections of the lamella from those of the cancellated structure, by the terms external and internal. He conceives that *caries* "is of the same character with necrosis," in fact, that caries is merely necrosis of a smaller portion of a bone.

BOOKS RECEIVED FOR REVIEW.

On Deafness; its causes, prevention, and cure. By John Stevenson, Esq. &c. 8vo. pp. 262. Henry Colburn.

On the Curative Influence of the Southern Coast of England, with Observations on Diseases, in which a residence on the Coast is beneficial. By W. Harwood, M.D. 8vo. pp. 326. Henry Colburn.

A Disquisition on Living Animals, with an Inquiry how far our knowledge of Anatomy and Physiology is consistent with the belief of a Soul and Future Life. By George Warren, Surgeon. 8vo. pp. 144. Longman and Co.

An Inquiry concerning the Nature and Operations of the Human Mind, in which the science of Phrenology, the doctrine of Necessity, Punishment, and Education, are particularly considered. By James Jennings, Esq. 8vo. stitched, pp. 53. Poole and Edwards.

The Constitution of Man considered in relation to external Objects. By George Combe. Small 8vo. pp. 319. Anderson, jun., Edinburgh.

The Evidences against the System of Phrenology. By Thomas Stone, Esq. 8vo. stitched, pp. 109. Maclachlan and Stewart, Edinburgh; Underwood, London.

On Tendency to Disease of Body and Mind in Refined Life, and the general principles of Cure. By Leonard Stewart, M.D. Small 8vo. pp. 96. Longman.

Elements of the Theory and Practice of Physic, designed for the use of Students. By George Gregory, M.D. Third edition; 8vo. pp. 696. Burgess and Hill.

Annual Address delivered before the Medical Society of the state of New York. By Romeyn Beck. M.D. 8vo. pp. 23. Websters and Skinners, New York.

Rattray's Botanical Chart. Allan, Glasgow.

Chemical Equivalents, designed for Medical Students and the Members of Mechanics' Institutions. By James Whitaker, Esq. Surgeon. London.

Medical Dissertations, by George Sigmond, M.D. Second edition, 8vo. pp. 135. Brettell.

A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura; Pathology and Diagnosis. By Charles J. B. Williams, M.D. 8vo. pp. 190. Underwoods.

Medical Botany, or Illustrations and Descriptions of the Medicinal Plants of the London, Edinburgh, and Dublin Pharmacopœias, including a popular and scientific description of Poisonous Plants. By John Stephenson, M.D., and J. M. Churchill, F.L.S. 8vo. containing 51 admirably executed coloured engravings. Churchill, London.

A Dissertation on the Nature and Properties of the Malvern Water, and on Scrofula and Consumption. By William Addison, Surgeon. 8vo. pp. 192. Callow and Wilson.

A Companion to the Traveller's Medicine Chest, on a new plan, for Travellers to the different Countries on the Continent, the East and West Indies, South America, &c. &c. By Richard Reece, M. D. 12mo. 163. Simpkin and Marshall.

Second Statement by the Council of the University of London, explanatory of the plan of Instruction. 8vo. pp. 168. Longman and Co. Taylor, Gower Street.

SUBSCRIPTIONS

FOR THE DISTRESSED MEDICAL GENTLEMAN AND FAMILY, RECEIVED SINCE FRIDAY LAST.

	£.	s.	d.
Sum already advertised	36	0	0
Dr. Clutterbuck	1	0	0
F. T.	1	1	0
Dr. Woodforde	1	0	0
Michael Blood, Esq. ..	1	1	0
Sir Andrew Halliday ..	1	0	0
F. K. D.	2	0	0
Mr. Read, Regent Circus	1	0	0
A. R. Sutherland, M.D.	1	1	0

TO CORRESPONDENTS.

Communications have been received from Mr. R. Williams—Dr. Howith—Dr. Seward—Mr. Millman—A Subscriber (2)—Mathetes—A Hater of Superstition—Verax—A General Practitioner—Mr. W. Wells—Δ.—J. W.—Caius.

* * No. * *

We are of opinion, that the certificates in possession of Mr. Jones would be deemed sufficient. Surely the Court would make an exception in such a case.

"Argus" is particularly requested to favour us with his name and address, confidentially.

"A. H." shall receive due notice of the trial. It will most likely take place in October. May TRUTH be triumphant!

We have our eye on the disgraceful proceedings at the Westminster, but deem it prudent to be silent, for the present.

As it is the wish of several correspondents, we will publish Carlisle's letter, if possible, in our next. But the poor Oyster is out of water, cannot absorb, and gapes in vain.

Mr. Fixott shall hear from us in the course of a few days.

THE LANCET.

Vol. II.] LONDON, SATURDAY, JULY 4. [1827-8.

LECTURES ON VEGETABLE CHEMISTRY,

BY

PROFESSOR BRANDE.

Delivered at the Royal Institution of Great Britain.

Lecture XLVIII.

On Fermentation and its Products.

I believe we may define *fermentation* as implying a series of changes which certain fluids undergo when submitted to certain agencies and terminating in the formation of an intoxicating liquid, or, in other words, of a vinous or spirituous liquor. Fermentation is carried on in various ways, in order to produce different fluids, such as beer, cider, and wine, and occasionally a peculiar form of fermentation is employed to produce spirituous liquors, and for the distillation of alcohol. It would seem, that in all cases of vegetable fermentation, sugar is the essential ingredient. When sugar is combined with a certain quantity of starch, and dissolved in water, you have a liquid which, under certain circumstances, will undergo fermentation, and it appears that the sugar, and the other substances, re-act upon each other, and the sugar disappears, its elements entering into the formation of alcohol or spirit.

I cannot give you a better view of the general subject of fermentation, than the manner in which it is pursued in our large breweries in the production of beer, where it is carried on upon an enormous scale, and the outline of the process is this:—

A quantity of malt is ground, and of this an infusion is made, technically called the *mash*, which is usually prepared in a large vat, called the *mash-tun*. Now, as I stated to you the other day, in consequence of the large quantity of starch contained in the malt, it is necessary that the water should be let in upon the malt at a proper temperature, that is to say, between 160° and 180°, and thus, by steeping, the *wort* is made. From the relative composition of barley and malt, it is evident that a change has taken place in the composition of the barley, and that the starch which it contained is converted into sugar. Here is a table which shows you the nature of the change effected, when barley is made into malt.

	Barley.	*Malt.*
Gum	5	14
Sugar	4	16
Gluten	3	1
Starch	88	69

You see how much sugar and gum the malt has gained, and how much starch and gluten the barley has lost.

The wort, which is an infusion of malt, contains the soluble matter of the malt, that is to say, it contains a quantity of gum and starch in solution, and that it has sugar, you may learn from its sweet taste. It is a matter of the utmost importance to the process, to ascertain accurately the quantity of soluble matter contained in a given quantity of the water, to determine with accuracy the strength of the wort, and this is done by means of an instrument used for this purpose, called the *saccharometer*, or hydrometer, which, floating in the liquid, gives you its specific gravity. This is the instrument: it is composed of a brass globe, from the upper surface of which a graduated stem arises, which is marked off in 100 parts from the 0, the point to which it sinks in distilled water at 70°. The specific gravity of the wort for ale is about 1.090; in general, however, the brewers allow so many pounds to the barrel, and a very convenient instrument it is for them. The term saccharometer is not altogether correct, as the instrument merely denotes the specific gravity of the liquor, and not the quantity of saccharine matter which it contains. The specific gravity having been determined, the next thing is, that it is boiled with a quantity of hops, amounting, on an average, to above one-twentieth of the weight of the malt used; and they are added, not merely to give the beer an agreeable bitter flavour, but to preserve it from a subsequent fermentation. The wort having been boiled with the hops, it is rapidly drawn out from the boiler by means of a pump, and conveyed into shallow vessels called *coolers*, which are built in the most cool part of the brewery, and then the wort is cooled down to about the temperature of 50°. There are two objects in view in thus rapidly cooling the wort, the one of which is, the precipitation of a glutinous matter, which would be injurious to it if allowed to remain; and another object is to retain the liquor at the temperature which is most convenient for fermentation It is then drawn off into the *fermenting squares*, where *yeast* is added to it, and where, after a time, intestine motion begins; it hisses, air is extricated, a scum collects upon the surface, a whitish matter is precipitated to the bottom of the vessel, and an immense extrication of carbonic acid gas takes place; at length the evolution of gas ceases; the liquor becomes quiet and clear, losing much of its sweetness, and a certain quantity of alcohol is formed in it. When the fermentation has gone on to a certain extent, and begins to fall, the operation is put a stop to, by running the liquid out into smaller vessels, where a quantity of scum is again deposited, and at length it is conveyed into very large vats, for keeping. It is found, that as the fermentation proceeds, the liquor loses its density, and acquires intoxicating properties.

In regard to *grape juice*, the process is very similar, but there is no occasion to add yeast to it, as it ferments spontaneously at temperatures between 60° and 80°, and the result of the operation is, that the mawkish sugar of the grape becomes changed; it acquires a pungent flavour, and an agreeable odour derived from the presence of alcohol. It has been found, that a small quantity of sugar will contribute to convert a large quantity of a starchy fluid into alcohol, and it is upon this principle that *washes*, as they are called, are prepared by distillers; so that if a small quantity of malted grain be mixed with a large quantity of unmalted, the product of the fermentation of the mixture is alcohol, which is separated by distillation. The active principle in yeast appears to be gluten, and if we do not add yeast to wort and similar compounds, they are apt to run into the acetous fermentation. The result of this fermentation, supposing things to have gone on favourably, is the product, among other things, of a peculiar fluid, to which the term spirit has been given.

If you distil wine in this way you gain an acrid, pungent, highly-intoxicating liquid, well known under the name of *spirits of wine*; but the fact is, that all these fermented liquids owe their intoxicating effect to the presence of alcohol, which is the product of fermentation.

Here is a table, showing you the proportion per cent. of alcohol contained in different fermented liquors; and alcohol, as you are aware, is composed of carbon, oxygen, and hydrogen.

	per cent.
Port wine	25.83
Ordinary port	23.71
Madeira	24.42
Sherry	19.81
Lisbon	18.94
Bucellas	18.49
Cape Madeira	22.94
Vidonia	19.25
Hermitage	17.43
Claret	17.11
Burgundy	16.60
Sauterne	14.22
Hock	14.37
Champagne	13.80
Champagne (sparkling)	12.80
Vin de Grave	13.94
Cider from 5.50 to	9.87
Perry (average)	7.26
Burton ale	8.88
Edinburgh	6.20
Dorchester	5.56
Brown stout	6.80
London porter (average)	4.20
Brandy	53.39
Rum	53.68
Gin	51.60

The figures set down opposite each liquor, exhibit the quantity of alcohol per cent., by measure in each at the temperature of 60°. You see that port, sherry, and Madeira, contain a large quantity of alcohol; that claret, Burgundy, and Sauterne, contain less; and that brandy contains as much as 53 per cent. of alcohol. In a general way, we may say, that the strong wines in common use, contain as much as a fourth per cent. of alcohol.

In the process of distillation, some water is brought over with the alcohol, which must be separated, if you wish to obtain the alcohol pure; hence it follows, that its specific gravity varies with its strength. When alcohol is poured upon the hand, it produces considerable cold, in consequence of its rapid evaporation; and its boiling point naturally varies with its specific gravity, but it boils at about 176°, when its specific gravity is .820. Now the specific gravity of the vapour of alcohol at 60°, is shown in this table; 100 cubic inches weigh 47.712 grains; and, compared to hydrogen, it is as 21.65 to 1.

We come now to a very important point in the chemical history of alcohol, namely, what happens when it is mixed with water. First, then, the temperature of the mixture is increased considerably; and, in the next place, there is a corresponding diminution in bulk, which may be easily shown, by mixing the two fluids in a long glass tube. Alcohol being of a less specific gravity than water, being only .820, whilst water is 1.000, you can pour the alcohol upon the water without mixing; but if you invert the tube, the fluids will mix, the vessel will become warm, and there will be a considerable diminution in bulk, and, of course, an increase in its specific gravity; so that the specific gravity of a mixture of alcohol and water is not the mean of the two, but considerably above it. The empty space in the tube is the consequence of the admixture, or the mutual penetration, as it is sometimes called, of the two fluids. It will be many hours before this admixture will have acquired its extreme density, so that it is necessary to afford it time, if we wish to arrive at an accurate knowledge of the result of the mixture. This experiment is important, as connected with the specific gravity of different spirituous liquors; and it shows us, I think, why mere mixtures of spirit and water are more pernicious than when alcohol constitutes an essential part of the fermented beverage, as in wine, perry, and so on. Looking then at the fact, that spirit and water, of the same strength as the alcohol in an equal measure of wine, are more intoxicating than the wine, we may say that the alcohol is more united with the essential components of the wine, and therefore does not act so readily upon the nerves of the stomach, as is well known by experience to be the case. Alcohol exists in some liquids in large quantities, forming irritating, intoxicating, fluids, as brandy, rum, and gin; sometimes you have it combined with certain acids, as with wine; and, in some cases, as in beer, porter, and so on, you have it combined with some nutritious matter, as gum, and so on; and although we are accustomed to speak of wine as strengthening, it is not absolutely so; whereas beer and porter are certainly deserving of that title, a certain part of the nutritious matter remaining behind undecomposed.

To determine the *strength* of spiritous liquors, which is a matter of some importance, we must take their mutual penetration into account; and, in examining them, it is necessary to determine their specific gravity; and from that specific gravity, we are led to infer the quantity of alcohol that may be contained in the liquor in question. Now, with regard to the mode of determining the specific gravity of a spirit, this is generally done by an instrument called the hydrometer; and I think that these hydrometers are to be preferred which give you at once the specific gravity of the fluid, without any reference to its being above proof, or below it. If you learn that the specific gravity of a fluid is .930, you know that that is the specific gravity of a mixture of equal weights of alcohol and water; and this will give you a proof spirit, that is, spirit of a specific gravity of .930; the specific gravity of the spirit being .820, and that of water 1.000. There have been published in the Philosophical Transactions, tables made by the late Mr. Gilpin, which are invaluable to persons concerned in experiments of this kind; these tables show, in the first place, the specific gravity of any mixture of spirit and water, the spirit being taken by weight, and the water by weight. They tell you also the quantity of spirit by measure contained in any mixture with water, and the quantity of water by measure, thus showing the diminution in bulk, by the mutual penetration of the fluids. Now, in determining the value of spirits in that way, namely, by their specific gravity, the excise are liable to be deceived, because the imported or manufactured spirit may contain a quantity of sugar, and hence the specific gravity of the fluid would be found greater, and it would be supposed that the spirit was weaker. A better way of determining the strength of spirits, and to prevent the occurrence of this fallacy, is to take a bottle containing a certain quantity of distilled water, and weigh it accurately, we will say that it contains 1000 grains of water, or only 970; you then pour away the water, and weigh the same bulk of spirit; and if you then divide the weight of the spirit by the former weight of water, the product gives you the specific gravity of the spirit. Thus we find that the bottle filled with distilled water weighs 970 grains, and that the weight of the bottle of spirituous liquor, is only 853.6; you divide the 853.6 by 970, which gives you 0.880, the specific gravity of the fluid. So that, in a mixture of 100 parts of spirit and water of that specific gravity, you would have 34 parts by weight of water, and 79.65 per cent. by measure of alcohol; and these have been decided to be correct proportions by actual experiment, and are set down in Mr. Gilpin's tables.

As you see, in the common spirit lamp, alcohol burns with a pale bluish flame, without giving out any smoke, and, although a costly kind of fuel, it is important and valuable to the chemist. During the combustion of alcohol, under a glass tube, we find that there is a quantity of water collected, which far exceeds the quantity of alcohol burned; and whenever you hold a bell glass over a lamp, it becomes immediately coated with moisture, and drops of water fall down. Lavoisier found, by experiment, that the combustion of 100 parts of alcohol produce 136 parts of water.

When alcohol is passed through a red hot tube, it is entirely decomposed, separating into hydrogen, and carbon, and oxygen, its elements; a portion of charcoal is deposited, and carburetted hydrogen gas evolved. The experiment can be easily made, by putting a portion of a tube into the fire, and through the tube some wire should be bent, so as to afford a greater surface, and the gaseous results may be collected; but if alcohol be decomposed with caution, we learn the quantity of carbon, of oxygen, and hydrogen which it contains. Here is a gaseous compound, containing hydrogen, oxygen, carbon, the vapour of water, and other substances; but, if the experiment be performed with due caution, we come to the result, that alcohol is composed of carbon, hydrogen, and oxygen, in such proportions as may be stated to be a compound of two parts, by weight, of olefiant gas, and one of water; and you will remember that olefiant gas is a compound of 1 proportional of carbon and 1 proportional of hydrogen. Therefore, as you see on this table, twice 7 make 14 of olefiant gas, and one proportional of water 9, make 23, as the equivalent number of alcohol; or, in other words, its elements are 2 of carbon, 3 of hydrogen, and 1 of oxygen, making its number 23, as derived from its decomposition, and the one volume of carburetted hydrogen, and one volume of steam, become condensed into one volume, as far, that is, as the ultimate elements are concerned.

The uses of alcohol are exceedingly numerous in the arts and chemistry; its principal consumption is, unfortunately, in the form of gin, and other liquids which are used by the lower orders, patronised by the government in consequence of the large revenue afforded by their sale.

Ether.—When alcohol is mixed with certain acids, and submitted to distillation, a peculiar compound is formed, called *ether*, and these are distinguished by the names of the different acids employed in their formation. We have only time now to mention one, and shall therefore take *sulphuric ether*. The manufacture of this is very simple; it is made by distilling together equal parts, by measure, of alcohol and sulphuric acid; and the distillation may be carried on in a small scale, in a glass retort, and using a vessel, as you see here; but it would be dangerous to make large quantities of it in an apparatus of this kind, and therefore they put the retort in sand, and have recourse to a leaden still for the distillation of the liquid; and they heat it with high pressure steam, so that no fire shall come near the liquor. I believe I said, by mistake, *equal measures* of sulphuric acid and alcohol, but it is, in fact, equal *weights*; the mixture is, a pound of sulphuric acid and a pound of alcohol, and, in mixing these two liquids, it is necessary that you should be cautious, in consequence of the heat that is evolved. When we are manufacturing ether on a large scale, it is convenient to have a dropping apparatus to mix the two fluids, and a person should stir them at the same time, and thus the evolution of heat is prevented. In distilling this mixture, you will find that there will come over, first, a certain quantity of alcohol, a little changed; then a quantity of ether; and then a peculiar compound, to which the name of *oil of wine* has been given; and, lastly, a quantity of sulphurous acid. If you continue to apply the heat, there is a black matter formed, and a good deal of carbon deposited; but you should put a stop to the process before this change takes place. The ether procured at the first distillation is not pure, but a second distillation renders it sufficiently pure for all the common purposes of experiment. It ought to be afterwards washed with a little water, and re-distilled with a little chloride of calcium, the dry muriate of lime.

The specific gravity of ether is 720, in its pure state, and about 730, and from that to 760, as it is found in commerce. It is highly volatile, so that you cannot pour it from one vessel to another, without losing a portion of it; and, during its evaporation, it produces a great degree of cold, so that if you drop a little ether upon the bulb of a thermometer, you will see the fluid gradually sinking in the tube; and there is a pretty experiment of allowing ether to dribble over a tube containing water; the water freezes readily, and this freezing of water by evaporation of ether may be made under the receiver of the air pump. If you introduce a small quantity of ether beneath the receiver, and allow the vessel containing it to float in water. As you exhaust the air, the ether boils, and by continuing to diminish the pressure, the ether evaporates so rapidly as to cause the water immediately surrounding it to freeze. This depends upon the abstraction of the heat from the water, until it being all carried off by the conversion of the ether into vapour, the water freezes. There are some other properties of sulphuric ether to be pointed out; and these, with the changes which the acids and alcohol undergo when mixed together, will be adverted to in the next lecture.

Lecture XLIX.

On the production of Ether; on the acetous fermentation, and the manufacture of Vinegar.

At the conclusion of the last lecture, we were examining what happened when equal weights of alcohol and sulphuric acid were distilled together; one of the results of that distillation was *sulphuric ether*, and I mentioned some of its general properties; its low specific gravity, its volatility, its great inflammability, and so forth. In addition to the properties mentioned, we may observe, that it is the solvent of certain bodies, of certain vegetable bodies, as the resins and oils; it dissolves sulphur and phosphorus, but does not dissolve the fixed alkalies, although it combines with ammonia. It dissolves the oxides of gold and platinum, and this solution of gold was called, by the old chemists, *aurum potabile*.

Now, the ether which we have procured by the distillation of sulphuric acid and alcohol, may be purified by a second distillation with bodies that contain water; ether being soluble in water to a certain extent, one part of ether requiring ten of water for its solution, and you will observe, that you are sometimes directed to purify ether by washing it to abstract the alcohol; but whenever you do that, you must recollect that you give the ether about one-tenth of water, and therefore it is necessary to have recourse to some process to get rid of the water, and this may be done by lime, by caustic, potash, and chloride of calcium, substances which readily abstract the water, but which the ether does not dissolve. With alcohol, it combines and forms the *spiritus ætheris sulphurici* of the Pharmacopœia, 100 cubic inches of which weigh 78.36 grains, and hence, when we are using ether, we should be very careful not to bring a candle near it, as its vapour is very inflammable. You may easily show the inflammability of ether, by introducing a small portion of it into a bladder containing common air; you will find that a kind of inflammable gas is formed; and if there were a sufficient quantity of air present, a detonating compound would be produced.

When ether is subjected to the process of decomposition before pointed out, we arrive at a knowledge of its ultimate composition; and it is worth our while to compare it with alcohol, in order to have an idea of the nature of the process which has been here going on, referring to the distillation of the alcohol and acid. We find that ether, compared to alcohol, is composed of four proportionals of olefiant gas and one of water, or, if we put these into numbers, of 28 olefiant gas and 9 of water; here, then, you have one volume of steam, or the vapour of water, combined with two volumes of carburetted hydrogen, or 9 parts of water, 4 times 7, making 28 of olefiant gas; and you will remark, that these three volumes are condensed into one, which will satisfactorily account for its little specific gravity. Now, here we have found, in converting alcohol into ether, that there is an abstraction of a quantity of water, or, to speak more correctly, of the elements of water, because, if you take away half of the water of the alcohol, you convert it into ether; so that, it would seem, that all that the sulphuric acid has done in this distillation, is to abstract half of the elements of water that the alcohol contains. In this experiment, the sulphuric acid itself undergoes a curious change, and it is found to have entered into combination with a certain portion of the elements of the alcohol.

Ether combines with carbon and hydrogen, and you have, produced with these elements, a certain compound to which the name of *sulpho-vinous acid* has been given. A peculiar fluid is obtained by mixing ether with its bulk of sulphuric acid, and distilling it, and this has long been known under the name of *oil of wine*; it is composed of two proportionals of sulphuric acid, eight of carbon, and eight of hydrogen; and, when oil of wine is heated, its nature becomes evident. In the sulpho-vinous acid, you have two proportionals of sulphuric acid combined with four of carbon, and four of hydrogen; or, in other words, you have abstracted one-half of the carburetted hydrogen of the oil of wine. This acid enters into combination with certain bodies, and forms sulpho-vinates; for example, the *sulpho-vinate of baryta* is composed of two proportionals of sulphur, four of carbon, four of hydrogen, and one of baryta; and the whole forms a triple saline compound, composed of sulphuric acid, carbon, hydrogen, and baryta. These experiments are very interesting, as associated with the statement made to you by Mr. Faraday, namely, that he had discovered a similarly neutralising power with naphthaline and sulphuric acid, which he called *sulpho-naphthalic acid*, composed of two proportionals of sulphuric acid, twenty of carbon, and eight of hydrogen. Then, again, the *sulpho-naphthalite of baryta* is composed of the same elements and one proportional of baryta. These are a very curious and interesting set of bodies, and the prosecution of their chemical history will, no doubt, lead us to some new views on this interesting subject. In the alcohol there is an excess of carburetted hydrogen, and you convert the alcohol into ether by abstracting one-half of the elements of water which the alcohol contains. I should mention to you, that when ether is kept for a long time it undergoes a change, and more especially if it be exposed to the light of the sun, and a small portion of air is formed in it.

When you mix together alcohol and nitric acid, and more especially nitrous acid, there is, unless you are very careful, an intense and sudden action, attended with great evolution of heat, so that it becomes necessary to mix them together in small quantities and with great care. Now, when you consider what the elements here used are, namely, nitrogen, oxygen, hydrogen, and carbon, it is manifest that you may have a great variety of secondary compounds produced, and some of them are very remarkable. In the first place, in regard to *nitric ether*; this is also very volatile; it has a penetrating fragrant odour, and it soon decomposes, and, combined with spirits of wine, it is well known to you under the name of *spirit of nitric ether*. If, during this action of the nitric acid on the alcohol, there should be present the oxide of silver or mercury, a compound is produced called fulminating silver, or fulminating mercury. The process by which it is procured is simple: the metal is dissolved in the acid, and, during this effervescence, a powder is precipitated, which is the powder in question; but, in making it, you must be careful to use only small quantities of the materials, as it will detonate with great violence, even in its moist state. The fulminating silver is the most violent of the two, and it will explode with the slightest friction. In exploding a portion of this substance, you must be careful that there is no more near it, as the mere vibration of the air will often explode it. Now, then, we have obtained these compounds by acting the nitric solutions of the two metals by alcohol; but what is their nature? I believe that, until lately, the general opinion was, that they were oxalates, containing, according to Thenard's calculation, a great deal of oxide of silver in them. Some recent experiments of Guy-Lussac, and Leubeck have given another view of the subject, and I think that they contain cyanogen. Now, I formerly mentioned to you, that cyanogen combined with oxygen to form cyanic acid, and it would seem that this cyanic acid enters into combination with the oxides of the metals mentioned, and thus constitutes the fulminating compounds described. Cyanogen, you know, is a compound of two proportionals of carbon and twelve of nitrogen, and this cyanogen, when combined with half its volume of oxygen, gives cyanic acid, represented by the number 34; and one proportion of this acid combines with one of the oxide of silver, or mercury, and forms this fulminating powder.

The other ethers we know very little about. When *chlorine* is passed through alcohol, a liquid is obtained, called *muriatic ether*, but what its composition is, or the exact nature of the change which takes place, we are ignorant of; and another difficulty, common to the correct examination of all the ethers, is, that they are remarkably prone to change.

Acetous fermentation.—This brings us to the subject of *vinegar*, or acetic acid, which we have left thus distinct from the other vegetable acids, because it is, generally speaking, the product of a distinct fermentation, called the acetous fermentation. You very well know, that by keeping wine, or beer, out of the contact of air, they may be preserved a long time without undergoing any change; but, by exposure to the air, under a due temperature, they will soon become sour; a fermentation goes on, and the liquid, originally vinous, is converted into an acid.

Vinegar is made, in this country, chiefly from *malt*; a wort is obtained, as for the manufacture of beer, and this wort is converted into vinegar; but it is manifest that, besides the vinegar, the fluid must contain other bodies usually present in the malt, such as starch, gum, and gluten. Vinegar is, therefore, a very impure acetous acid, and is, in the common way, mixed with other acids diluted with water. If you distil this vinegar, you have an acetic acid and water, and a small quantity of alcohol formed, usually containing, also, a minute portion of vegetable matter. When chemists began to ascertain that the vegetable acids might be obtained in a concentrated form, they applied this knowledge to the production of vinegar, and with great success. One of the oldest methods of obtaining a strong vinegar was to freeze it; the water frozen, the vinegar was obtained much stronger than before; but this was a very wasteful practice, because the acetous acid itself freezes without much difficulty. Then, the next procedure resorted to, was the decomposition of the acetates, and this is the plan now resorted to in order to obtain vinegar in its pure form. If you put some acetate of lead into a retort, and pour upon it sulphuric acid, and carefully distil it, there will presently come off from it a quantity of a highly volatile and intensely acid vapour, which may be condensed by the usual process; but, even obtained in this way, the acid is not perfectly pure. Here is a specimen of distilled vinegar; you see it is a colourless liquid; it is very sour, highly pungent, and its specific gravity is 1,080; it is very volatile and excoriating, and it congeals at a temperature of 40°. Here you see it in its congealed state, constituting what is called *glacial acetic acid*. Its equivalent number is somewhat between 48 and 50, but we will take it as the same as the carbonate of lime, and call it 50.

Now, either by the fermentation of malt liquor, or by the acetous fermentation of wine, you obtain vinegar contaminated with various substances, and such is the vinegar used in the general way for the table. Now this leads me to speak of a method of obtaining vinegar, largely practised, and which is a very curious and important chemical operation. It was discovered long ago by Glauber, and described in his works, which you will find to contain much interesting chemical information, that vinegar might be obtained from wood, and it has been lately procured in considerable quantities from this source. In the distillation of wood, in the process of making charcoal for the manufacture of gunpowder, a large quantity of gaseous and empyreumatic matter are given out, and this gaseous matter is found to be formed principally of acetous acid; but, unfortunately for the manufacturer, there is a strong affinity between the acid and this matter, so that he is at some trouble to separate them. The method of obtaining pure vinegar from this acid, is to saturate the vinegar of wood with slaked lime; the other liquids are poured off, or evaporated, and we then obtain a *pyrolignate of lime*, commonly combined with some empyreumatic oil, and having a strong empyreumatic odour. Then the next step in the operation for obtaining vinegar from this product, consists in decomposing the pyrolignate of lime by sulphate of soda; a double decomposition takes place, and you have an acetate of soda and a sulphate of lime formed; the acetate of soda is a crystallisable salt, and by dissolving and recrystallising it two or three times, you obtain it quite pure; you then place the acetate of soda in a retort, and pour sulphuric acid upon it, by which the acetic acid is set free, and a sulphate of soda is formed, which does for the future preparation of the acid in the way already mentioned. A pure acetic acid is thus obtained, which you may reduce to any strength you please, by mixing it with water; but as people do not generally like colourless vinegar, the manufacturers are in the habit of colouring it with a little burnt sugar; and in this way an important branch of manufacture is prosecuted. Vinegar, when diluted with water, is used for a great variety of purposes; but, in its concentrated state, it is very acrid, and blisters the skin, and might produce great irritation.

The acetates are all of them soluble in water, and some of them are principally confined to medical purposes. The *acetate of ammonia* is obtained by saturating distilled vinegar with carbonate of ammonia, and this fluid was formerly known under the name of *Mindererus' spirit*, because it was first exhibited by Mindererus; it is readily made, but the acetate of ammonia is crystallisable with difficulty. The acetate of potash is chiefly manufactured for pharmaceutical purposes, and is called the *diuretic salt*, a salt which is generally obtained in flaky masses; it is very deliquescent, containing a large quantity of the water of crystallisation. The *acetate of soda* has an agreeable taste, but its principal importance is as a sourer of acetic acid in the manufactory to which I have adverted. The *acetate of lime* is chiefly important, as being one of the products in the operation for making pure acetic acid. The *acetate of iron* is an article of importance to the calico printer, as a mordant for black dyes; but it is a salt difficultly crystallisable. The acetate of *zinc* is employed occasionally in medicine. The acetate of *copper*, of which there are two kinds met with in commerce, one a pulverulent substance, generally a great mass of impurities, from being made by exposing copper plates to the action of vinegar, produced by the fermentation of the refuse of grape stalks, grape skins, and so on, is an article of some importance in commerce, being known under the name of verdigris. What is sold, however, as verdigris, is nothing more than a mixture of whitening and sulphate of copper; you should, therefore, always use the crystallised acetate. The *acetate of lead* is used in large quantities by the calico printer as a mordant. Now as all these salts are of great use in the arts, and are manufactured on a large scale, you may imagine how very importantly the manufacture of acetic acid from wood bears upon these, and instead of being, as formerly, obliged to have recourse to France for our supplies, we now manufacture them here in abundance with the acid obtained from wood. The acetate of lead in its dry state, has the number 162 for its equivalent, but in its crystallisable state it contains three proportionals of water, three times 9 being 27; we therefore have to add the 27 to the 162, and then it is represented by 189. When acetate of lead is dissolved in water, and boiled upon oxide of lead, it takes up a portion of the acid, you then get what is called a *subacetate of lead*, which is curious in many respects; it is easily decomposable by exposure to air, is not crystallisable, and its solution takes up carbonic acid from the air, and becomes converted into a carbonate of lead, which is insoluble. The subacetate of lead, obtained by boiling litharge in vinegar, used to be called *Goulard's extract of lead*, and it is the *liquor plumbi subacetatis* of the Pharmacopœia. The other acetates are of no importance.

There are some curious facts connected with the acetates generally, namely, that under decomposition, during particular circumstances, there is a substance generated similar, in some respects, to naphthaline, or ether, and was used formerly burned in lamps.

This, then, Gentlemen, concludes the chemical history of the vegetable substances; the three next Lectures will be occupied with the consideration of animal chemistry, and we shall finish the course with an outline of the science of geology.

THE MEDICAL PROFESSION.

If there be one subject towards which your attention has been more particularly directed—if there be one more especially interesting to your numerous readers—or if there be one respecting which mankind in general must entertain a more or less lively concern; that one subject, probably, is the present state of the "medical profession," respecting which it is my present purpose to make a few remarks, grounded upon an acquaintance with no inconsiderable number of its members, and an attentive experience of many years, chiefly spent in professional society, and the acquirement of professional knowledge. These remarks, however, are not directed (as those hitherto written upon the same subject have too often been) towards demonstrating the impropriety or impolicy of certain medical statutes—the superiority of this or that particular school—the comparative usefulness of this or that denomination of professional men. The first of these it is not in the power of private individuals to modify in the slightest degree, much less to repeal; its consideration, therefore, on my part, would be but lost labour; and as to the two latter, I not merely regard them, as unfortunately too prolific subjects for invidious and interested comparisons, but consider them as altogether below the attention of men who have enjoyed a liberal education, who are practising a liberal profession, and are supposed to be living in a liberal age. That in the darker centuries professional men were looked up to with a respect proportionate with the description and number of high-sounding and space-occupying titles attached to their names, we can readily understand; nor does it surprise us that little attention was paid to other criteria of merit. In those times education was confined altogether to the first grade of society, (and even there, comparatively speaking, was but of a limited character,) so that the great bulk of the profession being in a lamentable state of ignorance, these titles formed the chief, nay, only distinction between the learned and the illiterate; but those ages are passed, and with them their darkness; and the consequence is, that the very same nominal distinctions, which were then highly regarded, are now "as empty sound." But one title at the present day is sought after, is respected; the letters F.R.C.P., M.D., or M.R.C.S, may, in conjunction with a dozen others, be attached to our names, or may be useful in distinguishing one individual from another, yet they form but an useless show, unless accompanied (and it is well known they are far from being necessarily so) by the only one which deserves, now obtains, and will ever continue to merit respect, viz. talent; whether that talent has been acquired on the banks of the Cam, the Isis, the Forth, or even at less favoured places.

Before proceeding further, it may not be superfluous to remark, that the object of this communication is, to direct the attention of its readers to the *opinions* and *modes* of practice current amongst the disciples of the Apollonic art at the present day, and I trust it is written in strict accordance with that liberal spirit which is favourable to every species of free discussion, opposed to every narrow-minded axiom, to every species of unprofessional conduct, and which (whether viewed in relation to its effects upon an individual, or society at large) is indispensable.

The medical profession may be said to consist of three great classes, viz. of what may be denominated, 1st. Practical men; 2dly. Theorists; 3dly. Theoropractitioners. The first class, or those whom (in compliance with the usage of vulgar parlance) I have termed "practical men," are generally individuals advanced in life, whose medical education has been in the first instance, i. e. during youth, exceedingly defective, or (supposing them to have consumed the "midnight oil" during the spring-time of existence), are men, who, having experienced the incorrectness of some particular and favourite hypothesis cherished in their more studious days—having remarked the facility with which the greater number of diseases may be combated and eventually subdued, by treating individual symptoms as they arise—and having lost that "vis insita" for inquiry, which the plurality of mankind during their earlier years possess, treat their patients, more by the rule of *precedent*, than according to any method suggested by *reasoning* upon the phenomena which the disease under view may present; and in all complaints of very frequent occurrence, practitioners of this description are as markedly successful as they are at fault, when the disease is of an uncommon or an anomalous character. If asked their opinion of medicine as a science, they will tell you, and tell you truly, that its most important rule is that inculcating observation; but, alas, in what a limited sense do they employ the word! That, in proportion as your remedies are few and simple, your success in combating disease will be great. That, industrious application towards the acquirement of medical and scientific lore, will materially injure, instead of improve your powers of judgment, and your mode of practice, and that time devoted to obtaining a familiarity with morbid anatomy, is little better than idly spent. I have said they are men generally advanced in life, they have consequently acquired what they specially pride themselves upon, and for which are, indeed, altogether looked up to by the crowd viz. *experience*; but this class of practitioners do not seem at all sensible of the material difference that may and does exist amongst experienced men. If they will not consider it too much labour to open and carefully peruse the pages of Zimmerman, they will find that drawing from the book of Nature, he describes two distinct species of experience, viz. the *true* and the *false*, and will be compelled to admit the possibility of a man practising medicine for half a century, and yet having no more *real experience*, paradoxical as it may appear, at the expiration of that time, than what he might have boasted of at its commencement. If this position be well founded, (and it will be difficult to invalidate it,) of what value is mere age as a criterion of experience? On the other hand, how truly invaluable is age, when the *true* species of experience has only been limited by time! Ours is a profession, which cannot be too assiduously cultivated, and, perhaps, the greatest pleasure its followers derive, is attributable to the great variety and never-failing springs of knowledge which it presents; there is little fear of these springs becoming dry, for to few with more truth than to the followers of medicine can we apply the old saying—

"Multi multa sciunt, sed nemo omnia."

Before leaving this division of my subject, allow me to recommend to these "practical men" the following observation of Dr. A. T. Thomson (addressed to the Council of the London University,) "I am of opinion, that the moment a practitioner ceases to be a *student*, he is no longer worthy of the confidence of the public; and that the life of a physician can only be truly useful and honourable when it is unremittingly employed in study, in determining the truth of theoretical opinions by observation, and proving the value of practical suggestions by the test of experience." But whilst few will be found in the above class bold enough to call in question Dr. Thomson's most just opinion, I entertain very faint hopes of their acting up to its dictates, and my reason for doing so will be found in the celebrated observation of Bacon—"Cogitamus secundum naturam, loquimur secundum precepta, *sed agimus secundum consuetudinem*."

The second class is formed of men diametrically opposed in disposition and practice to those just described; they are more active minded (particularly if the craniometer, *measuring mind*, be applied over the organs of ideality); they are (although, generally speaking, but young men) possessed of more extensive attainments, but they are infinitely worse practitioners, and more dangerous at the bed side; the former recognising a disease when presented before them, and treating it according to the established rules of their art: whilst the latter, from entertaining *undefined* or *exclusive* opinions, mistake, but too often, the real nature of the complaint, or (when it chance to be of too palpable a character to be mistaken) treat it *experimentally*, according to some author they have been reading, favourite teacher they have studied under, or original view entertained by themselves. "Theorists," who possess very extensive general acquirements, are the men whose practice is so *undefined*, their minds are too liberal to entertain exclusive doctrines, and to pursue a corresponding practice, but forgetful of the trite, yet excellent adage, "in medio tutissimus ibis," they are also too fickle to be consistent; their practice is of one character to day, of another to-morrow; this *order* of theorists forms as large a proportion of the profession at the established temples of Apollo, as they constitute a small proportion in less favoured places; they have knowledge enough, but they want the discriminative tact of separating what is useful from what is merely chaff, and, without this, their information is never practically useful; for it has been truly remarked, that "reading, without observation, is little better than dreaming." The *exclusive order* of this class, are a much more numerous and less talented body of men; their mental powers being of a very limited character, (or, to speak phrenologically, their *reflective* organs, being little developed) it follows, as a natural consequence, that those views which they have acquired (and there is little deficiency of *perceptive* talent in such individuals) will occupy their whole attention, to the exclusion of liberal views and impartial investigation; the result is, we have bigots in medicine as well as in religion, and an additional verification of Pope's declaration, that "a little knowledge is a dangerous thing." But to instance a few examples of this order:—An exclusive disciple of Clutterbuck, treats all febrile affections as originating in one common source, the *brain*; and, if he has had the good fortune to attend Armstrong, declares *congestion* to be the cause; an exclusive disciple of Corvisart sees, in every case where the nervous system is a little disordered, and producing a corresponding irregularity in the sanguineous functions, *organic disease of the heart*; an exclusive pupil of Laennec, flourishes the stethoscope over the chest of a chlorotic female, suffering from disordered uterine function, hearkening to, and searching for, the cause of a cough which he may well not find in the only part which he has suspected, viz., the chest. Who has not heard, "ad nauseam," *an exclusive* advocate the Abernethian doctrines of disordered liver, and its corrector, blue pill? Who has not had his digestion, after an aldermanic repast, interrupted by hearing the oft repeated name of Philipp, coupled, as it is, with the Protæan forms of gastric disorder? And, lastly, (for we might proceed almost ad infinitum,) who has not seen, within the range of his medical acquaintance, *an exclusive*, who believes, with Broussais, that nine-tenths of the ills to which "poor human flesh is heir," solely originate in a diseased condition of the mucous lining of the alimentary canal!! Of such men, Martial may have been thinking when he quaintly says,

> "Ride si sapis,"

for ridicule may affect and restore such beings to reason—argument only confirms their folly. That Clutterbuck, Armstrong, Laennec, Corvisart, Philipp, and Broussais are men of first rate ability, no one, who had read their several works, would for a moment question; that their pathological views, as applied to a great number of cases, are correct, it would be as foolish to deny as it is ridiculous in the men I have been last describing applying them to all and every variety of disease without exception.

Upon the third, last, and least numerous, division of the medical profession, viz., the theoropractitioners, little need be said; possessed of the practical application of the first, in combination with the mental endowments attributable to the more talented order of the second class, they constitute a body of men whose services are invaluable to mankind, whether we regard them as successfully checking the ravages of dissease at the bedside, or contributing still further to the hallowed cause of humanity, by improving that science, the objects of which are to allay suffering, restore health, and prolong existence. In accordance with the invaluable method of inductive procedure laid down by the immortal Bacon, (the application of which to medicine has hitherto been generally much neglected, although its incalculable advantages are more than sufficiently evidenced in every science to which it has been applied,) the theoropractitioner rests not satisfied with an accurate knowledge of the human frame, both as regards its structure, the functions it has to perform, and the laws by which it is regulated; with knowing the "modus operandi," of the various medicinal agents which modern industry has discovered, or past ages approved; with being able to enumerate and recognise the symptoms which accompany, and indeed characterise, disorders; with ascertaining and removing the *effects* which disease may have produced; but, with an indefatigable zeal which no difficulties can despirit, and a cultivated acumen which no obscurity can withstand, he carefully traces the relations between *cause* and *effect*; he distinguishes between the apparently real, and hidden true source of mischief; by attending to the latter more particularly, his object is at once attained; he then inquires whether the concomitant and beguiling features of the complaint were accidental, or referrible to the disorder they accompanied. Should the disease prove fatal, he weighs carefully the value of preceding indications, in reference to the morbid state, which is found to have coexisted with them—in a word, he is a true pathologist.

If the trite, but most excellent advice, "initio morborum occurrite," contain, as I presume it to do, the most important maxim ever delivered to our profession, how invaluable, nay, how indispensable, is that præscient and diagnostic tact, which nothing but the united experience of the bed side and the closet can confer, and which no one but the indefatigable pathologist can possess. It has been said, and the saying has been encouraged by the indolent, that medicine never can attain principles as definite as those which regulate what are termed the "exact sciences;" but this, in a great measure, although not altogether, I am much inclined to controvert, believing that the observation,

> "Fortuna tanquam Proteus, si perseveres
> ad formam redit,"

would equally apply to medicine as to fortune.

I might enlarge this sketch by detailing the industry with which the theoropractitioner pursues every individual branch of science, or observation, which is calculated to enlarge his views of medicine, to improve his mode of practice, but that were a tedious, as it is an unnecessary, task. If I have, in some faint degree, succeeded in pointing out to the profession the two extreme roads into which so many of its members wander, the path to be pursued requires no further description; in the avoidance of the two first, we naturally and necessarily pursue the last.

John Alexander, M.D.

Manchester, May, 1828.

TO THE SURGICAL AND MEDICAL PUPILS ATTENDING THE BOROUGH SCHOOLS.

My respected Fellow Students,—Of all the questions calculated to engage the attention, and to call forth the active endeavours of pupils thoroughly to investigate, perhaps that of the irregularities exhibited by *heads of hospitals*, in conducting the surgical and medical departments, will be found the most important, although, as far as my knowledge has gone, it is one respecting which the students have offered but comparatively little public opinion, and to which they have presented still less *actual opposition.* To what can this strange circumstance be attributable? Can we ascribe it to direct indolence of disposition? It is to be feared, indeed, we might assign to a *certain few* a far more contemptible reason, for we have actually seen those who have affixed their names to *a certificate*, in *immediate opposition to motives of conscience*, regarding an individual, in whose behalf they could only contend, that he was "*a very free, good-natured sort of a fellow.*" But although it is not easy to account for the inactivity of students *as a body* in these momentous matters, so immediately affecting their own interest, we may with more certainty state the inevitable evils which are the result of it. In that invaluable publication, "The Lancet," I observed, a week or two since, the letter of a country surgeon, (he could not have studied in London, at least for many years, or he would have known better,) who, in speaking of infirmaries, alluded to the exactness and propriety observed in the metropolitan infirmaries and hospitals, as examples worthy to be copied!!! Now, the case of this man is precisely that of the *governors of hospitals*, and of the *public generally*: in the dark as to the real state of affairs, they are led to believe that in these places, which are, strictly speaking, their property, the individuals whom they have at great cost placed there as their servants, act in every respect in perfect accordance with the principles they professed, and with the smooth promises they made previous to admission into office: thus is fostered that spirit of "glory in shame," so obvious in this class of *worthies*, and the exercise of which has given rise to so much cause for discontent and regret. But what is the fact? Have not these institutions, which were intended to exist as the imperishable monuments and abodes of that pure *charity* and *benevolence* that once dwelt in the bosoms of the immortal founders. Have not they been robbed of their property, and their place supplied by the hand of plunder? And have not the very virtues, which it was designed should be made the foundation of a beautiful superstructure of knowledge that might enlighten surrounding nations, have not these been made the foundation of a superstructure of *monopoly*, which will ever throw a shadow of reproach upon those who have helped to raise it.

There may, and, in all probability, will be *a select few*, (to whom I have before adverted,) who, inclined by false notions of interest to follow blindfold at the skirts of hospital surgeon, still think the objects of these charities have not been perverted; but I would beg such to reflect upon the precious hours they have passed under the porticos, vainly waiting a surgeon's or physician's arrival, or for a post-mortem examination, or, may be, to gain admission to the museum: how many difficulties they have experienced in striving to collect a few facts of a case—in short, *how many obstructions* to the mere perusal of a "Case Book" in the wards, and I would then ask if each cannot, as regards himself, make this serious appeal.

> "Have I not suffer'd things never to be
> forgiven?"

These are not exaggerations. Only a few days since, whilst in the act of transcribing a few observations from Dr. Elliotson's book, in a certain ward of St. Thomas's, I was unexpectedly interrupted by a rude, snuffy, and untutored old woman, (tutored enough *in this matter* doubtless,) to the effect of stating her belief that I was not a pupil, that I had no business there, and that she had, on a former occasion, "*got a tremendous rowing*, for having *permitted* a gentleman *to take notes out of the Doctor's book.*" Now, had this happened to an individual who had no professional pursuit there, it would perchance have been more tolerable; but having occurred to one, who had by an *exorbitant sum of money purchased a right to that book*, as valid as that of the physicians themselves, it can only engender the most profound disgust towards the instigators of such conduct, and create a blush in us at the pitiable spirit pervading them, and so manifest in their every transaction. It will hardly be credited that a Borough pupil is *prevented* from subscribing to *the library* of St. Thomas's, unless he have *previously entered to the hospital*; or, what is the same thing, it is not deemed worth while *to pick the pockets of a student*, for the sake of *one paltry guinea.*

It has been stated, that much of the inconstancy of attendance on the part of the surgeons and physicians has originated from the carelessness of the pupils, and the deficiency of clinical instruction has been adduced as an example; but I boldly deny that, at least while I have known these schools, this has, in any degree been the case; and whoever has taken the trouble to make observation, will confirm me in charging its origin to the neglect of lecturers to attend at *the appointed hour*, by which the class have been kept shivering, loitering, and grumbling in the court-yard, like so many out-patients; and the consequence of course was, that most of the members came to the resolution not to attend again, while the remainder determined upon observing later hours; thus, when by chance the lecturer has arrived to deliver the surgical clinique at the *proper hour*, he has had the *wished for pleasing* opportunity afforded him, of stalking out of the theatre again, and making his boast, that the *non-attendance of pupils* will prevent him from giving clinical lectures in future. And the same remark might with equal propriety be made, as to the visits round the wards. It is well known to pupils that we are told, upon *paying the fees*, these visits are made at half past twelve o'clock precisely; but I appeal to these same pupils, if they have not *often* been delayed from *that period* till about a *quarter to two o'clock*, when possibly the "*long looked for*" may have "*come at last*," and have graciously presented *a choice* to us, of either *losing the anatomical lecture*, or being *deprived* of what is termed *walking*, though it might be more true to call it *running* the hospitals. And what, in the end, has been, and will be the effect of this? Why, that most of the students, after a sacrifice of so much money, have hardly thought of visiting the hospitals at all, and that themselves and the public have suffered, and still must suffer. From these truths, may we not come to the painful conclusion, that pupils have immense sums of money extorted from them, for contracts which are never fulfilled; that they have no opportunity for improvement, but, on the contrary, every thing to impede them in the progress of professional knowledge.

And who that contemplates this for a moment, but will be ready to exclaim, it is time to escape from such "dire oppression." Is not our position in society, in after life, entirely dependent upon our success in practice, and this likewise upon the extent of our knowledge, which last is proportionate to our advantages now. Let it pass that *we have* borne, with silent lips, *insult* and *wrong*. Let it pass that we have seen ourselves *deprived of our privileges, one by one*, and like Sheridan, when he saw his house in flames, never attempted to wrest an atom of property from destruction, or to quench the devouring element. We have now proved the existence of evils, and of evils which are fraught with pernicious effects to us and to the world, and can we bear this sacrifice of our future comfort, and of human life, with apparent approval?

Though we may not possibly have the benefit of a removal of these evils extended to us, while we are within the Borough walls, yet, in the first place, we cannot but feel that pleasure dear to us, which springs from a consciousness of having been instrumental in the good of the fellow-creatures who surround us, and especially of those who are nearly allied to us by professional avocation, and who, in all likelihood, may tread the steps we have trodden at these hospitals; and, in the second place, it becomes an *imperative duty* upon us to adopt the language of the Catholics of the present day, and declare, "that if they will not emancipate us, we will emancipate ourselves."

The question then arises, as to what course might be most beneficially pursued to further our intentions. Past events have fully testified that nothing can be done on our part, without the united exertions of many: perchance a puny arm may now and then have been raised in defence of right, but it has only served those before whom it was bared, as a laughing stock, or they have passed it by "as the idle wind which they regard not." I would therefore venture to propose, that students of the Borough do convene meetings every week, or *as often as may be deemed necessary*, for the express purpose of taking into consideration the *various* and *serious evils* under which they are labouring, and the most effectual and speedy means of remedying the same.

In the mean time allow me to remain,

My respected fellow-students,

Your attached friend,

J. W.

On the safety and necessity of Amputation in spreading Mortification. By George Bushe, m.d., of the Royal College of Surgeons in Ireland, and Assistant Surgeon to the Forces.

The catalogue of surgical writers can boast of no better names than Pott and Sharp; to them we are indebted for many sterling improvements in surgical science; but yet these celebrated men committed errors, which have been partly rectified by succeeding authors. When we read their sentiments on the operation of amputation for mortification, we cannot but regret that they did not adopt a more impartial line of research; which, when aided by the vast experience they must have enjoyed, would have induced them to alter what they wished might be received as an axiom, viz., that amputation should never be had recourse to, in mortification, until the deadening process had ceased, and a line of separation had been established. To substantiate this maxim it was urged, that no matter what care might be taken to distinguish between the diseased and healthy parts, the operator very likely would be deceived, by finding that, though the integuments appeared to be, and indeed were perfectly sound, the deeper-seated parts, as the cellular tissue, and muscles surrounding the bone, were in a state of gangrene; and that if even the divided parts were healthy, the same morbid affection would, in all probability, attack the stump, and soon prove fatal; finally, that the shock of the operation, when added to the debility produced by the disease, would seriously endanger the patient's life. These opinions, derived from such high authority, naturally impressed the surgeons of England with a determination only to amputate for mortification, after a line of separation had been established;* and even in the present day the same doctrine is publicly inculcated, by some of the first teachers in the empire; and it is merely from a conviction of the unstable foundation, upon which this doctrine has been erected, that I am induced to write this short paper; which has for its object to prove the necessity there exists for, and the safety that may follow amputation, in cases of spreading traumatic gangrene.

B. Larrey, in his "Memoirs de Chirurgie Militaire," tell us, that at Toulon, in 1796, he amputated in a case of spreading traumatic gangrene, with the best success; and that in 1801, at the siege of Alexandria, in Egypt, he again repeated this practice with the same success; and that from this period many of the surgeons of the first rank, in the French army, pursued his example; and, from their experience, we must conclude, that so far from being a hazardous, it was generally a safe, line of practice. But the Baron is not the only person who has recommended this derivation from the maxim of Pott and Sharp, for Miher, who wrote in 1799, distinctly says, that mortification succeeding to gun-shot wounds, is the only case that requires *immediate* amputation; and Mr. Lawrence and A. C. Hutchison, both relate successful cases where amputation was performed for traumatic mortification, before a line of separation had been established.

I have now twice observed amputation terminate favourably, when performed for spreading traumatic gangrene; one case was operated on by the late Professor Todd; and the other was a patient of my own. The subject of Mr. Todd's operation was a wretched woman of the town, about 25 years of age, and greatly emaciated by dissipation; she was admitted into the Richmond Hospital, Dublin, in the summer of 1823, on account of a compound dislocation of the left ankle-joint, attended with extensive laceration of the ligaments; to which, in the space of eighteen hours, succeeded spreading mortification, accompanied with general sinking of the vital powers. On the beginning of the third day, amputation was performed below the knee; and a complete recovery followed.

The other case, that which fell more immediately under my own care, and altogether bore a disheartening aspect, I shall, by way of concluding this paper, detail more at length.

Sweetman, æt. 28, of sallow complexion, and delicate frame, by trade a labourer, on the 12th, Dec. 1827, whilst engaged in attending masons on a scaffold, 47 feet high, (near Chatham) fell to the ground; by which he sustained the following injuries, viz. dislocation of the right femur upwards and backwards; dislocation of the knee backwards, and compound luxation of the ankle-joint of the same member. He was immediately removed to the parish hospital, where he was soon visited by surgeons Hope and Bryant; who reduced the luxation of the knee, closed the wound of the ankle, and placed the limb in the semiflexed position, having previously made many fruitless attempts to reduce the luxation of the hip. After reaction had taken place, blood was freely abstracted from the arm, and subsequently the usual treatment was steadily pursued. From the date of the accident, until the 15th, he went on favourably; but at this period he complained of excruciating pain; the limb became tumid, and a black spot appeared in the neighbourhood of the wound. Bark and opium were administered in large quantities, but they did not appear to have any beneficial effect, as the deadening process extended, accompanied with dreadful suffering; and on the evening of the 18th, (when I first saw him) the medical gentlemen above mentioned, and Messrs. Robertson and Tribe, were present. When we found that the limb was quite livid, even above the knee, and covered with large vesicles containing a dark-coloured fluid, attended with great tension and tumefaction of the thigh, and an emphysematous condition of its cellular tissue, and also that of the lower part of the abdomen. His face was pallid; skin rather cold; fore-head and breast covered with a clammy perspiration; tongue tremulous; and his pulse weak, soft and quick. Seeing that death would certainly take place in a few hours, as the mortification was extending rapidly towards the trunk, and the vital powers quickly sinking, nothing appeared to forbid the only alternative, (amputation) but that the shock of the operation, when added to the functional depression under which he laboured, might prove suddenly fatal.—However, as his friends were urgent for the operation, I immediately removed the limb below the trochanters; during the operation the loss of blood was very inconsiderable, and no further depression of the vis vitæ ensued. He had a large opiate, and warm beef-tea *ad libitum*. On the following day, when I visited him, I was informed that he had a good night, having slept seven hours; his skin was natural; pulse more full, firm, and less quick. The stump was free from unnatural tension, or other untoward appearances. It would be useless to follow this case further, as it presented nothing remarkable; the stump healed rapidly, and he was soon discharged the Hospital, well.

---

* No person can more admire men, who have improved science and literature, than I do; but I could wish that others would agree with me, in not even receiving, as correct, without a strict inquiry, matter from the most renowned in our profession; for I do think, that many unpretending individuals may detect serious errors in the writings of the most notorious members of the faculty.

Chatham, March 1, 1828.

A Case where the Right Eye, and a large Encysted Tumour were successfully removed. By George Bushe, M.D., &c.

John Albutt, ætat. seven years, in November, 1826, was, without any known cause, affected with protrusion of the right eye, which gradually increased. On the 3d of April, 1827, I was consulted by Mr. Tribe, (who previously had charge of the boy,) as to the practicability of an operation for his relief, there being considerable exophthalmia, with total loss of vision, and a great tendency to torpor. On examination, I found that a resisting tumour extended across the orbit, above the globe, the former having the effect of bearing the latter downwards and forwards. Some of my medical friends supposed, from the situation of the tumour, the rapidity of its growth, and accompanying cerebral symptoms, that it was a fungus from the right anterior lobe of the brain; but as the boy had no cerebral symptoms when the tumour first appeared, I supposed it more likely that the tumour, by causing absorption of the roof of the orbit, and pressing on the brain, produced the stupor, &c.; and, after mature consideration, I determined to attempt the removal of the tumour and eye, if necessary, as the only means of preventing fatal consequences. But to this the parents objected; however, on the 16th of the month, I was called to see the patient, and found that the tumour had enlarged to such an extent, as to produce coma, still further projection of the eye, and partial paralysis of the left side of the face and upper extremity, with a dilated and immoveable condition of the pupil of the left eye: the parents having finally consented to the operation, I proceeded as follows:—

The boy being placed on a table near the light of a window, I divided the external canthus to the edge of the orbit, and then elevated the upper lid, by which a tumour, elastic and irregular, was exposed, extending across the orbit, and forwards to the supra orbital ridge. With the handle of a scalpel I detached it from its connexion with the bone, to the extent of half an inch; but found that it so completely embraced the globe, and was so closely lodged in the orbit, that it would be impossible to remove the former without sacrificing the latter, I therefore drew the contents of the orbit downwards and forwards, by inserting a curved needle, armed with a strong ligature, through the edge of the tumour and globe of the eye; I now cautiously proceeded to detach the tumour at its posterior part, but before I had proceeded far, I was not a little annoyed to find, that what I had anticipated was correct, viz. that the tumour pressed on the anterior lobe of the brain, the posterior and superior part of the roof of the orbit being absorbed; however, I cautiously pursued the separation of parts to the foramen opticum, and finally divided the optic nerve and recti muscles with a curved scissors. Slight hæmorrhage followed the operation, but was easily restrained by a portion of sponge. In ten days the wound had nearly healed, and the little patient was walking about without any inconvenience.

Chatham, April, 1827.

ON DISEASES OF THE BONES.*

External Necrosis.

Dr. M'Dowell remarks, that this affection of the bone is often the result of external violence:—

"A clot of blood, remaining a length of time, produces necrosis of a scale of the lamellæ on which it lay, which excites the surrounding structure to the formation of pus, as a medium of separation between the living and the dead bone; or, the clot of itself producing irritation foreign to the nature of the part, may excite formation of pus. This fluid accumulating, either bursts through the periosteum and integuments and is discharged, or, encountering a firm resistance from the periosteum, (which is often the case,) attains the necessary space for its increased bulk, by extending the separation between the bone and its periosteum, sometimes entirely denuding it, and thus effecting its complete necrosis. This is what I would term *external* necrosis, and unless the pus is evacuated and allowed a free vent, it becomes the cause of the extension of the disease from bone to bone, until sometimes many bones are affected."

---

* American Medical Recorder.

The treatment recommended is, to make a free incision through the integuments at the most depending part of the swelling, and another at the upper part. 2dly. To excite the exterior of the bone, and the interior of the periosteum, by stimulating washes; by passing setons when the parts will admit, from a superior to an inferior opening along the bone; and, 3dly, By compression with a roller, or with the laced stocking. In confirmation of the beneficial effects of this plan, the following case is related:—

"Tom, a *negro* boy, the *property** of Mrs. Rowland, ætat. 10, pumping from the top of a fence, fell and struck the tibia against a rail that lay on the ground. A small tumour arose, which at the time was but little regarded; about fourteen days afterwards, general swelling of the leg commenced, attended with severe pain; the swelling soon became most where the original injury was inflicted, at which point his attending physician, Dr. S. O. Caruthers, made a small opening with a lancet, from which there was a free discharge of pus. But the swelling below still extended towards the foot, and he daily grew worse. Hectic fever supervened, with colliquative sweats and diarrhœa: those symptoms were combated with the ordinary remedies; nevertheless, his danger became so imminent, that I was called in to amputate the leg, and visited him with that view on the 22d November, 1825. On enlarging the small issue already made, between the tibia and tibialis anticus, to a size that admitted the introduction of the finger, both the tibia and fibula were found denuded as far as they could be examined, and appeared dead, exhibiting the white graveyard appearance. In conference with Dr. C., on representing the success of my restorative endeavours in cases I conceived to have been of similar character, we concluded to delay amputation and make a trial of the kind. With such views, a large knitting-needle (having no probe of sufficient length,) was introduced at the opening above named, and passed down along the naked tibia, passing between the two bones, and was cut out posterior to them, between the malleolus externus and the tendo-achillis; believing this to be the most depending situation to which pus had arrived. A stout skein of thread was passed, from one opening to the other, and the roller was applied from the toes to the knee. I never visited him afterwards, but was informed by Dr. C. that the fever and constitutional symptoms, after this operation, quickly yielded to the same remedies they had baffled before, and that his recovery was rapid and complete."

When the external part of a diseased bone is discovered to be black only in parts, Dr. M'Dowell is of opinion, that efforts should be made to "reanimate" so much of the bone as is not decidedly carious, even though the whole bone be denuded, and he recommends that "*the carious portions should be forcibly detached, without wasting any time, awaiting the dubious process of exfoliation.*"

Case.—"Matilda, a mulatto woman, the *property* of General J. Preston, aged 25, was visited 26th December, 1823,—she had a deep-seated swelling, and pain below the middle posterior part of the thigh, which had been of several weeks' duration. Discutient liniments, blisters, mercurial plasters, and poultices were applied without effect. On the 2d January, 1824, a free incision was made, and about a pint of pus discharged from a situation much deeper than external examination had led me to expect; the bone was denuded, as far as I could examine it up and down, to the extent of eight or nine inches, the opening was sustained by tents, and a roller was applied from the toes to the hip; at each dressing, tincture of myrrh was freely injected. By the 1st of March, amendment was such, that only a small denudation of bone remained, not exceeding an inch; on the 2d of April, a carious plate was forcibly detached; eight or ten days afterwards, on examination, the bone could not be reached with the probe, and on the 18th April, she was discharged cured."

The following Case is subsequently adduced, by way of contrast, to show the tedious process of Nature in effecting Exfoliation:—

"Bill, a negro man, the *property* of Mr. S. Kennedy, suffered a compound fracture of the femur when a boy, from the falling of a tree upon him. Re-union of the bone was tedious; and after it was completed, the opening through the integuments continued, and became fistulous. On the 9th of June, 1821, I was called to examine him (eight years after he had received the fracture). The issue was situated about six inches below the trochanter major, through which the probe readily reached rough naked bone; the muscles of the thigh and leg of the diseased limb were flaccid and shrivelled, and the limb was but little more than half the size of the other; his general health was such, that he could endure no fatigue, and caused him to pass most of his time in a recumbent posture.

---

* And is this your boasted "laud of liberty?" Oh! Jonathan, Jonathan.

"By the advice, and with the co-operation of Drs. Patterson and Madison, such an incision was made, as admitted free examination of the bone. A caries was discovered about an inch in diameter, rough and black; it was surrounded, and tightly embraced by the edges of the sound bone, which seemed disposed to close over it, resembling the appearance sometimes remarked in a tree, the recent growths of which are in the act of closing over a canker it has sustained from partial decortication, or from the removal of a chip. The black scale, more than a quarter of an inch in thickness, and still very firm, was broken up from its place, and removed; the sinus healed in a few weeks; the boy regained his general health, and the diseased limb, in the course of a few months, recovered the healthful appearance, and the full size of its fellow."

Internal Necrosis.

Necrosis of the internal structure, like external necrosis, and most other diseases of bone, Dr. M'Dowell remarks, is frequently of constitutional origin, and, of course, requires that attention should first be paid to the constitutional taint. But he states that particular attention is required to the local management, a point which he thinks has always been too much neglected. The treatment recommended is, as in the case of external necrosis, the removal of the carious bone.

The first case related, is that of a boy in whom an abscess slowly formed about an inch and a half below the knee; the abscess burst, and a sinus eventually formed, from which several portions of carious bone were discharged. The patient's health having become much affected, and it being clearly ascertained that the tibia was extensively diseased, an operation was performed for the removal of the carious part. A trephine, and the saw called Hey's, were used to remove the lamellæ, and the "carious cancelli" were removed with a "*gouge* and *scraper*." The caries extended so near the joint, that *a discharge of synovial fluid followed the separation of the diseased bone, and continued to flow sometime afterwards*! Inflammation was suppressed by bloodletting; and the leg, as Dr. M'Dowell affirms, at the expiration of six months, had recovered its full size and strength.

A second case, in which a similar line of practice was adopted with success, is detailed. The patient, a boy nine years of age, had most extensive disease of the tibia, and "*about two-thirds of this bone was removed.*" In less than six months, this patient was able to walk "without stick or crutch," and the present deformity of the leg, it is said, consists "in but little else than the scar."

PHRENOLOGY.

To the Editor of THE LANCET.

SIR,—A single fact is worth all the theories in the world, and the stubbornness with which truth resists fiction is pretty strongly exemplified in the examination of the female skull, by Dr. Epps. It is one of the most complete death-blows this monstrous tom-foolery has received, and must point out the absurd doctrine phrenology *pretends* to inculcate! We will, for an instant, suppose it to be accurate in its examinations: what a pleasant introduction to a friend on the onset, if both are inoculated with this prodigious qualification? Each individual would be taking every opportunity of feeling the bumps and lumps on the cranium of the other, and society (already seriously stupid,) would be worse than intolerable by the natural shyness such plain elevations of bony matter must demonstrate. Some of the organs would be too friendly! The Spurzheim doctrine is ingenious, but wild; evidently pointing out its German origin, and plainly indicating a brain imbrued too deeply with the horrors and wonders of the Hartz-mountain.

Hear this, ye phrenologists!! The woman was hanged for murdering her own infant, and yet the love of offspring was *huge!*

DER FRIESCHUTZ.

Twickenham, May 16, 1825.

CHOREA.

To the Editor of THE LANCET.

SIR,—Observing, in the Number of your Journal of the 24th of May, the minutes of a case of chorea successfully treated with the carbonate of iron, I beg leave to subjoin an account of a case occurring in my own practice, with a similar result. I was consulted, on the 6th of July 1827, in the case of S. D., a girl of fifteen; she had constant motion of the limbs and of the whole body, which had been gradually increasing for the space of one month, and had resisted the action of purgatives. I commenced, on the 12th, with ½ dozen doses twice a day; she was perfectly recovered by the 30th of the same, when she desisted from taking the medicine.

Your obedient humble servant,

WILLIAM WELLS, M.R.C.S.

Totness, Devon, June 17, 1828.

THE LANCET.

London, Saturday, July 5, 1828.

It would be an insult to the understanding of the medical profession to suppose, that the intellectual and literary character of any considerable portion of the great body of English surgeons was represented by two such publications as the Weekly Excrescence put forth by the editor of the Yellow Journal, or the Fasciculi still published by the quondam editor of a Quarterly Medical Review. In fact, no such imputation can justly be cast upon medical practitioners, for the circulation of these publications is as limited as the literary capacity of their conductors. We have seldom felt it necessary to advert seriously to the lucubrations of either of the Aberdeen graduates who preside over these monuments, or rather graves, of medical intelligence, and when we noticed, a few weeks ago, the plan propounded by one of them for the revival of a system of " Hole and Corner" surgery in our public Hospitals, it was rather in compliance with the wishes of some of our Correspondents, who were of opinion that the proposition merited castigation, than from any conviction of our own, that the *niaiseries* of the writer required animadversion and exposure. It is ludicrous, however, to observe the extravagant satisfaction with which the Editor of the Excrescence has caught at this exception to the general course of forbearance, from which, he says, our " better feelings" have induced us to deviate. He recals to our recollection the period at which we intimated, that we would not retard " by any notice" the dissolution of certain contemptible imitations of this Journal, and infers with delight, either that he was not one of the objects of our " original decree, or that his own merits have entitled him to some relaxation of it. If we did not recognise an old acquaintance in the author of the plan for reviving a system of " Hole and Corner" surgery, we should have a difficulty in picturing to ourselves the manner of man, who could feel gratification at the notice we took of that proposition. He is evidently delighted at that notice, and considers derision a grateful substitute for neglect; but, while he is unable to conceal the satisfaction he derives from having entitled himself even to the ridicule of The Lancet, we think he is a little ungrateful in reproaching us with inconsistency. " The editor of The Lancet," says he, " finding that his design of leaving us to sink, without retarding our untimely dissolution 'by any notice,' is not likely to prove altogether successful, has, with his usual consistency, adopted an opposite course." Now, even supposing the charge of inconsistency to be well-founded, the writer should have remembered that he was indebted to our change of purpose for a distinction, which he is desirous of impressing upon his readers as an evidence of his increased importance; to say nothing of the awkward basis on which the charge is founded, namely, the consciousness of the writer that he is one of the contemptible imitators of The Lancet to whom we alluded. But the truth is, that the editor of the Weekly Excrescence is only an old friend with an attempt at a new face, and it argues no inconsistency on the part of this Journal, to show up from time to time a set of features with which the profession has been long familiar. Who is there, for instance, at all conversant with the medical literature of this country during the last four or five years, who does not immediately recognise " the old hack of a journalist," as Mr. Samuel Cooper styled him in the following *descriptio personæ*, which seems to have inspired our contemporary with a comfortable conviction of his own importance?

" There is a class of persons to whose understanding Nature has been sufficiently bountiful to enable them, like pigs, to smell the quarter from which the wind blows, and

> to make a reluctant sacrifice of individual prejudice, to what they have sagacity enough to perceive to be the general sentiment of the community. There is also a class, whose intellect is of more contracted dimensions, and from whose stock of ignorance no experience, or opportunities of observation, subtract one iota of imbecility. To this latter class belongs the individual who has just broached his plan for the revival of a system of "Hole and Corner" surgery in our public hospitals. Time flows in vain for a person of his intellectual *calibre*; and experience, which enlarges the perceptions of a healthy mind, serves only to confirm his prejudices, and to render his obtuseness incurable."—THE LANCET, p. 309.

There is another ground upon which we have a right to tax the Editor of the Excrescence, not merely with ingratitude, but with a failing which he shares with the manufacturer of the "Fasciculi," and which is, of all others, the meanest, and the least excusable in a public writer, to wit, the want of literary honesty. If there be any difference, in point of morality, between the verbal uttering of a falsehood, and the wilful violation of truth, through the instrumentality of the press, the latter is the more flagrant offence, because it supposes greater deliberation in the commission, and a more persevering purpose to deceive. An instance of this species of mendacity occurs, in the remarks made by the Editor of the Excrescence on our exposure of his "Hole and Corner" proposition. He quotes one of his own profound passages, in which he states "that the public are singularly ignorant of medical matters, and, of course, singularly liable to be duped by any crafty knave, who has no scruples in arrogating superiority of his own knowledge," and then intimates that we misrepresented this passage, and more especially omitted the remarks about "a crafty knave," from a consciousness that this cutting piece of satire applied to ourselves. We were afraid, in short, according to this writer, of fairly citing a passage, which, though not the best possible example of the purity of his English, was a formidable specimen of the severity of his sarcasm. The truth of this grave imputation on our courage, may be ascertained by a reference to page 338 of this Journal, in which the whole passage, which the Editor of the Excrescence accuses us of suppressing, may be found transferred, word for word, to our pages. But we can scarcely expect, at this temperature, that any of our readers will take the trouble to convince themselves of the bad faith of the Editor of the Excrescence, and we will, therefore, re-quote the precious passage which that sagacious person evidently supposes to be one of no ordinary poignancy and pith.

> "That surely cannot be deemed a public matter, which the public cannot understand; and of medical and surgical matters the public are singularly and pre-eminently ignorant, and, of course, are singularly and pre-eminently liable to be deluded—to be duped by any crafty knave, who has no scruples in arrogating superiority of his own knowledge, and calumniating the skill of others."

The "crafty knave," as the "satirical rogue" now confesses, was meant to apply to the Editor of this Journal, not as the construction of the sentence would imply, in his character of a medical practitioner, but in the capacity, wherein he has supplied the profession and the public with reports of hospital cases. The writer further states that, instead of a faithful detail of cases, the reports published in this Journal have represented "one set of men as always doing precisely what was right, and another set as always committing the most palpable and disgraceful blunders; the former being invariably those who supported THE LANCET, the latter those who condemned it.' Now, if the Editor of the Excrescence really believes that THE LANCET has craftily acquired the confidence of the profession, and a circulation far more extensive than was ever yet obtained by any scientific Journal in this country, by a system of fraud and deception such as he has here described, he is in a condition which calls rather for our compassion than our contempt, and we marvel not at his attempt to ingraft his own morbid perceptions on the minds of his readers. But if he entertains no such belief—if, on the contrary, he knows that out of many thousand hospital cases reported in this Journal, there are not half a dozen of which the accuracy has ever been called in question, and but one which has been made the subject of an action at law, in which action we have put a plea on the record, which will bring in issue the TRUTH of the report; if he knows this, what shall we say of his honesty? or, to use an argument which is more likely to find access to his feelings, what shall we say of the policy which would seek to palm so foul a misrepresentation on the public? But the writer, in the impotence of his desire to fix an imputation on THE LANCET, destroys his own statement; for what is the essential character of that craft, to which he attributes the successful falsification of reports? Craft is power to deceive, and this power supposes a superior knowledge of the adaptation of means to an end. Now, supposing the end which a medical journalist has chiefly in view, to be no higher than that which is found by experience to stimulate the majority of mankind, namely, the promotion of his own interest, how can the Editor of the Excrescence reconcile the craft which he imputes to us, with the selection of the means most inevitably calculated to destroy our own interest? Let us survey for a moment the steps of our enlightened contemporary's arguments, and, for the sake of clearness, put them into the form of a syllogism.

The public are singulaily ignorant of medical subjects, and therefore singularly liable to be duped by a crafty knave.

But a crafty knave has, for the last five years, duped them by a systematic falsification of hospital cases.

Argal, reasoneth our medical Dogberry, it is high time that all crafty knaves, detected in falsifying cases, should be forcibly ejected from our public hospitals. If we inquire who are to be the judges whether a crafty knave has been detected, the answer is obvious. The hospital surgeons, whose reputation may have suffered from the publication of an unsuccessful case. If a doubt be suggested, whether an unpalatable report has been wilfully falsified, seeing that it is obviously against the interest of a medical journalist to misrepresent the facts of a case, it is replied, that the interest of the journalist has been sacrificed to the gratification of private malice. Private malice! Pooh! pooh! pooh! This twaddle may pass current among the Bats, but it cannot impose on the understanding of men, whether in or out of the profession, who reflect on the motives of human actions, and who, in balancing opposite probabilities, will naturally conclude, that hospital surgeons are more likely to have occasionally exhibited ignorance and want of skill, than that a medical journalist should have been malicious, without any assignable motive for malice, and systematically regardless of his own interest, in a matter where it is not pretended that he was not perfectly capable of appreciating the means best calculated to promote it.

The truth is, that an incompetent functionary will always regard a Journalist, who records his errors, as an enemy. Unskilful surgeons shrink as naturally from public criticism as bad authors, and are fully as much given to vituperate the tribunal which condemns them. However impartially the Journalist may discharge his duty, if the *facts* he records lead to inconvenient conclusions, the Hospital Surgeon denounces him as a crafty knave, like the culprit, who, after an unfavourable summing up to the Jury, exclaimed, "Have a care, Gentlemen, of that rogue upon the bench; the villain has a design upon my life!"

Delineations of the Origin and Progress of various changes of Structure which occur in Man, and some of the Inferior Animals; being the continuation of works already published on this subject. By John Baron, M.D., F.R.S.. &c. Longman and Co.

In his two preceding volumes, the author laboured to establish an identity between hydatid and tubercle; that hydatid may be produced under circumstances unfavourable to the general health; that every hydatid is convertible into tubercle—and that every tubercle has for its avant-courier an hydatid. This, we apprehend, to have been the Doctor's " end and aim;" but, on account of the confused and very obscure nature of his description, we may possibly have been led into a mistake of his real meaning, as seems to have been the case with Laennec, and some others.

In the introduction to the 2d volume, page 10, of this medico-political, or politico-medical production, which some twenty years since would not have been unworthy of Downing Street, the author favours us with a quotation from the first book of the Novum Organon, as if the inductive mode of reasoning was to be pursued by him in the inquiry on which he had set out. At p. xiv, we have another from the same author's 2d book on the advancement of learning; and then he breaks out against French physicians and French philosophers in a spirit of unparalleled unchristian-like invective. At p. xvi, he charges them with having " perverted many passages of the work De Argumentis Scientarium, with a misapprehension of the spirit of its author's writings, and a daring perversion of his precepts;" while on the destruction of national character and understanding here aimed at, he would erect his own ridiculous hypothesis, which has no more real foundation than " the baseless fabric of a vision." Such a manner of proceeding is described by Bacon himself as anticipating Nature, and he condemns it as being rash, hasty, and unphilosophical. The character of mind displayed in this publication, seems to depend, in a great degree, on physical structure; for as we run, we may remark in the conformation of the Doctor's head, a wonderful development of a certain organ, which is apt in many instances to entrap the assent of a person's own mind, and which is too apt to be delighted with its own conjectures, and to allow the imagination to be struck and filled with its own plausible subtleties.

In respect to the abuse heaped upon French physicians and French philosophers before alluded to, we would have the Doctor to know that Laennec, of whom he speaks so contemptuously, was a learned physician, a sound philosopher, and an amiable man. So are most of those of whom Dr. Baron speaks in a manner altogether so very unjustifiably. The accomplished physicians and philosophers of the French metropolis are never found associated with artful hypocrites, who hold out to the crazy enthusiasts of the present day, that a certain faith, accompanied by long faces, long prayers, and long graces, will stand in the place of all duties towards God and man; that election is thus secured, and sins as glaring as scarlet made as white as snow. Daubenton, while treating especially of our physical nature, intreats us to distinguish the empire of God from the dominion of man; that God, the Creator of all beings, is alone master of the whole universe. Another of those much traduced persons, in language well calculated " to feelingly persuade us what we are," says, in treating of the nature of created beings, " Toute la puissance de la terre, toute la force du genre humain se tait en la présence du maitre éternel des mondes." Do these passages savour of infidelity, or of atheism? No, they are of more real value than a thousand methodist sermons, and all the evangelical tracts with which this country is inundated.

At page 90 of the first volume, Dr. Baron tells us, that "a very great variety of important changes of structure take place from hydatids," and then goes into a very brief account of their structure, of which he seems to be wholly ignorant. He informs us, that one of their distinguishing characters is, that when recently taken from the body and punctured, they suddenly contract, and send forth their contents with considerable force, so as to project them to a height of many feet. We were about to exclaim, prodigious ! ! our wonder, however, ceased when it came to our recollection, that on a certain occasion, in puncturing a haggis with a knife having a somewhat blunt point, we observed the downward pressure to occasion the more fluid part to be thrown into the face of the inexperienced operator, and that on spooning out the savoury contents, the interior surface was found to have fallen into convoluted rugæ, as in the case of the doctor's hydatids. This contractile power, nevertheless, did not seem to warrant the conclusion, "that it possessed at the time a certain share of vitality, independent of the animal in which it had existed."

In the next paragraph the Doctor says, "Sometimes a cluster of hydatids receive their nutrition from a small pellicle, or stalk, like a bunch of grapes from a branch of the tree. At other times they are imbedded in the body of the viscera, or are spread over the surface of membranes, and diffused through the cellular substance and muscular textures, and that such are the appearances of the commonest species of hydatids in their natural state."

This passage betrays the most glaring ignorance on the part of the author in respect to the subject of which he treats; he has jumbled together nearly all the genera of hydatids known to naturalits, under what he terms "*the commonest species.*" What will our continental brethren say to this production of an English F. R. S? Goëtz, Rudolphi, Lamark, Bosc, Artidi, Cloquet, and ye others, who have devoted years to the consideration of this subject, hide your diminished heads !

The Doctor's experiment on the poor little family in the hutch, is a very unfortunate one. It has been long known that animals thus placed in respect to food and habitation, will suffer in the way he has described ; but the Doctor is not aware that the hydatid thus produced, is that which is called by Goëtz the pisiform, which has never been found in the human subject, although it has been figured by him as having been met with in rabbits. The cystiurcus of Rudolphi seems to be the only hydatid of which the author has the least idea, which is described, if we understand him aright, as the oftenest met with in the parenchymatous substance of the lungs, although it has never been discovered by any other person in that situation, having only been found in membranous and cellular parts.

We were at one time engaged, during two whole years, in assisting a professor of medicine, who was also physician to one of the London hospitals, in making a most rigorous examination into the nature of pulmonary tubercles. We not only inspected the lungs of such persons as had died of phthisis, but also of those who had been cut off by other diseases, when winter cough was known to have been present during one or more preceding years, with a view of ascertaining the state of the lungs, in the incipient stage of the disease. The changes of structure which were then observed, have lately been confirmed by Andral, who has inspected more bodies in one year, than the author under our review ever examined, or will have an opportunity of examining, during the whole course of his lifetime. This investigation was, moreover, carried on in the presence of many scores of inquiring and unprejudiced observers. There was redness of the part, sometimes accompanied by a brownish, or reddish, extravasated fluid, evidently the effect of increased action in the part. The next morbid change consists in the formation of a very small quantity of a puriform substance, which, after a certain time, becomes concrete. This point of matter is generally found in the centre of a lobule, which is invariably in a state of inflammation. M. Andral lays it down as a general principle, that where different lobules are thus affected, the cellular tissue that surrounds and separates them from each other, forms enveloping membranes, and becomes to each lobule, what the pleura is to the whole lung. This enveloping membrane we take to be Dr. Baron's hydatid, which he has figured, so as to somewhat resemble the acephalocystus.

Tuberculous matter invariably presents itself to our view as a simple production of secretion, at first liquid ; it is then modified by a kind of crystallisation, in proportion as its more fluid particles are absorbed ; and let it be especially observed, that no one thing can be found in this substance, which could convey an idea of organisation. It offers to the anatomist, no one character that is known to constitute a tissue of any kind.

Dr. Baron rests considerable weight on a certain identity of form generally assumed by tubercles, and thinks that it strengthens his opinion, of their having previously existed as hydatids. But while delivering his opinions, as it were, *ex cathedrâ*, he might have been informed by almost any tyro, that this rounded form is necessarily that of all secreted fluids, when they are pressed equally on all sides ; where the contrary is met with, it depends wholly on local circumstances, and particularly on the inequality of the surrounding pressure. Hence it is that abscesses assume, more or less, a spherical form.

Those things which Dr. Baron calls hydatids, like other encysted tumours, are accidental organised productions, forming part of the general vitality of the animal which contains them, but have no individual vitality like the vascular worms. The latter are so many distinct animals, each endowed with its own individual life, although living in the interior of other animals, which distinguishes them very clearly from such tumours as ought to bear the name of hydatids.

Here we should take leave of the Doctor and his hydatids, if we did not feel ourselves imperiously called on to advert to his practice, which is of a highly stimulating nature. Iodine, sulphate of quinine, &c., are marshalled before us in frightful array ! ! We would ask if such a plan of treatment be calculated to put down either general or local inflammation ?

Dr. Baron not being very profound in his knowledge of first principles, is found to be much oftener employed in cutting knots than in untying them ; and he is, therefore, governed throughout his different publications by the revolting idea of spontaneous generation, which should, at all times, be received with great caution, although the microscope may, in some instances, seem to favour its existence. Notwithstanding the wildness of the present attempt, and the disgusting dogmatism with which the author's opinions are delivered, he would not be altogether incapable of investigating this, or any other, subject, provided his mind could be cleared and purged of what Bacon calls the " idols of false philosophy." Dr. Baron has to learn, that the sciences can only be approached through the high road of nature ; truth and simplicity must be our guides. Verulam tells us that the kingdom of man, which is founded in the sciences, cannot be entered otherwise than as the kingdom of God, that is, in the condition of a little child.

Notwithstanding the light which has been shed on this subject, principally by our continental brethren, its further investigation is highly desirable, but Dr. Baron does not seem to us a person calculated to raise the veil that still hangs over it.

A Compendium of the Diseases of the Human Eye, containing Descriptions and Explanations of the various Diseases; illustrated by Engravings, and accompanied by Practical Observations on their Treatment. By ALEXANDER WATSON, Fellow of the Royal College of Surgeons, Edinburgh, &c. &c. Second Edition, much enlarged. Maclachlan and Stewart, Edinburgh; and Baldwin and Cradock, London. 1828.

THE author of this treatise claims the attention of the reader, in his preface, by stating that the work is designed chiefly for the use of students; that the descriptions of the diseases (illustrated by coloured engravings) are concise; and last, though not least, that the whole is the result of actual observation. The book is divided into eleven chapters, of which the first is devoted to a consideration of the symptoms and treatment of inflammation of the globe of the eye. In the remainder, the diseases of the component parts are treated of individually, commencing with affections of the conjunctiva, and proceeding internally; and, lastly, a chapter is given on the formation of artificial pupil, and one also upon fungus hæmatodes.

From a work of this description we cannot, of course, expect much novelty, nor indeed minute information; it is sufficient praise, of such a book, to say, that the various diseases are enumerated in a succinct, and intelligible manner—diffuse enough for general purposes: thus much we are warranted in saying of the volume before us. At the same time, we must remark, that several important diseases are passed over without the slightest notice; as, for instance, in the fourth chapter, which professes to treat of diseases of the sclerotic coat, we do not find any allusion to the rheumatic and arthritic forms of disease, which attack this structure, and which are by no means of uncommon occurrence.* The diseases of the lachrymal appendages are likewise omitted by the author; it is scarcely necessary for us to remark, that they are of the utmost importance, diseases of the lids and of the lachrymal passages, forming, we believe, more than one-fourth of the ophthalmic affections met with, especially amongst the lower classes.

In perusing the book, we find the following passages, which we deem worthy of transcribing. Speaking of morbid growths from the tunica conjunctiva, the author says,—

> "A chronic fungous state of the conjunctiva, having somewhat the characters of a cancerous affection, is occasionally met with in the eyes of elderly persons. There are at present before me three cases of this affection, in which it was thought proper to remove the whole of the eye-ball along with the diseased conjunctiva. Upon dissection, the coats and other parts seemed to be quite unaffected, and in their natural state."

At pages 86 and 87, where treating of staphyloma of the sclerotic coat, it is remarked:—

> "Staphyloma of the sclerotic coat has commonly been conceived to take place in a slow and gradual manner, from thinning of the coat by an interstitial absorption of its substance. In those cases where I have seen it take place, it has come on in the progress of acute inflammation of the iris and choroid coat. When this has occurred, the projection, or dark-coloured tumour of the sclerotica, covered with enlarged red vessels, gave to the eye a most alarming appearance, by resembling cases of malignant fungoid disease of the eye, at the time the coats of the eye are about to give way.
>
> "In one case, where staphyloma of the sclerotic coat occurred in the progress of acute ophthalmia, I was induced to make a small incision into the projecting parts, in order to relieve the sufferings of the patient, which were very great. By this incision, a quantity of yellow-coloured serous fluid was evacuated from between the sclerotic and choroid coats. The wound healed, the fluid re-accumulated, and was again

---

* For an excellent description of the characteristic symptoms of rheumatic ophthalmia, we may refer to Mr. Lawrence's Lecture, in No. 134 of the 9th volume of this Journal.

discharged. The choroid coat remained entire, so that none of the humours of the eye were evacuated. In this case, therefore, a separation had taken place between the sclerotic and choroid coats, by the interposition of inflammatory effusion at the part affected."

In respect to the use of mercury in acute iritis, the subjoined observation is made :—

"By the use of mercury I have seen many eyes saved, which otherwise, in all probability, would have been lost; and many lost, where this mineral was not used, that might possibly have been saved by this remedy arresting the progress of the disease; for, a remission of the disease generally takes place whenever the system becomes affected by the mercury."

The author has fallen into a strange error, in stating that the employment of belladonna, in cases of iritis, "was first recommended by the late Mr. Saunders." The utility of procuring artificial dilatation of the pupil, in various diseases of the eye, was known for centuries before the birth of Dr. Farre's "babe of grace."

There are some interesting remarks, at page 99, on the chronic form of inflammation of the iris, a disease which we have reason to believe is frequently overlooked, being remarkably slow and insidious in its progress, and existing for a long time with no very palpable signs. The true pathology of this affection consists in a chronic inflammation of the iris and membrane of the aqueous humour, and eventually it is manifested by the following appearances :—

"When the eye is examined, an irregularity of the pupil, and in some cases a contraction of it, may be observed; the iris loses its proper colour; the pupillar margin of the iris may be seen to adhere, at one or more points, to the capsule of the crystalline lens. By these adhesions, the pupillar margin of the iris is drawn backwards, particularly at the adherent parts; the motions of the pupil, at the same time, become impeded in proportion to the number and extent of the adhesions. Small masses of lymph may be seen to form the connecting medium between the iris and lens. The effusion of lymph may be confined to one or more points of the circumference of the pupil, which, in the progress of the affection, by extending, causes the complete adhesion of the pupil to the capsule of the lens. The capsule of the lens, in the progress of the disease, generally becomes opaque, from its either partaking of the inflammation, or acquiring a coating of effused lymph. This effused lymph, in many cases, fills up the pupillary aperture. The inner surface of the cornea, too, occasionally acquires a dimness and opacity from similar causes. In chronic inflammation of the iris, I have neither seen lymph effused in such quantity, nor so dense, as in cases of acute inflammation of the iris. Neither have I ever seen the lymph organised by red vessels. It has generally a flaky or downy appearance; in some cases, mixing with the aqueous humour, and rendering it opaque."

The author is disposed to regard the disease as an affection of the serous membrane lining the cavities, which contain the aqueous humour, rather than a disease of the iris itself, believing it to be closely analogous with the affections of serous membranes in other parts of the body. Mercury, here, as in acute iritis, is the remedy principally to be relied upon; it must be confessed, however, that its use is by no means equally satisfactory in the chronic as in the acute disease. But, as we before remarked, it sometimes happens that the disease is not detected until the most serious organic changes have occurred; and, again, cases are not unfrequently met with where the general health is so much impaired, that the use of mercury is forbidden,

In the chapter on the treatment of cataract, the author observes, in reference to the propriety of operating, if one eye only be affected, that.

"If the patient wishes it, there can be no objection, in ordinary circumstances, to the performance of an operation. In cases of cataract of both eyes, we might as well object to operate upon the other, after one eye has been cured, as refuse to operate when only one eye is affected."

And, to show the comparative success of the different operations, as well as the success attending operations for cataract generally, the following estimate, taken from Sabatier, is quoted.

"By extraction, Daviel is said to have operated on $7\frac{1}{12}$ cases successfully to 1 unsuccessfully; but this is doubted. Richter and Sharp $2\frac{1}{3}$ to 1. In 306 cases operated on by M. Roux, at la Charité, by *extraotion*, the proportion of successful to the unsuccessful cases was $2\frac{1}{3}$ to 1. In 306 cases operated on by M. Dupuytren at l'Hotel Dieu, chiefly by *depression*, the proportion of successful to unsuccessful cases was $5\frac{3}{20}$ to 1."

We cannot conclude this notice of Mr. Watson's Compendium, without expressing our approbation that the author has not fallen into the sin of introducing the various 'hard' words and 'cramped' terms, with which the department of ophthalmic surgery so plentifully abounds, and in which, by the way, the author of a "Synopsis," published in this country, seems literally to luxuriate; having more joy, apparently, over a sesquipedalian word than an alderman has over his turtle soup.

Of the numerous engravings attached to the volume, we must speak in terms of commendation. They afford very accurate representations of the diseases intended to be illustrated; in a word, they are "true to nature."

BROOKESIAN MUSEUM.

The sale of this munificent collection is intended to begin on Monday, the fourteenth day of July, with a choice collection of models and casts of gravid uteri, amongst which there are some recorded cases of ruptured uteri, a multitude of fœtal monstrosities, an interesting collection of pathological subjects, and a beautiful series of wax and ivory models of the eye, and the diseases of that organ, the ear, tongue, and olfactory organ. A highly interesting series of fine casts of the human brain, made from Mr. Brookes's dissections, and accurately painted. Further, it is intended to alternate the sale of the anatomical and zoological subjects, so that Tuesday, the second day, will be devoted to the sale of the anatomical and pathological preparations of the horse, zebra, quagga, and ass. On Wednesday, anatomy, when a choice display of the anatomy and pathology of the ourapoëtic bladder, kidneys, &c., will form the subjects for sale; and the following day, zoology, &c.

It is with sincere satisfaction that we announce the following additional subscriptions for the distressed Medical Gentleman and Family, whose severe misfortunes have been alluded to in former numbers. In reflecting on this case, the members of our profession would do well to bear in mind that the universe is composed of atoms.

	£.	s.	d.
Amount already advertised..	45	0	0
Anthony White, Esq.	1	1	0
Dr. Maton	1	1	0
John Wade, Esq.	1	1	0
Dr. C. J. Roberts	1	0	0
Dr. Armstrong	1	0	0
J. G. Guthrie, Esq.........	1	0	0
Dr. John Sims	1	0	0
T. Bell, Esq. New Bedford-st.	1	1	0
Samuel Ashwell, Esq.	1	0	0
J. Amesbury, Esq.	1	0	0
George R. Skene, Esq.	1	1	0

CONSOLATION FOR THE BATS.

French Estimate of the Character of London Hospital Surgeons.

The "Clinique des Hôpitaux," in one of its numbers for October last, has transcribed from The Lancet the dialogue which took place between the *crustaceous* knight, Sir Anthony, and a little boy who was about to undergo the operation of lithotomy at the Westminster Hospital. The Parisian editor remarks:—

"Quel nom donner, en effet, à un oubli pareil des convenances? La *grossierité*, *l'ignorance*, la *cruaute*, ne saurient être portées plus loin."

The *coarseness*, *ignorance*, and *cruelty* of London hospital surgeons, have long been known to us, and we do most heartily rejoice to see that a due estimate is formed of their character abroad as well as at home.

GUY'S HOSPITAL.

SEVERE CONTUSION OF THE LEG, FOLLOWED BY SLOUGHING.—OPINION OF SIR A. COOPER ON THE FORMATION OF SKIN.

Henry West, a healthy man of middle stature, was admitted into Accident Ward, on the 26th of May, under the care of the *senior* surgeon.

The patient stated, that he was standing on the shafts of a loaded van, when it broke down, and the horses suddenly taking fright, the shafts became detached from the fore-part of the carriage. In endeavouring to stop the horses he fell down, and his right leg was jammed between the double shafts. He was drawn at a furious rate for about three hundred yards before he could be extricated, when he was immediately conveyed to the Hospital.

On examination, no fracture could be detected. There was a great deal of swelling of the leg and foot from extravasation of blood, and near the ancle a very severe contusion. Twelve leeches were applied to the contused part, with the subsequent use of an evaporating lotion. The limb was elevated upon a pillow, and a dose of house medicine was administered.

27. The leg and foot are much swollen, painful and hot; the extravasation about the ancle is more apparent. The contused part, in particular, has a livid cast. The patient is rather feverish. Continue the use of the evaporating lotion, and repeat the application of the leeches.

30. The inflammation and swelling have much subsided. The contused part has become quite dead. A red line of demarcation is observed surrounding the dead portion, and by which it is well defined. The patient was shown to Dr. Macartney, of Dublin, who chanced to go round, and he recommended lint to be dipped in warm water, and frequently applied. A practice which, the Doctor remarked, is now followed in the Dublin Hospitals with cases of a similar nature.

June 6. The man has gone on well to the present date. Dr. Macartney's plan was persevered in for a few days, but with no apparent benefit. It was therefore discontinued; and a solution of the chlorate of soda was directed, in the proportion of one drachm of the salt to a pint of water: a piece of lint to be dipped in the solution, and applied to the part; frequently removing it, and putting over it a linseed meal poultice.

13. The slough has become detached, and a small portion of the tibia is exposed. The wound is healing kindly. The granulations are healthy, and are fast approaching the surface. The patient is now quite well in health. A piece of simple dressing is applied to the part; the limb is strapped with adhesive plaster, and over this a bandage is adjusted.

23. On removing the dressings to day, several patches of new skin were seen formed upon the surface of the granulations, and quite distinct from the surrounding skin. The size of the wound is gradually diminishing, and the patient is doing well.

Remarks.—This case is adduced as an instance of the formation of skin, independent of the surrounding texture, a fact diametrically opposed to the opinion which has, for many years, been promulgated at the Borough schools by Sir Astley Cooper—that new skin is *never* formed where the original cutis has been completely destroyed; and that where new skin has been seen to form, as in ulcers which have taken on a healthy condition, it is because the original cutis had never been quite obliterated. In fact, to use his own language, " that the centre of the sore has not the power of forming new skin, but that the new skin in the centre is produced, in consequence of the original skin not having been destroyed." The reverse of this, however, is certain; and although denied by Sir A. Cooper, the late Mr. Hunter believed that it did take place.

In confirmation of this opinion, we may here mention the particulars of a case communicated some time since by a surgeon now practising in a large maritime town. New skin was, in this case, formed in the centre of the wound, where the original cutis had been destroyed to a great extent, in consequence of a severe contusion followed by sloughing.

Case.—The patient was a stout muscular healthy sailor, who, in crossing the road, was knocked down, and the wheel of a cart passed over the outside of the leg, near the middle. When the surgeon was called to the patient, which was not until after a lapse of some hours, the limb was much swollen, and there was considerable extravasation of blood. It was hot, and exceedingly painful and tender. On particular examination, the fibula was found to be fractured close to its articulation with the head of the tibia. The limb was placed upon the heel, and supported upon pillows. A large number of leeches were applied, with the subsequent use of cold lotions. On the next day, the patient had a high degree of fever, with a full hard pulse furred tongue, and considerable thirst. He was bled and purged, and a strict antiphlogistic regimen adhered to. This was continued for a few days, when the febrile symptoms abated, and the inflammation and swelling of the limb very much subsided. The leg was eccymosed to a great extent; and a large surface of skin, covering the outside of the calf, became white and insensible, and around it was a complete zone of redness, indicating the separation of the dead parts from the living. At the expiration of a fortnight from this time, by the application of stimulating cataplasms, the slough became detached, exposing the subcutaneous fascia and cellular tissue. The discharge, at first thin and ill-conditioned, became (after the application of lint dipped in the nitric acid lotion, and linseed meal poultice) healthy, and of a good consistence. He was ordered to take the quinine in the infusion of roses twice a-day, with an occasional aperient at night. In a short time healthy granulations were formed, and soon rose upon a level with the surrounding skin. Cicatrization commenced, and the wound very much diminished in size. The granulations became exuberant, and astringent applications and gentle pressure were resorted to. At the end of four weeks from the detachment of the slough, several patches of newly-formed skin were discerned standing like little islands in the very centre of the sore, and others at little distances from them. In a few days these patches increasing, they became approximated to each other, and, by the seventh week, the wound had completely cicatrised, and the patient was quite well—Reporter.

ST. THOMAS'S HOSPITAL.

FATAL CASE OF DYSENTERY.

John Helder was admitted into Henry's Ward on June 17th, under care of Dr. Elliotson. He dated the commencement of his illness nine days back, at which time he was attacked by severe symptoms of dysentery. These continued unabated, and in a day or two afterwards he found himself labouring under all the marks of disease so visible at the time of admission. It would appear, that in the first instance he had recourse to a medical practitioner where he resided, which was a few miles from London, who, finding the disease *unmanageable*, had sent the poor fellow to St. Thomas's Hospital. When the patient arrived, he had intense pain over the whole abdomen, increased by pressure, especially over the region of the liver; great sickness, frequent evacuations, containing more or less blood and pus, and accompanied by straining and tormina; much thirst, and a rapid, weak, faultering pulse. He was not visited after admission, and took nothing to relieve him, but died in two hours from that time.

Post Mortem Examination.

The portions of peritoneum covering the abdominal cavity, the ileum, bladder, and large intestines, were entirely covered by lymph, in many places gluing the viscera to the parietes, and to each other. The gall-bladder was extremely large and full of bile, projecting at least three inches beyond the edge of the liver. When the liver was cut, an abscess was discovered, which discharged about a quart of offensive pus; it was situated principally in the right lobe, having its parietes so remarkably thick, that the liver possessed its natural firmness, and not the least fluctuating feel was perceptible, which circumstances rendered the existence of suppuration quite unexpected. The stomach was beautifully streaked internally by numerous congested veins, exhibiting, however, nothing else particular. The small intestines appeared not at all inflamed upon their inner surface, and but in the slightest possible degree externally. The large intestines were very extensively ulcerated from the valvula ilii to their termination, more especially in the cœcum and descending colon, in both of which divisions numerous large openings were distinguished; nearly a pint of pus was found free in the abdominal cavity. On removing the scull-cap, the arachnoid membrane was seen to be firmly and extensively adherent by means of lymph, to the pia mater; the brain was perhaps rather softer than natural, but otherwise displayed no uncommon appearance.

Remarks —The above conditions, which are given as correctly as the illiberal, slovenly, and disgraceful method of conducting post-mortem examinations at this Hospital by *the demonstrators*, would permit of, when taken in conjunction with the very first symptoms complained of, would seem to imply that dysentery had been the primary disease, and that all those supervening were dependent upon, or actually the effects of, its continuance. The case, also, shows, how the large intestines may be inflamed, and even ulcerated in their whole extent, and yet the small intestines remain perfectly untouched, the valvula ilii acting, as it were, the part of a sentry, and preventing the progress of the enemy in that direction; and it likewise points out to what extent inflammation and ulceration may proceed in the system without causing death.

It is not known who was the medical attendant of this patient, but so far is certain, that although inflammation must for days have been raging violently, yet his arms bore not the smallest trace of a lancet puncture, nor his body the mark of a leech-bite or cupping glass!

PURPURA HÆMORRHAGICA CURED BY VENESECTION AND CALOMEL.

Hannah Cordy, aged 32 years, was admitted into Mary's Ward on the 20th of June, under the care of Dr. Elliotson. She dated the period of her illness from the commencement of the present menstrual discharge, which occurred after the usual interval, seven days ago, and had continued more or less up to this time: it had always disappeared previously in three or four days. Her attention had been particularly directed on the day previous to admission to several irregularly-shaped specks on the trunk and extremities, particularly the former: they were now very numerous; the skin presented a yellowish tinge; the eye was surrounded by a dark areola; there was great pain in the head; delirium at intervals; drowsiness; a short tickling cough; spitting of blood; frequent discharges of blood from the nose; the abdomen very tender on pressure. Two evacuations from the bowels daily, containing considerable quantity of blood; urine quite natural, and no pain in voiding it. The pulse 104 in a minute, rather soft and free; the tongue was coated with a yellowish white fur, except at the edges and tip, which were very red.

Venesection was ordered to-day, to the extent of twelve ounces; six grains of calomel directed to be given twice a-day, and half an ounce of castor oil in the morning, when required; warm ablutions three times a-day, and slop diet.

On the 21st, the petechiæ had almost entirely disappeared; there was no cough; had passed several stools to day; not the slightest discharge of blood from any part; the head much better; the abdomen softer, and free from pain: the pulse 80, and perfectly compressible, and the yellowness of the skin nearly gone.

The calomel was ordered to be continued, and house medicine daily, with the ablutions.

On the 23d, there was no appearance of petechiæ, and the patient was, in all respects, very much improved.

On the 26th, she continued to mend, and considered herself nearly as well as in common.

EFFICACY OF STRAMONIUM IN CASES OF ENTERODYNIA.

Dr. Elliotson has lately exhibited the extract of stramonium with much benefit, in cases which he denominates *simple enterodynia*—spasmodic pain of the bowels unconnected with inflammatory action, or the presence of irritating substances. This affection, Dr. Elliotson has frequently found co-existing with gastrodynia; and whilst the latter complaint has invariably yielded to the administration of the hydrocyanic acid, the pain in the bowels has continued unabated, in some cases, until the stramonium has been given. It is first prescribed in the dose of half a grain (for an adult) three times a-day, and it is gradually and cautiously increased, until the desired effect is produced—suspending its use, or diminishing the dose, if it occasion unpleasant symptoms about the head.

ST. BARTHOLOMEW'S HOSPITAL.

CASE IN WHICH A CLYSTER PIPE WAS FORCED THROUGH THE GUT, AND THE INJECTION THROWN INTO THE CAVITY OF THE ABDOMEN!!

A BOY named Arthur Campbell, ætat. 12, was admitted into Colstin's Ward, under the care of Mr. Vincent, on Saturday evening last, 21st of June, at a quarter past seven o'clock, with a slight cut on the side of the head, and labouring under symptoms of concussion; it was stated, that he was throwing stones at some birds in the middle of the road, when a horse and cart ran against him and knocked him down; but whether the horse trod upon him, or the wheel of the cart went over him, it was not known, the carman having walked on some distance in advance of the cart: he was insensible when brought to the hospital. Three gains of calomel and 15 grains of pulv. jalap were ordered him immediately, and ℥iij. of brandy were written for; a table-spoonful or two of which the sister was ordered to give him every hour or two, according to its effect.

On the Sunday morning, 22d, he became sensible, and answered when spoken to, but the bowels had not acted; the calomel and jalap were repeated, which still not acting, an enema was ordered and administered by the sister about one o'clock mid-day. The boy continued sensible the remainder of the day, but apparently in great agony, and expired about a quarter past eleven the same night.

The body was examined this day, Monday, at one o'clock. Messrs. Vincent and Stanley were present at the examination, each marvelling much at the sudden and unexpected death of the boy. On the brain being removed from the skull, there was found to be a fracture of the base of the cranium, with some effusion of blood beneath the dura mater; Mr. Vincent, supposing that this was sufficient to account for the sudden death of the boy, now left the dead-house. Mr. Caswell, the house-surgeon, then proceeded to examine the abdomen; on opening which, a considerable quantity of a light brown fluid was observed floating in the cavity of the peritoneum, which exhibited here and there an inflamed surface, with patches of coagulable lymph. This caused some inquiry; it being presumed that the boy was in good health previous to the accident, which happened only on the Saturday night. Mr. Stanley supposed there might be some rupture of the viscera, and carefully endeavoured to find it out, for which purpose he traced the intestines to the rectum, and was just going to pronounce them entire throughout, when he discovered a hole in the anterior part of the rectum, opening into the cavity of the peritoneum; this caused some surprise, when Mr. Caswell immediately suggested the idea, that it had been occasioned by the pipe of the syringe, in the endeavours of the sister to give the injection, the sister having remarked to him that morning, that she had never had so much difficulty in getting an injection up before. This caused a more strict investigation, and, on examination of the fluid, globules of oil were found floating on its surface; the pipe of the syringe, which had been used, was then sent for, and Mr. Stanley found it to be of a size and form corresponding to the perforation of the rectum. There was now no doubt concerning the cause of this boy's sudden death; and it was the opinion of every one present, that his end was caused, or at least hastened, by the sister having, in her attempt to give the boy a clyster, thrust the pipe* of the syringe through the gut, and injected the contents into the cavity of the peritoneum. We are happy to say, that this sister has since been discharged for drunkenness, and misconduct of another nature.

We cannot conclude, without noticing the wish expressed by Mr. Stanley in the dead-house, that this circumstance should be hushed up, and kept as quiet as possible, a wish that corresponds with all Mr. Stanley's actions; also the question of Mr. Caswell, as to how it should be prevented getting into the periodical publications, as he termed them. Lord bless you, Messrs. Stanley and Caswell! there were no less than two or three in the dead-house, at that moment, at your worthy elbows, who are as much averse to the concealment of black work, as some gentry are given to the performance of it.

WESTMINSTER HOSPITAL.

TUMOUR OF THE LEFT EYELID.—ERYSIPELATOUS INFLAMMATION.

Ann Wood, ætat. 47, admitted 27th of May, under the care of Mr. Guthrie, in consequence of a tumour situated in the upper part of the left eyelid, and swelled ancles. States that she suffered much pain in her left temple about three months since, and, subsequently, pain all over her head; she applyed six leeches to each of her temples, and found great relief arising from the bleeding which they produced. As the pain left the head, the swelling of the eyelid increased to the present size, which is about as large as a nutmeg. She now complains of a constant darting pain in the tumour, but of no pain whatever in the head, since the tumour has been gathering; in consequence of the enlarged state of the upper eyelid, she cannot see out of the eye, but when the lid is raised, the sight is perfect. Complains that her ancles considerably increase in size, upon taking the least exercise; her general health seems to be in a pretty good condition. She was directed to apply two leeches to the tumour, also to take the following pill at night, and a cathartic draught in the morning.

Compound mercurial pill, five grains.

June 2. The pain in the tumour is not, at present, of a throbbing nature, but is a slight continued pain; the day after she had applied the leeches, she found great relief.

June 7. The tumour is not so much swollen as before; she now complains of a great deal of pain in the forehead; the face is considerably swollen, particularly on the left side, and likewise greatly inflamed; to day she has general fever existing; takes the pill and draught night and morning, as before directed; bowels freely open; pulse 85. No swelling, at present, in her ancles; the pupil of the left eye is rather contracted. Mr. Guthrie punctured the tumour with a lancet, and a small quantity of blood, mixed with pus, escaped. Ordered to take saline medicines, and apply a poultice over the eyelid.

9. Patient not so well to day; the swelling and inflammation mentioned on the 7th, have terminated in erysipelas; the face continues to be swollen, especially the right side, which was not so much inflamed as the other when we saw her last. Complains of great pain all over the head; the tumour, which was opened, is now healed, and has not discharged any pus; directed to apply a cold lotion to the face, formed of the acetate of ammonia and water; the fever has

---

* The pipe of the syringe was of metal, and of a most unwarrantable length, namely, seven or eight inches, and, by some means or other, broken off from the syringe, whether in the use or not, we could not ascertain.

considerably abated; she cannot sleep at night; bowels are not very open; to take immediately calomel six grains, extract of colocynth four grains, also one of the following draughts every four hours.

Liquor of tartarised antimony, six drops;
Solution of acetate of ammonia, half a drachm;
Distilled water, one ounce and a half.

10. We saw her this morning; she has passed a pretty good night, and is rather better upon the whole; the inflammation of the face is greatly abated; the tumour is considerably diminished in size since it was punctured, and she can now see very well. Pulse weak, and scarcely perceptible, likewise very irregular in its pulsations, which are about 75.

11. Says that she feels herself considerably better; the inflammation continues to abate gradually; the state of the pulse is the same as yesterday; she continues the draughts and lotion.

16. Since the last time we saw her, nothing particular has occurred; she has been rapidly improving in her health, and the tumour has nearly healed.

18. She is now nearly convalescent, and fit to leave the house; she was, therefore, discharged as an out-patient.

ST. GEORGE'S HOSPITAL,

FŒCAL FISTULA IN THE GROIN.

Grace Harris, ætat. 23; Talbot Ward. This patient was admitted on May the 14th, under the care of Mr. Brodie, on account of an abscess in the right groin, discharging purulent matter, mixed with fæces. The account she gave of her case was as follows:—Some time ago she received a kick in the affected part, which, though severe, did not occasion any immediate inconvenience; however, shortly after an abscess formed, which broke, and about three weeks previous to her admission, she observed that the fæces were mixed with the discharge. When she was received into the Hospital, the discharge appeared to consist of pus, mixed with fæces in a liquid state, and with mucus. The patient appeared rather low in health, but did not complain. Mr. Brodie introduced a probe to its full extent along the fistulous part of the abscess, and proposed laying it open, (which he did a few days afterwards.) He directed the following treatment:—Meat diet, porter, and half a pint of port wine daily; to avoid vegetables.

Sulphate of quinine, 2 grains;
Dilute sulphuric acid, 5 minims;
Tincture of opium, 3 drops;
Distilled water, 1 ounce; to be taken three times a day.

It is important to remark, that the fæces mixed with the discharge, were in a liquid state, which the patient said had been their usual character; however, it should be noticed, that at the time she had a slight diarrhœa. Mr. Brodie said, he knew of no reason why the patient should not do well.

The following day she complained of more pain than usual in the groin, which she attributed to the probing of yesterday. She appeared, however, much the same.

25. Since the abscess has been laid open, the patient has improved, and the quantity of fæces mixed with the discharge greatly diminished. An occasional saline purge has been exhibited, and she has had two grains of calomel, with eight of the compound extract of colocynth. The cretaceous aromatic mixture of the Hospital, when the diarrhœtic tendency of the bowels demanded it, has been given.

June 2. For the last few weeks she has been doing well, and at times little or no discharge of fæces was visible; but any trifling agitation of the mind will reproduce it instantly. She requested permission to take a little exercise in the open air, and Mr. Brodie consented to her being drawn out in the wheel chair; she is now taking saline effervescing medicine.

27. The appearance of fæces with the discharge has been continual through the last week; but the patient's health seems tolerably good, although there appears a little nervous excitement.

Mr. Brodie seems to think, that little more than mere local treatment is necessary, and as the quantity of fæces is daily diminishing, the patient looking well, we think we may take our leave of the case.

VARICOSE VEINS TREATED BY BLISTERING.

There is a female patient now in the Hospital, who has varicose veins in the back part of the thighs and legs, and we merely mention in reference to the plan of treatment adopted; she was ordered blisters on the parts, and much benefit experienced up to the present day (June 27); this plan has been followed up, and now the enlargement of the veins is materially diminished. Mr. Brodie remarked, that it was, however, purchasing relief at a dear price.

CASE OF PSOAS ABSCESS, IN WHICH PROFUSE HÆMORRHAGE SUCCEEDED THE OPENING OF THE TUMOUR.

Henry Brown, Oxford Ward, aged 30. This patient has an abscess on the upper and anterior part of the right thigh, in the direction of the psoas muscle. This abscess first made its appearance about two months previous to his admission; there was pain round the crista of the ilium, but none on the lumbar vertebræ, even on pressure. The patient's health was bad; he was thin and emaciated. Mr. Brodie, after directing the sulphate of quinine with acid, to be given for eight or nine days, opened the abscess, and about a pint and a half of matter of cheesy appearance escaped. There was no hæmorrhage at the time, but the next day a good deal of bleeding ensued, and it was evident that much blood was effused into the cavity of the abscess. Great constitutional disturbance ensued, the breathing became affected; pain over the abdomen on pressure; tongue white, and pulse very irregular. Mr. Brodie ordered a cupping glass to be applied over the opening of the abscess, and it was instantly filled with clots of coagulated blood, mixed with the discharge. The patient was much relieved, the constitutional symptoms diminished, and, in fact, he continued better in every respect for a day or two.

June 4. He is not so well; complains of pain in the back, groin, and abdomen; this appearance, however, is evidently caused by the constipation of the bowels. Haustus sennæ was ordered.

5. The draught had not operated yesterday, and the symptoms had increased. He had an enema in the evening, and a fomentation, but it has taken no effect on the bowels to the present moment. The man thinks, however, it has given much relief; he slept well afterwards; slight pain on left side of the chest; pulse 110 and full.

6. Better; the enema has operated; his pulse is lower, and the other symptoms are proportionally relieved; the abscess still discharges.

10. Much the same.

14. There certainly appears still some little improvement; the discharge, however, seems obstructed; he is taking

Sulphate of quinine, 3 grains;
Dilute sulphuric acid, 4 minims;
Tincture of opium, 12 drops;
Water, 1 ounce; three times a-day.

From this period the patient fluctuated considerably till within the last few days, when he was evidently sinking. On the 26th he died.

Inspectio Cadaveris.

The abscess has its origin from the second lumbar vertebra, which is much diseased. Mr. Brodie has promised to mention this case again, and his remarks we will give in our next. The viscera were all healthy; there was strong adhesion of the lungs, but evidently of old standing.

MERCURY USED AS A PREVENTIVE AGAINST THE PLAGUE.

M. Moreau de Jones has communicated the following information to the Royal Academy of Sciences, of Paris. An Ionian boat having had intercourse with a Turkish vessel, the master of the boat became affected with plague, and in this state arrived at Cephalonia, where he and the boat's crew were put into the Lazaretto. The English surgeon of the Lazaret, conceiving that the crew of the boat had received the contagion, put them all, to the number of twelve, on an active course of mercury, internal as well as external. The whole of the boat's crew were successively attacked with plague, but with a remarkable difference in the degree of intensity. The master, and one of the crew, who had not experienced any sensible effect from the mercury, died of the disease. The other ten became salivated, and had the disease in a mitigated form. They all recovered.

This remarkable event, says M. De Jones, naturally leads us to conclude that the escape of ten out of twelve was owing to the influence of the mercury; a conclusion strengthened by the fact that the two who died could not be brought under mercurial ptyalism. He observes that mercury was administered in the plague which desolated Malta in 1818; but it was given during the existence of the disease with the hope of *curing* it, and not as a *prophylactic*—which makes a great difference in the result. M. De Jones recommends mercurial frictions to be used in preference to the internal use of mercury, as a preventative, the former not being liable to objection on the score of irritating the stomach and bowels.

MONOPOLY OF THE IRISH COLLEGE OF SURGEONS.

To the Editor of The Lancet.

Sir,—In your Number of the 29th ult., you speak as if the surgical profession in Ireland, were in a state of comparative freedom. Now how stands the case; more than three-fourths of the surgeons in Ireland are licentiates of London or Edinburgh; yet, by the act of parliament, no one can hold a county hospital in Ireland, unless he be a licentiate of the Dublin College. Let this obnoxious clause be *repealed*, and the monopoly of York Street is gone.

It is strange that the London College do not get an act repealed, which declares every member of it *incompetent* to fill this situation; and yet Dublin licentiates are eligible to county hospitals in England, where, even if they were not, it would be no such hardship, as they could demand an examination in London; but here apprenticeship effectually secures the monopoly.

If the College in London do not bestir themselves in this, for the sake of their degraded brethren in Ireland, in the name of God let them do so for their own, as double the number of persons would take their license.

I call on you, Sir, to turn the fire of your honest and independent journal on this unjust act of parliament. I call on the London and Edinburgh surgeons in Ireland, to petition the ensuing session of parliament against it; and I call on the students, interested in its repeal, to join them in that petition, and the monopoly must fall.

I am, Sir,
Your very obedient servant,
M. B. J. C. D.

Trinity College, Dublin, Jan. 8, 1828.

TAX ON APOTHECARIES' APPRENTICES.

To the Editor of THE LANCET.

SIR,—The energy you have displayed in protecting the profession from imposition, induces me to submit to you an evil, which is now most severely felt over the whole of this county. During the Goderich administration, the surgeons and apothecaries were universally overcharged for their apprentices, who have been most degradingly comprised under the head of male servants. After a thirteen years' peace, the infliction of a new tax so oppressive as this is hard to be borne; and as these young gentlemen are more pupils than servants, there is no end to the construction of the act, since dressers of hospitals are surely as much within the scope of its powers, as any other class of assisting students. What is still worse, the penalty is inflicted from the exceptions of the act, and not from the act itself, a principle contrary to the usual interpretations of the law. See No. 4, Schedule C; for, according to the assessors, unless the apprentice is bound for seven years, and without a premium, he must be paid for as a servant.

You will see that Mr. Sykes presented a petition on this subject last week, and that Mr. Dawson replied by saying, that the Government are arranging the words in a plainer manner, so as to be better comprehended. I do not find, however, that the tax is to be mitigated.

The absurd exception of premium and term is easily evaded, by filling up the indentures for seven years without expressing the premium, making services the consideration only. This is surely tending to injure the revenue still more, since then a stamp of lower price will suffice. I have said enough to demand your attention, and believe me,

I remain yours, &c.
Δ.

Yorkshire, June 9th, 1828.

The following is the clause in the Returns of the Assessed Taxes, which immediately affects the parties alluded to by our Correspondent. The tax is most grievous and oppressive:—

"A list of the greatest number of male persons employed in the following capacities, viz. clerk, or book-keeper, or office-keeper, distinguishing apprentices, bound for the term of seven years, where no premium has been given or contracted for."

BOOKS RECEIVED FOR REVIEW.

A View of the Elementary Principles of Education, founded on the Study of the Nature of Man. By G. Spurzheim, M.D. 8vo. 327. London, Treuttell and Wurtz.

On Difficult Cases of Parturition, and on the Use of Ergot of Rye. By W. Michell, Surgeon. 8vo. pp. 123. Underwood.

An Essay on the Animal, Mineral, and Vegetable Poisons; to which is added an Account of the Means to be employed in cases of Suspended Animation. Fifth edit. 12mo. pp. 86; Coloured Plates. Cox and Son.

Correspondents in our next.

THE LANCET.

Vol. II.] LONDON, SATURDAY, JULY 12. [1827-8.

LECTURES ON ANIMAL CHEMISTRY,

BY

PROFESSOR BRANDE.

Delivered at the Royal Institution of Great Britain.

Lecture L.

The Decomposition of Animal Matter; the Composition of the Blood, Milk, and Bile.

Gentlemen,

In alluding to the ultimate composition of vegetables, I had occasion to remark, that *nitrogen* was an occasional ingredient in them, and, therefore, that some of them, when submitted to destructive distillation, produced ammonia. Now, with regard to animal substances, you will find nitrogen is rarely absent, and that the production of ammonia by destructive distillation, is commonly considered as belonging peculiarly to those substances; so much so, that if we have substances of doubtful origin, and find ammonia produced, we generally consider that it is an animal substance.

In consequence of the abundance of nitrogen in most animal substances, we find, that when they are submitted to destructive distillation, ammonia is one of their leading products, and in consequence of the peculiar texture or organisation, or arrangement of animal bodies, the results are much more complex than those of vegetable substances; you get a great variety of oily and fatty matters impregnated with different saline bodies, and you obtain a variety of earthy and liquid matters, and so on, different from those already adverted to; and you see on this table an enumeration of the principal animal substances or compounds. (The order in which these bodies were set down was as follows:—

1. Blood—Albumen, colouring matter.
2. Milk—Sugar of milk.
3. Bile—Resin of bile.
4. Lymph—Mucus, synovia, pus.
5. Urine—Urea, urinary calculi.
6. Skin—Membrane.
7. Muscle—Ligament, horn, hair.
8. Fat—Spermaceti, &c.
9. Cerebral substance.
10. Skin and bone.)

To give you a general idea of the products of animal matter, when subjected to a destructive distillation, let us consider what happens with bone, when so treated. There is, in the first place, water obtained, and, as the heat increases, you get a quantity of a black liquid, or empyreumatic oil, in which the odour of ammonia is very predominant; you have, along with this, a quantity of saline matter sublimed, which is carbonate of ammonia. These are the characters of the substances which escape in a gaseous form, and there remains behind a quantity of charcoal, which, unlike the charcoal obtained by the destructive distillation, is very difficult to incinerate, or reduce to an ash, and the reason is, that it contains so much animal matter, that it glazes the surface, and protects it from the access of air. The empyreumatic liquid may be purified by a further distillation, and you will find that it contains carbonate of ammonia, and an empyreumatic oil, which is found ultimately to contain potash. Then, as you have seen with vegetable matter, these products may, by appropriate treatment, be shown to consist, as the leading elements, of hydrogen, oxygen, nitrogen, and carbon, and as you vary the operation of analysis, you will get various products in abundance, which are, of course, so many new arrangements of the ultimate elements of the animal matter.

Now, when animal matter undergoes *putrefaction*, the products are more numerous and more complicated than by destructive distillation, and for this purpose you find that moisture and a due temperature are all that are required, although it is much facilitated by the access of air. We know that cold retards putrefaction in a remarkable degree; that when bodies are frozen, they are not subjected to this change, and may be retained for hundreds or thousands of years in an unchanged state. Dryness prevents putrefaction, and, accordingly, if you dry animal matter, it may be preserved a long time. When bodies undergo putrefaction, the change the different parts suffer depends upon Nature ; the muscular fibre is resolved into a variety of gaseous products; a quantity of liquid oozes from it in a state of putridity, and you find, ultimately, that a part of the muscular fibre is converted into a fatty matter; and this change of muscle into fat by putrefaction is very remarkable, especially under water, whilst the water becomes strongly impregnated with carbonate of ammonia. When air is admitted, its oxygen disappears, and contributes considerably to the rapidity of the putrefaction, and when you admit pure oxygen, you accelerate it proportionably. Accordingly, when you keep substances carefully excluded from the air, and more especially in the presence of carbonic acid, putrefaction is retarded for a length of time, and this is more particularly the case, if it be at the same time under pressure. The method of soldering meat in tin canisters, parboiling it, and impregnating it with saline matters, or ascetic or other acids, is accordingly had recourse to for the preservation of meat. In the process of embalming, as practised by the ancient Egyptians, you have the best proof of the power of certain substances in resisting putrefaction, the bodies having been preserved for thousands of years. The operation appears to have consisted of cleansing out the viscera, and subjecting the cavities to the action of some tarring material, and afterwards impregnating it with certain bituminous oils; they probably also injected the blood-vessels with some antiseptic fluid: these appear to have been the principal steps which they took.

It is well known that putrid animal matter is capable of communicating to the air a poisonous quality, called *infectious*, or especially capable of producing fever, or, in other words, giving a tendency to the human body to assume certain forms of disease. And whether originating from the decomposition of animal and vegetable matters, constituting what is called *malaria*, or afterwards from the impregnation of the air with the diseased products of the body concentrated in its influence, by being detained in the holds of ships, prisons, or wards of hospitals, it becomes a part of the duty of the physician and chemist to discover such substances as have the power of destroying such condition of the atmosphere ; and it must be remembered, that there are many odours capable of concealing, not of destroying, the state of the air we have here described. It is, therefore, necessary to search for such substances as will decompose it.

Now, with regard to this state of the atmosphere, it has been found that nothing is so efficacious in destroying it as *chlorine* ; and if you diffuse it through an apartment, in the proportion of one part dissolved in ten of water, it will infallibly decompose any infectious matter, and will render the air salubrious. We, therefore, avail ourselves of chlorine for the purpose, but in consequence of its noxious effect upon respiration, it is sometimes difficult to bear, especially by persons whose lungs are weak. It may be used, as lately introduced, under the name of chloride, or oxymuriate of lime, which gives out a certain portion of chlorine without materially deteriorating the atmosphere, thus forcing the solution of the chloride from one vessel to another, and by sprinkling cloth with it, the chlorine is gradually given out ; and thus, in the one way or the other, the putrefactive matter in the air may be destroyed by the action of chlorine. Nitric acid is a powerful corrector of putrefaction, or infection ; and you may generate the nitrous vapour very readily by mixing nitre and sulphuric acid together in a saucer, or any other shallow vessel, and applying heat ; it is not so good a disinfectant as chlorine, but, when that cannot be obtained, it is the best. You should also remember, that the substances employed to cover a bad smell, do not destroy its infectious nature ; so that, aromatic vinegar, pastiles, and so on, are only useful on account of their agreeable odour. The operation of fumigation, which is a very simple one, is not, I fear, sufficiently attended to, especially in prisons and hospitals ; such buildings should be fumigated periodically, whether it may appear to be absolutely required or not ; and in private houses, where certain fevers have prevailed, especially scarlatina, every thing should be well fumigated which the patient may have used, especially the bedding and linen.

In describing the proximate elements of animal substances, I cannot follow the same methodical arrangement that I did with vegetable bodies, because they scarcely allow of it ; I shall, therefore, point out some of the principal compounds of the animal substances, and, first, of the blood.

The Blood.—With regard to the blood of animals, it is very different in different tribes; in some, resembling the sap of the different vegetables, and in the higher orders of animals it is of a purple, or florid red colour, being of a bright red in the arteries and of a purplish red in the veins. In such order of animals, take the human subject and quadrupeds as instances, as you might expect, the blood is subject to great variation in its specific gravity, and yet the fluctuation is not so great as might be anticipated, when you consider the difference in the quantity of solids and fluids that the blood may contain; the specific gravity of the blood, however, is rarely above 10.70. When it is left to coagulate, it furnishes us with two or three important steps in its analysis; and if you use blood drawn from the body under certain circumstances, especially during inflammatory disease, you will find the coagulum covered with a white inflammatory coat, as it is called. When you draw blood from the vessels, and allow it to rest, it gelatinises, and soon after begins to separate into a liquid and into a more solid part; the solid passes under the name *crassamentum*, and the fluid part is called the *serum*.

Now, the *serum* of the blood, which you see here, has a specific gravity of about 1030, and if you examine it by delicate tests, you will find that it is always alkaline, and, indeed, sometimes strongly so. It will redden turmeric paper after a time; but if you take a more delicate test, as paper tinged with the jnice of violets, it will immediately convert that blue into a geern. At a temperature of 160 it coagulates, and this is a very important part of the animal matter, and that which gives the serum its peculiarity. You see that, as the heat is increased, it approaches to the state of coagulation, and at length becomes quite solid, and it derives this property from containing, in solution, a principle which chemists call *albumen*, a matter similar to that which is found in the white of an egg. You find that the serum is coagulable by acids and alkalies, that is, they both separate from the serum a certain quantity of coagulable albumen. With regard to the acid, when added in excess, the albumen is apt to be redissolved, but, in small quantities, not. Now, all these characters belong also to the white of egg, which is coagulable by heat, by acids, and by alkalies; it is coagulable also by electricity; if you use a strong electrical power, you decompose the liquid at once, but if you use a feeble power, the albumen is coagulated, and principally at the negative pole; and I show you this experiment, because I have often used it as a test of the presence of albumen in certain liquids; and when the liquid you are examining is thick, take care that you are not misled by the air bubbles escaping through the viscid liquor, by mistaking them for albumen, which you may soon detect by suffering the fluid to remain at rest, when the air will escape. If you ask the question, upon what does this coagulation of albumen depend? I should say, that it appears to me to depend upon the presence or absence of alkaline matter; that albumen, in its liquid state, is a kind of soapy compound of animal matter and soda, and that if you abstract the excess of soda, by the negative pole of the electric battery, or by heat, or by water, you coagulate the albumen; and I merely throw out this view of the cause of coagulation of albumen until some better explanation, founded upon experiment, is brought forward. As the quantity of albumen in the serum is trifling, 100 parts of serum not containing more than 10 per cent. of albumen, the great mass appears to consist of alkaline solution, in combination with the albumen. There is a test of the presence of albumen, corrosive sublimate, which detects it in very minute quantities, and I shall show you, that a very dilute solution of it will produce a cloudy precipitate of albumen from a large quantity of water. Upon this principal it is, that albumen has been recommended in cases in which corrosive sublimate has been taken as a poison, and there is no doubt that it must be very useful. Here then is a set of properties belonging to albumen, sufficient to characterise it as a peculiar animal principle, and it is a leading and important proximate principle of animal matter; in the state I have described, it is a liquid, and apt to be changed by putrefaction, but, on the other hand, when you have coagulated it and dried it, you may preserve it an indefinite time, without undergoing any change, or at least very little. Here are some specimens of dried albumen, which have been kept some time, which you see correspond in their appearance with horn. When we speak of albumen as a proximate principle of animals, not undergoing any change when dried, we speak of it out of the body only, as, during life, the blood remaining fluid in the vessels, the albumen is also fluid, and, like the other fluids of the body, liable to putrify when removed from it. But why the blood should remain unchanged during its passage through the living vessels, and why it should so speedily decompose when drawn from them, are questions which we can only answer by saying, that life presides over this fluid whilst in the body, and there is an end of the matter; it is quite impossible to decide by what peculiar laws these conditions of the fluids are governed. If you stir albumen for a long time in water, it will, in a great measure, be dissolved, and altogether so if you macerate it in acid. Such is the nature of one of the ingredients of the blood, namely, the albumen contained in the serum.

Now for the *coagulum*. This is the coagulum of buffy blood; and if we wash it, or if we submit it for a long time to a stream of water, we shall find that the colouring particles will be washed out, and a white mass be left. If we then shave off this white part, we shall find that, in all main respects, it agrees with coagulable albumen; I do not mean to say, that there is not some slight chemical difference, but it is not sufficient to constitute a distinct species; so that it appears that during the coagulation of the blood, one portion of the albumen assumes a solid state, that another portion remains fluid, and that this portion which turns solid, retains a certain portion of colouring matter. If we examine this *colouring matter* minutely, there appears to be globules in it of about the $\frac{1}{4000}$ or $\frac{1}{6000}$ part of an inch in diameter; and that, in fact, the colour resides in them; and if you put these globules into water, you will find that the colouring matter will be imparted to the water, and the globules themselves will float about as colourless bodies; the globules appearing to consist of coagulable albumen. We cannot, therefore, detect any peculiar matter in this part of the blood, excepting colouring matter and albumen. Now, with regard to the difference between this albumen and that already pointed out, there appears, in fact, to be none; it possesses all the leading characteristics of albumen; and if you dry it, it is like the dried white of an egg. The colouring matter of the blood was supposed, not long ago, to depend on the presence of iron; and although we do find some very small particles of iron in the residue of the analysis of blood, yet we always find it in the *white parts* of the blood, in milk, and other substances devoid of colour. I believe that it is a peculiar animal principle; and I shall endeavour to show you why I believe so, when we have to consider the subject of respiration, and the change which the blood undergoes in its passage through the arteries and veins, which will be in a day or two.

The blood, then, consists of water holding albumen in solution, and colouring matter; and it appears that when the coagulation takes place, a considerable portion of the albumen separates, and that about 10 per cent. remains in the serum in a liquid state. You might, perhaps, imagine that there would be a great difference in the composition of the blood in different states of disease; that we should find substances in it at one time, and not at another, depending upon the kind of food taken, and upon the nature of the medicine employed, and that is the case to a small extent only; there are slight differences in its specific gravity, in the tenacity of the coagulum, and so on; but you will find, however, that the elements of the blood are not apparently essentially altered in disease; and with regard to the various substances taken into the body, you can detect very few of them in the blood, although you may find them in great abundance in the secretions.

Milk.—There is a number of other animal fluids, in which albumen is a leading principle, and of these I shall enumerate one or two. Now *milk* is a very important animal secretion, and in it you will find albumen as a leading ingredient. Milk, when recently drawn, is a homogenous liquid, but if left to stand some time, it throws out a quantity of thick matter called *cream*, which consists essentially of an oily substance called butter. Milk has a specific gravity of about 1018 or 1020—I mean the genuine milk, not what the patent companies are selling about town for milk, for the specific gravity of such a fluid is very much beneath the number I have mentioned. It is a matter of some importance to the farmer to ascertain the specific gravity of it, and to learn under what circumstances that specific gravity may be increased or diminished in the manufacture of butter and cheese. The cream contains the butter, and the skimmed milk which remains below is of a more blue colour, is easily separable into curds and whey, and from the curd the *cheese* is made. This separation of the curds and whey is effected by a curious process, namely, by putting a little bit of the inner stomach of the calf into the milk, and there is, in the fluids, found in the stomachs of all the upper animals, a power of coagulating milk; and when coagulated, the stomach begins to act upon it and digest it. Hence the folly of the general opinion, that when infants throw up the curd of milk, they must be in a bad state of health; they are said to have much acid in the stomach, and so on, whereas this is a natural function of the stomach.

Now, with respect to the oil obtained by churning, it has all the properties of a vegetable oil; and if you place it in a compound, in which there is no nitrogen present—that is, in a compound of hydrogen, oxygen, and carbon, it is found to agree in its general properties with the oily bodies. The *curd* obtained by the coagulation of milk, is albumen in a very attenuated state; and if you dry it, it resembles the albumen of the blood. If you boil it in water it dissolves slowly, giving off films of its substance, but an acid acts upon it in the same manner, as before described, with the albumen of the blood. The *whey* is deprived, as far as possible, of albumen; it has a sweetish taste; and if you evaporate it, a substance remains, to which the name of *sugar of milk* has been given, of which you see a specimen here. It has a peculiar sweet taste, not unlike that of sugar, and proves to be a kind of substance approximating to vegetable bodies, but is here combined with the animal matter of the milk, fitting it for the nutrition of the young animal; so that it appears to be a compound of animal and vegetable matters, if one might be allowed to use that term of a production entirely animal.

When you squeeze the liquid out of the curd, and keep it sometime, it undergoes fermentation; and either alone, or with the butter, it forms *cheese*; the peculiar flavour of the cheese depending upon the quality of the butter which has been left in it, and on the degree of fermentation which is allowed to take place.

The *bile* is a peculiar animal secretion, in which albumen predominates; it is secreted from the blood in the liver, and is found to resemble a good deal, in composition, the serum of the blood, as far as the relative proportions of albumen and serum go. But if you coagulate it by alkalies, you find that, besides the albumen, there is a substance in it intensely bitter, having some of the characters of resin. As you know, the bile has an important office to perform, it tends to separate the food into the chyle, whilst another portion of the bile appears to combine with the rejected part of the food, and to become excrementitious; and without this admixture of the food and bile, digestion is not performed as it should be. Another use of the bile is to stimulate the intestines to a proper action, which seems to be effected by the saline matters contained in it with this bitter principle, which has been called by different names. Besides these, there is a concrete matter found in the bile called adipocere by Fourcroy, but *cholesterine* by Chevreul. This, however, is rather to be considered as a diseased product, than one of the proper components of healthy bile; and when it concretes, it forms what are called biliary calculi, which are found in the gall-ducts or gall-bladder, and sometimes, having passed the gall-ducts, in the intestines. I have seen them of the size of a large cucumber, forming, positively, a sort of model of the intestines. Here is a section of one of these, showing the striated structure of the substance. Here is another biliary calculus, which appears to be a concretion of the bile itself.

The *mucous* and lymphatic secretions of the body, may be regarded as albuminous liquids. The fluids, which lubricate the various cavities of the body, are, generally speaking, little more than water, but by delicate tests, you may detect albumen in them all. Sometimes, especially when the membranes secreting these fluids are in a diseased state, albumen is thrown out in large quantities, in a very concentrated state; on the other hand, the fluids secreted in excess may contain so much water as to render it difficult to trace any albumen in it; and these variations in the condition of the secreted fluids, render it quite impossible to fix any proportion, in which albumen may be said to exist in them.

The next secretion to be considered, differs very materially from those already described, viz. the *urine*; in the next lecture, therefore, we shall examine the nature of that secretion, and the *composition* of *urinary calculi.*

COURT OF KING'S BENCH,

WESTMINSTER, JULY 3.

(*Sittings at Nisi Prius in Middlesex, after Trinity Term, before Lord* TENTERDEN, *and Special Juries.*)

THE ROYAL COLLEGE OF PHYSICIANS *v.* DR. EDWD. HARRISON.

THIS was a *qui tam* action by the President and College of the Faculty of Physicians, against Dr. Edward Harrison, a physician, to recover certain penalties for exercising the faculty of physic within seven miles of the city of London, without having been licensed so to do by the College.

Sir J. SCARLETT (with whom were Mr. BROUGHAM and Mr. PARKE) stated that the object of this action was to enforce a statute of the 14th and 15th Henry VIII., which provided " that no person should exercise the faculty of physic within seven miles of the metropolis, unless he was admitted thereto by the President of the College of the Faculty of Physic, under a penalty of 5*l.* for every month he should exercise the same faculty without being admitted a member of the College." The charter of the College, which was granted in the 10th year of the reign of Henry VIIIth., and confirmed by act of Parliament, was granted for the purpose of preventing injury to the public from the practice of empirics and quacks. The object of the College of Physicians was to enforce the statute fairly, without regard to individuals, and it was unnecessary, therefore, to enter into any discussion as to the professional skill of Dr. Harrison, who was undoubtedly a respectable man. It was equally unnecessary for him (Sir James Scarlett) to make any observations on the policy of the law as applicable to this case, as that could form no part of the inquiry which the jury had to enter into to-day. With the policy or impolicy of the law, they had nothing to do in that place, their only duty being to administer the law as they found it. Some correspondence had taken place between Dr. Harrison and the censors of the College on this subject; and Dr. Harrison having expressed his readiness to meet the real question at issue between them, he (Sir James Scarlet) had hoped that the practice of Dr. Harrison as a physician would have been admitted, in order to leave that question without putting the College to the proof of such practice. The learned counsel here read one of Dr. Harrison's letters, which was afterwards given in evidence, and in which he referred the College to his attornies, Messrs. Tennant, Harrison, and Tennant, of Gray's-inn, and expressed his readiness to meet the question fairly. In consequence of this letter, application was made to the attornies for the necessary admission, but they, being more cautious than Dr. Harrison himself, had declined giving any admission, and the plaintiffs were therefore put upon proof of the fact of his having practised as a physician within seven miles of London. Such proof would be adduced, and that would entitle the plaintiffs to a verdict for penalties of 5*l.* each for every month he had so practised during the period mentioned in the declaration. The charter of the 23d of September, in the 10th year of Henry VIII., granting to certain persons therein named that they should be a perpetual commonalty or college by the name of "The President and College or Commonalty of the Faculty of Physic," was here put in and read.

Mr. Campbell, for the defendant, objected that there was a variance between the terms of the charter and the statement in the declaration. This objection, after a short discussion, was overruled; and the statute of Henry VIII., confirming the charter, was then tendered in evidence. The learned counsel (Mr. Campbell) objected to its being received, on the ground that it was not an act of Parliament, but merely a petition to the King, praying His Majesty to grant certain things which it specified, but without ever having been sanctioned by the King. If it were an act of Parliament at all, it was, he contended, merely a private act, and could not, therefore, be given in the manner proposed.

Lord Tenterden intimated, that in his opinion, the act in question was a public act, but he would save the point for Mr. Campbell, who might, if necessary, hereafter move for a nonsuit.

Mr. Roberts, clerk to the College of Physicians, produced the Charter, which was *verbatim* recited in the Act of Parliament in Latin, from which Lord Tenterden read the material parts in English.

Emma Edwards: Was servant to Miss Orton in July, 1827; was in her service from March 1824, till July 1827; knew the defendant Dr. Harrison; he attended Miss Orton; he attended her in the years 1825, 6, and 7; recollected his attending her in summer 1827; gave over attending her either in December, 1827, or February 1828; he attended her frequently; he received fees from her, and wrote prescriptions for her; Miss Orton then lived in Marsham Street, Brunswick square; he prescribed for the witness; Miss Orton was not able to attend to day [shown a letter and several prescriptions, with the dates]; believed these were in the defendant's hand-writing.

Cross-examined by Mr. Campbell: This young lady unfortunately had a curvature of the spine, and witness believed that it was for that affection of the spine that Dr. Harrison attended her; he took no fees from witness when he prescribed for her.

It was proved that an application was made to Messrs. Tennant, Harrison, and Tennant, the defendant's attorneys for an admission that the defendant had practised as a physician, and that it was refused.

Two letters* from Dr. Harrison were then put in and read. They were of the date of May and August, 1827. The first was addressed to Dr. W. F. Chambers, one of the Fellows of the College of Physicians, and the other was addressed to the censors of the College. They repudiated the Charter, and insisted that the College had no right to make by-laws such as those by which their members were governed. They also expressed the willingness of Dr. Harrison to try the question of law at issue between them, relative to their power under the Charter and Act of Parliament, and referred the College to his attorneys Messrs. Tennant and Co.

A bundle of written prescriptions was here put in. In cross-examination by Mr. Campbell, the witness stated, that her mistress had an affection of the spine, and that the doctor attempted to elongate the spine by operating with his hands, and also with an instrument.

Mr. Pickthorne, a surgeon and apothecary, now attending the lady, stated that he made up Dr. Harrison's prescriptions at the time that gentleman attended her. The prescriptions were for internal remedies. There were also prescriptions for the servant Emma Edwards.

Mr. Roberts again called: Dr. Harrison's letter came to his hands, and he waited on Dr. Harrison's solicitor, to ascertain whether, for the purpose of trying the question, he would admit a practice of a month; but the solicitor, on consulting the defendant, refused to admit any thing.

This was the case for the plaintiff.

Mr. Campbell then addressed the jury for the defendant, and contended, first, that the Charter was illegal, the King having no power to create a body corporate with such powers as those with which the College was invested under the Charter; and next, that there was no evidence to prove that the defendant had incurred the penalties under the Act of Parliament, by practising as a physician for a month continuously. He might say that there was nothing at all in this case for their consideration. But admitting that there was some evidence for their consideration, still he confidently expected their verdict. He, as well as Dr. Harrison, had the greatest respect for Sir Henry Halford and other members of the College of Physicians; but speaking of them as a body, this proceeding was illegal and disgraceful. In the first place, this Charter was granted, and the Act, if passed at all, was passed in arbitrary times—in the time of Cardinal Wolsey. By this Charter, this body was enabled to levy penalties on the subject, and this was beyond the power of the prerogative; and yet the Charter was in force for five years before the supposed Act was passed. That, however, would be a question for another day. He would not at present enter upon the question, whether this Charter and this Act could be supported, or upon any consideration of the policy of this monopoly. The only question for the Jury was, whether the Act had been violated, and to prove this, they had brought forward only a single instance, proved by poor Emma Edwards. But in that instance Dr. Harrison had not practised as a physician, but as a surgeon. It was well known that he was a very eminent man in spinal cases, and had published a book of very high authority on the subject. What, then, was the evidence! Nothing more than that Dr. Harrison had attended this lady for an affection of the spine, not as a physician, but as a surgeon; and this was no violation of the Act. The College had, therefore, totally failed in making out their case.

---

* See The Lancet, Nos. 200 and 213, Vol. XII.

Lord Tenterden, in putting the case to the jury, observed that the only question for their consideration was, whether the defendant had practised as a physician for any one month during the year 1827. They had nothing to do with the question as to the expediency of the charter; and with respect to the act of Parliament by which the charter was confirmed, the question which had been mooted as to that was not a fit one to be decided in that place before a single judge, but ought to be maturely considered by the whole Court. That question would probably undergo discussion in case the jury found for the plaintiffs on the question of fact as to the practising as a physician. His Lordship then recapitulated the evidence, and observed, that the defence set up to-day was somewhat at variance with the defendant's own letters to the College. In those letters it seemed to be conceded that he was practising as a physician, and if he had not been so practising, the question which had been agitated could not arise; for, as a surgeon, he was not required to take out a licence from the College. There was no dispute as to his right to practise as a surgeon; the only question was, whether he could practise as a physician without being licensed by the College. His first letter to Dr. Chambers referred to the circumstance of that gentleman's having declined to meet him in consultation. Now it was well known that no physician declined meeting a surgeon in consultation, and it was perfectly clear that Dr. Chambers's objection to meet Dr. Harrison was because he was practising as an unlicensed physician. There was not one word in the defendant's letters from which it could be inferred that he was practising as a surgeon merely; on the contrary, the main object of these letters seemed to be to assert his right to practise as a physician. The jury would connect the statements in his own letters with the parole testimony given today, and recollecting that it had been proved that he had not attended the lady for a spinal complaint merely, but had written prescriptions for internal remedies in the way that a physician usually prescribed, they would then say whether it had not been made out to their satisfaction that he had practised as a physician during the period in question. If they were satisfied of that fact, their verdict must be for the plaintiffs; but if they thought that he had practised solely as a surgeon, then the defendant would be entitled to their verdict.

The Jury retired to consider their verdict, and after being absent three quarters of an hour, they found for the defendant.

AN ACCOUNT OF ANEURISMS FOLLOWING ARTERIOTOMY.

By George Bushe, *M.D. of the Royal College of Surgeons in Ireland, and Assistant Surgeon of the Forces.*

In this communication, it is my object to describe the different species of aneurism which I have observed to follow arteriotomy; and, I purpose to illustrate the same with appropriate cases. The undertaking, it is hoped, will not prove unprofitable, since the subject has not yet met with that attention which it so justly merits; however, it may be necessary to apprise some of my readers, that M. Desruelles has lately written on this subject, in the Transactions of the Medical Society of Emulation at Paris; but his paper, though it contains much useful matter, can in no way detract from the advantages that may accrue from the publication of the following pages; for the reader will soon learn that I have described forms of the disease untouched by him, and illustrated the same with instructive cases; therefore, without further prefatory remarks, I shall lay before the public what information I possess on this subject.

In the second volume of Sir A. Cooper's Lectures, it is written, "I have seen several cases of temporal aneurisms from arteriotomy in that vessel, one in Mr. Heusleigh, a medical student. I opened the sac, secured the temporal artery at its lower part, and was there obliged to secure many others entering the circumference of the sac, which had been excessively dilated." No doubt this case, in the language of Mr. J. Bell, was an anastomosing aneurism; and one, in all probability, produced by the operation of arteriotomy.

Again, if the reader will look to Mr. A. Burns' work on the head and neck, page 342, he will observe a case in which the temporal artery was opened for an apoplectic affection, to which succeeded an aneurism by anastomosis, and which Mr. Burns believed existed beneath the temporal fascia before arteriotomy was performed, and was the cause of the cephalic symptoms. It is with great deference that I would oppose such high authority as Mr. Burns, but from the extract I have made from Sir A. Cooper's work, together with the following cases, I am led to suppose, that aneurism from anastomosis is not a very uncommon sequel of partial or total section of the temporal artery, and that, in all likelihood, Mr. Burns erred when he gave it as his opinion, that the aneurism existed beneath the temporal fascia before the performance of arteriotomy; and that the true nature of the disease only became manifest after the division of the membrane.

Case 1.—On the 30th of April, 1826, G. Graham, private in the 54th regiment, was admitted into Fort Pitt General Hospital, in consequence of concussion of the brain, produced by a fall, sustained a few hours previously, when intoxicated. In the second stage of the disease, (as mentioned by Mr. Abernethy;) blood was taken from his right temporal artery, but no bandage was subsequently employed, as its application produced an increase of headach and general fever. The wound in the temple did not unite, and a pulsating tumour gradually formed, which, from the 18th to the 22d of May, bled frequently and profusely, though firm pressure was steadily applied; indeed the tumour appeared to extend rapidly under this treatment. On the latter date a vertical section was made of the aneurism, and pressure re-applied; but, much to my annoyance, the progress of the disease appeared to be increased by the means adopted, and on the 26th, in consultation with Dr. Skey, deputy inspector of hospitals, and Mr. Millar, surgeon to the forces, it was determined to secure the trunk of the vessel near the root of the ear; this was accordingly executed; but we were again disappointed to find, that the steps adopted were totally ineffectual, as neither the growth of the aneurism, nor the hæmorrhage from it, were suspended; the exterior of the swelling on the 15th of June, being about the size of a hen's egg, ulcerated in the centre, fungated more externally, and at its circumference, where the skin was entire, it possessed a purple colour, irregular surface, and œdematous feel; the whole mass being simultaneously moved with the contractions of the left side of the heart; moreover his countenance was pallid, and his frame debilitated and emaciated from the protracted stage of suffering, and repeated hæmorrhages. A consultation was held, and the removal of the diseased mass recommended. Assisted by Dr. Skey, I proceeded as follows:—

Pressure being made on the carotid artery, an elliptical incision was carried round the base of the tumour, and its removal completed by dissecting from above downwards. In prosecuting this part of the operation, the knife had to be carried freely into the body of the temporal muscle, in consequence of the aneurism being lodged in it, particularly at its lower part behind the zygoma. But little blood was lost during the operation; but when the pressure was removed from the carotid, several large branches sprang in the body of the temporal muscle, one of which was secured by ligature, but the others being numerous and deep seated, the application of sponge and graduated pressure were employed to restrain the bleeding. On the third day the wound was dressed, after which it soon granulated, and rapidly healed. The morbid parts corresponded to the structure which Mr. J. Bell describes as peculiar to aneurism from anastomosis.

Case 2.—In June, 1826, —— Salmon, publican, in Fort Pitt Barracks, had an apoplectic fit, for which he was blooded from the left temple, by assistant-surgeon Ford, to which, in the course of fourteen days, succeeded an aneurismal tumour, about the size of a filbert; the wound in the temple never having healed, it bled freely and repeatedly, was of a purple colour, and attended with the peculiar doughy feel so remarkable in Graham's case; pressure was applied, but Mr. Ford informed me, that it had most manifestly exasperated the disease. I removed the tumour (which laid above the temporal fascia) without difficulty, but to restrain the hæmorrhage, I found it necessary to apply two ligatures, and fill the wound with sponge. The excised parts resembled those removed from Graham's temple.

Case 3.—In Jan. 1827, Captain M., of the 3d Regt. of Foot, was affected with inflammation of the iris of his right eye, for which the temporal artery was opened, but as he stated that the pain of his head was increased by the bandage, after a few hours its application was discontinued; the wound did not heal, and an aneurism formed, which, at the end of eight days, had acquired the size of a hazel nut; pressure was applied, but repeated attacks of hæmorrhage ensued, and the tumour, on the thirteenth day, was as large as the segment of a walnut. An incision was then made around its base, so as to divide the superficial vessels passing into it; and, after three trunks were secured, the pressure was re-applied; but this expedient did not answer, for, on the eighteenth day, the aneurism being rather larger than that of Graham's, its removal appeared imperative. Assisted by Mr. Fryer, assistant surgeon, 46th Regt., I accomplished the desired object, which was rendered very difficult in consequence of the number of vessels entering its base, and the depth at which it lay beneath the zygoma, in the substance of the temporal muscle. The bleeding vessels were so numerous, that to apply ligatures to them, at such a depth from the surface, in a narrow cavity, appeared impossible, therefore by plugging the wound with sponge, the hæmorrhage was restrained; a healthy wound followed, and in a fortnight it had skinned over. This aneurism I injected and corroded, by which means its true structure was clearly exposed.

I have now mentioned three cases, in which anastomosing aneurisms followed the operation for arteriotomy, and from them may be deduced much useful matter. In the section of Sir A. Cooper's lectures before alluded to, it is stated,—"Aneurisms are to be prevented after arteriotomy, by the complete division of the vessel." This opinion being derived from such high authority, carries with it much weight, therefore it is with great deference that I would oppose it; but in two of the above cases the vessel was cut across, after the desired quantity of blood had been abstracted, viz., in those of Graham and Captain M. Hence I am firmly convinced, that the means recommended by Sir A. Cooper will not prevent the formation of anastomosing aneurism, notwithstanding it will, undoubtedly, that of a species hereafter to be mentioned, viz., that of the trunk itself. I cannot comprehend how a complete division of the vessel could possibly operate against the development of a structure, consisting of a dilatation of the anastomosing vessels, though it is easy to understand the rationale of its operation, in the prevention of false aneurisms of the temporal artery; and, moreover, I am convinced, that in the most careful attempts that can be made to complete the section of the vessel, the temporal fascia will be divided, by which a communication is opened between the superficial and deep-seated vessels, an event that tends to increase the malady, and render the removal of the diseased parts much more difficult. In exemplification of this, contrast the depth at which the aneurisms of Graham and Captain M. lay in the body of the temporal muscle behind the zygoma, and the supply of blood they received from the deep temporal arteries, with the superficial situation of the aneurism of Salmon, viz., external to the temporal fascia; the facility with which it was removed and the hæmorrhage restrained, the deep temporal arteries being free from disease. From these facts, I cannot withhold recommending a discontinuance of the common practice of cutting across the vessel, when a sufficient quantity of bloood has been abstracted; for though such a proceeding will prevent the formation of aneurism in the trunk of the vessel, still, if there is a disposition to the formation of anastomosing disease, it will, in my mind, increase it, and the establishment of dilatation of the trunk itself can be prevented by the application of pressure. In the cases of Graham and Captain M., pressure was not employed after the operation of arteriotomy; but in Salmon's case, it was applied in the usual way, still it did not prevent the formation of anastomosing disease; therefore I am disposed to conclude, that in some individuals, there is, from causes yet unknown, a disposition to this peculiar morbid action which is called into existence, no matter how completely the vessel is divided, or how accurately pressure is employed.

In the three cases related after the appearance of the disease in the anastomosing vessels, pressure was applied, and in all it appeared to expedite the growth of the tumours, increase the central ulceration, and finally to produce much constitutional annoyance. These effects I have observed to follow pressure, when applied to anastomosing aneurisms of spontaneous origin; and the same results have been pretty strongly hinted at by John Bell, and some other authors. Therefore I would recommend, that as soon as the disease becomes manifest, pressure should be immediately discontinued.

In the case of Captain M., a circular incision was made around the base of the tumour, as recommended by Sir Astley Cooper, and afterwards firm pressure was applied; but I did not carry the incision to the bone as proposed by Sir Astley, as in the case alluded to by him, the aneurism was situated on the forehead, where he had not to contend with deep-seated vessels, situated in a thick muscle. The result of the attempt in the case treated by me, the reader will recollect, proved abortive; but the failure can easily be explained in this way: by the incision, the superficial, temporal, and frontal arteries, were only divided; and the aneurism having its supply of blood principally from the deep temporal arteries, its growth continued, because they were left undivided, hence I shall not again adopt this proceeding. But it may be asked, if the incision was carried through the body of the muscle down to the bone; would it then not have answered? In reply, I would say, that we can never judge of the extent of the base of such aneurisms, by their external appearance; an opinion which the above cases will justify; and as, by external examination, we cannot gain knowledge of their inward extent; an incision, though carried widely round the base of such tumours, might, in all probability, pass into the substance, thereby give rise to troublesome hæmorrhage, and an increased rate of their growth. And even if, in such cases, we could inclose the morbid parts with an incision, I should fear that the trunks of the deep temporals, would pour out blood very freely, and, in all probability, require dilatation of the wound, for the application of ligatures to stem the hæmorrhage; and, above all, as the encircled mass could only receive blood from the bone, (a quantity small indeed,) sloughing of the diseased parts would be the consequence; a process, which, though radical in its effects, would be attended with so much irritation and delay, that I cannot look upon it as a desirable curative mean.

In Graham's case, the tumour was divided throughout its vertical extent, and afterwards plugged with sponge; but the reader will recollect, that after this plan of treatment, the disease extended more rapidly than heretofore, therefore I cannot agree to the following passage in Sir A. Cooper's lectures:—" The operation best calculated to cure aneurisms of the scalp, is to cut directly across them, and to make use of pressure to stop the bleeding, to prevent the course of the blood through the swelling, and to produce adhesion of the sides of the sac."

It was stated that, in Graham's case, a ligature was applied to the trunk of the vessel, and that it did not affect the growth of the aneurism; but when we recollect that the morbid mass was fed, not only by the superficial temporal, but also by the frontal and deep temporals, its failure can be easily explained. Hence it may be unnecessary to add, that such a proceeding is not at all adapted, even to suspend the progress of such diseases.

From a consideration of what I have now written, I have no hesitation in recommending excision, as soon after the formation of the disease as possible, as the means best calculated to establish a safe and radical cure.

The next species of aneurism, arising from arteriotomy, which I shall describe, is that of the trunk of the vessel itself; a form of disease of which I have seen many cases, particularly in the ophthalmic hospital of this establishment (which I had charge of, from September 1826 to May 1828). This is the form of aneurism described by Desruelles; and I can safely say that I never saw a case of this disease, where pressure was properly applied, after the closing of the wound, though the vessel was left undivided. I am particular in this statement; because Desruelles has assigned imperfect division of the vessel, as a cause of the malady. However, I must admit, that I have never observed the disease after the complete division of the vessel; nor is it possible to conceive how it could exist, when such a measure is adopted; but though this may be a certain preventive, still I conceive it to be a bad practice, inasmuch as other means prove effectual, and are unattended with the danger that sometimes follows complete division, when there is a tendency to the formation of anastomosing aneurism. In all these cases, after the performance of arteriotomy, I have observed that the wound healed, and that it was only after the aneurism had acquired some size, that the integuments ulcerated in the site of the cicatrix, giving rise to troublesome hæmorrhage.* At one period, I was in the habit of securing the trunk of the vessel; again, of dividing the aneurism through its centre, and tying the extremities of the vessel; but more lately I have been uniformly successful by making firm pressure with a coin wrapped in old linen, and secured with a firm roller. Indeed, these aneurisms are very common, and very easily cured.

The last form of the disease, which I shall describe, is aneurismal varix, of which I have seen but the following case:—

General D., æt. 78, for some years had laboured under carcinomatous ulceration of his left eye and temple. In August, 1826, he had an apoplectic seizure, for which his right temporal artery was opened near the ear, and in consequence of the diseased condition of the left side of his head, pressure was not subsequently employed. He gradually recovered from the apoplexy, and, in three months afterwards, I visited him with Mr. Sproute, surgeon of the Royal Engineers, who was his medical attendant, when we found that a regularly-formed aneurismal varix was established in the situation where the artery had been opened; but as it was not troublesome, no curative means were had recourse to. In May, 1827, he died; when, on examination, I found that a large dilated vein lay over the artery, adhered to it, and communicated with it, by a small, but well defined and direct, opening.

---

* It is to be recollected, that in none of the cases of anastomosing aneurism which I have described, did the wound heal after the performance of arteriotomy.

As I stated before, this is the only case of this form of disease that I have observed to follow arteriotomy; therefore my judgment on it cannot be very perfect. But from a consideration of the structure of the parts, I conceive it may be avoided; by not opening the artery close to the ear; as in this situation the vessel has frequently in front of it large and contorted veins; and the parotid fascia, ascending over the zygoma in this situation, will bear off the pressure applied to restrain the bleeding. For I believe these two circumstances favour the formation of a disease, which may be avoided, by opening the vessel where it is only covered by the skin, and comparatively unaccompanied by veins. In the above case no curative means were adopted; but if analogical reasoning be allowed, it is fair to suppose that pressure would have effected a cure.

GAPINGS OF AN OYSTER.

To the Editor of The Times.

Sir,—In *The Times* of November 8, 1827, I endeavoured to support your previous censures upon the occasional rapacity of unworthy medical practitioners; and while the disgraceful conduct of law-mongers is undergoing Parliamentary inquiry, I will ask the public attention to a proposal for the better regulation of the several classes of men engaged in the healing art. It seems to me that most of the contentions and abusive disputes which now dishonour the whole medical profession are occasioned by sordid passions, and that a prurient greediness of money-getting fame is the principal source of our notoriously disturbed condition.

Under the sanction of experience, I am convinced that the important art of healing may be assuredly ameliorated by equitable regulations, and also progressively improved by directing the activity of varied talent to right purposes.

Before the London Colleges of Physicians and Surgeons, and the Company of Apothecaries, are condemned upon the assertions of evil-minded or envious medical demagogues, the public should be apprised of the real destinations of those institutions, and of the national services which they perform.

The division of the officers of health into physicians, surgeons and apothecaries, is convenient, and if not invidiously defined, those several distinctions may be wisely continued; but I presently intend to suggest a more rational mode of payment, according to their respective accomplishments in learning and science, and their progressive attainments from experience.

I do not believe that any subversive changes in our English colleges would amend the profession or benefit the public; but a review and comparison of their several charters, by-laws, and usages, might enable ruling minds to detect many prevailing errors, and lead to combine the several classes of medical men under more genial compacts.

When the English College of Physicians was first established, the chief sources of medical knowlege were derivable from the classic remains of the ancient Greeks and Romans, and consequently the Universities of Oxford and Cambridge were then the best schools for medical education; but subsequent discoveries and improvements in every elementary science have entirely superseded the semi-monastic discipline of that age; and at this time it may be truly said, that the teaching of anatomy, chymistry, therapeutics, medicine, and surgery, are better conducted under the rivalship of self-appointed lecturers, than at either of the English Universities.

The College of Surgeons was first chartered to supply duly qualified English surgeons for the services of the terrible wars of the 15th century, and to exclude itinerant foreign pretenders, and ignorant quacks.

The two London Colleges are merely the constituted ordeals for examining into the competency of candidates, and for granting diplomas, privileging their members to practise. They have never been schools for instruction, and probably any approach to render them such would prove injurious.

The incorporation of London apothecaries have vacillated between the subordinate offices at first demanded of them by physicians, and the business of wholesale and retail drug merchants and medical chemists; but their increasing ministrations as sub-physicians, have rendered them so essential to the middle order of society, that the Company of Apothecaries have very properly acquired an exclusive Parliamentary power in favour of their members. Indeed, their certificates of competence from physicians who teach the art of medicine, and from hospital physicians as to their practical opportunities, give them a fair claim to the public confidence.

After this brief, and, I trust, impartial, exposition of the equal responsibilities of physicians, surgeons, and apothecaries, I feel assured that a vast majority of them will agree with me as to the expediency of adopting some equitable regulations to mark the relative value of acquired sagacity, and the slender pretensions of novices: for this purpose I now venture to propose a graduated scale of fees for each division of the profession, under which every member may beneficially commence his particular vocation, and progressively rise according to his rank and experience.

It is absurd to regard the value of the knowledge possessed by a beginner as equal to that of the experienced practitioner, or to suppose that a youthful graduate in medicine, whose education has been chiefly directed to the classics and elementary sciences, can be equally well informed and qualified to practise physic as an apothecary, who has had more than ten years of continued experience, or that such a youth should be entitled to the same fee as an old established physician, or well-educated surgeon. While apothecaries, however, continue to act as petty tradesmen, and obtain remuneration for their services by the items of a bill, they cannot enjoy self-respect, or hold a due rank in society. I therefore wish to give them the privilege of taking small defined fees in lieu of charges for medicines, and thus to remove that increasing dissatisfaction which the public necessarily feel, while the management of human health is reduced to a mystified and suspicious barter.

The legal establishment of an equitable scale of fees for physicians, surgeons, and apothecaries, may be esteemed an important part of medical ethics, and I therefore propose that physicians' fees should be as follows, viz.:—

For every occasion of giving advice, or for visiting attendances, during the first five years of practice—fee, half a sovereign.

For each of the same occasions after the first five years of practice, and until the end of twenty years from its commencement—one sovereign.

After the experience of twenty years in continued practice, every physician is to be regarded as a referee, and when so employed in consultations, his fee to be two sovereigns, provided he does not assume the daily charge of the patient.

Payments for journies to remain as they now stand.

Surgeons' Fees.

For each time of advice, attendance, or ministration, during the first five years—five shillings.

After ten years of continued experience—half a sovereign.

From the end of ten years—one sovereign.

For operations dangerous to life, a scale should be fixed, tending to repress unjustifiable enterprises. I think the plan of daily fees would prove the best security.

Payments for journies to remain as they now stand.

Apothecaries' Fees.

All apothecaries who practise as sub-physicians, and hold the entire responsibility of treating patients, to be paid by fees, and the frequency of their visits to be at the discretion of their patients. It should be understood that those fees supersede charges for medicines.

For each time of giving advice or attendance during the first five years of practice—half a crown.

After five years and onward to ten years—fee five shillings.

For ten years and onward—ten shillings.

The public, as well as the profession, might have constant and authentic information of the standing of each class of the profession, by referring to the annual printed lists of London physicians, surgeons, and apothecaries, such lists being required to annex the date of admission to the name of each member.

In the construction of the preceding scale, an equitable, and, I trust, a liberal view has been taken of the just pretensions of each grade and division in the medical profession; and I cannot neglect to add my opinion, that if a wise system of jurisprudence and of moral direction, were assigned to this important calling, it would bring forth the exertions of medical philosophers, introduce more of scientific precision into its several branches, and tend to exhibit the whole art as one common service dedicated to humanity.

I believe that an appropriate distribution of medical and surgical duties and remunerations, would importantly conduce to prevent the mischievous effects of domestic nostrums and quack medicines, tend to harmonise the whole brotherhood, and prove highly satisfactory to the public.

I am, Sir, your obliged servant,

ANTHONY CARLISLE.

Langham Place, May 27.

HYDROPHOBIA.

CASE OF HYDROPHOBIA TREATED WITH THE SUPERACETATE OF LEAD.

In the subjoined case, which occurred in the practice of Mr. C. Jenkins, of Great Prescot Street, the disease proceeded with a frightful rapidity to a fatal termination, its whole progress not occupying more than thirty hours and a half.

W. T. Hazlam, ætat. 22, a labourer, complained on Saturday night, November 4, of an inability to swallow fluids, which symptom he ascribed to flatulence; for several weeks previously he had complained of weariness, pain in the head, and propensity to sleep. The difficulty of deglutition increased so much throughout the night, that, on the morning of the 5th, Mr. Jenkins was requested to visit the patient. He was found sitting at the fire, complaining of wind in the stomach, and lamenting his inability to swallow. He had no pain; pulse 80; tongue furred, dry, and parched; bowels regular; skin moist.

At four, P.M., of the same day, the hydrophobic symptoms were manifest in all their characteristic intensity, and in consultation with Dr. T. Davies of New Broad Street, a trial of the superacetate of lead was determined upon, in doses of half a grain, every half hour. No impression was made upon the disease, and the poor fellow, after a state of horrible suffering, died at five o'clock on the morning of the sixth. It was not until within two hours of his death, that he confessed to his father, that he had been bitten on the instep, thigh, and hand, by a dog belonging to his master. He had previously obstinately denied the fact of having sustained a bite, under the vulgar apprehension that he should be put to death if it were known. There was no proof that the dog had ever exhibited any rabid symptoms; the animal was reported to have died from starvation.

It is especially worthy of notice, that during the whole progress of the disease, the man felt no pain; his reason never deserted him; he had a craving appetite. All white and shining bodies were held by him in utter abhorrence.

Examination of the body.—Externally: discovered a scar on the inner part of the left leg, corresponding with his statement to his father of one of the bites of the dog, across which branches of the saphena nerve extended themselves. The nerve presented no remarkable appearance.

Brain: Dura mater very adherent. Veins of the surface very much distended. More bloody points than usual in cutting the medullary substance. Ventricles nothing remarkable. Plexus choroides unusually pale. Serous fluid at the basis about two drachms. Under the tongue, nothing unusual.

Larynx and trachea red: fine vessels, in arborescent forms, extending down the latter; much light brown spumous serosity in the trachea.—Lungs and heart healthy.—Pharynx very red; redness suddenly ceasing at the commencement of the œsophagus, which latter presented a healthy appearance.

Stomach: Small quantity of fluid; arborescent redness, but not considerable, of the great cul de sac of the stomach.

All the intestines perfectly healthy.

CASE OF HYDROPHOBIA, IN WHICH BLOODLETTING WAS EMPLOYED, WITH APPARENT BENEFIT.

The particulars of this case are related by Dr. Charles Davis: it occurred at Newcombe Bridge, North Strand.

Joseph Keating, ætat. 12, was first visited on the 19th of March, at which time he was labouring under the most unequivocal symptoms of hydrophobia. He had been unwell for four or five days previously, screaming occasionally, eating nothing, and frequently wishing to drink, but unable to swallow. He had been bitten about four months before by a strange dog, and the injury consisted of three large and deep lacerations upon the inner and fore-part of the right thigh.

Having observed the beneficial effects of bloodletting in a severe case of tetanus, Dr. Davis decided upon employing the remedy in the present instance. Upwards of sixteen ounces were abstracted, by opening a vein in each arm; the effects were decidedly advantageous; the violence of the spasms was much diminished, and the patient even permitted his arm to be bathed in warm water. The cicatrices were excised. A strong dose of calomel and jalap was exhibited. In the evening the disease raged with unabated fury, and blisters were ordered to the abdomen. On the 20th, the symptoms were more violent than ever; in the evening, eight ounces of blood were drawn from the arm, with obvious alleviation. On the 23d, the boy was so much better, that he was enabled to drink wine, and also warm milk with tolerable facility. On the 24th, he continued to improve; and, on the 25th, no hydrophobic symptoms were apparent; the pulse at this time was 100, and hard; the respiration somewhat hurried and quick; he had occasional short cough, and expectoration of viscid mucus; bowels confined; urine scanty, and high coloured. Instructions were given that the bowels should be freely evacuated, and venesection to be employed, if the inflammatory symptoms continued. Being unexpectedly called away, Dr. Davis did not see the patient until the evening of the 26th, when he was evidently dying of pneumonia. It seems that the symptoms of pulmonic inflammation had progressively increased, notwithstanding the mother obstinately resisted the further abstraction of blood, neither would she permit the application of a blister, nor allow him to take medicine of any sort. He died on the 14th day from the commencement of the disease.

The body was examined sixteen hours after death, and the following appearances were observed :—

Within the cranium and spinal canal, every part was healthy, except that the pia mater in both of these regions seemed rather more florid thon usual ; but the difference, if real, was extremely trivial. The appearances of the pharynx, œsophagus, and stomach, were perfectly natural. Both lungs, at the interior and posterior part, presented the traces of high inflammation, being violet coloured and indurated. A quantity of reddish serum issued from a section of them when squeezed, and from several distinct points blood and pus was observed to flow. The liver was occupied throughout by the small brown tubercle ; its size was diminished, and the gall bladder was greatly reduced in magnitude. A small portion of the jejunum was intussuscepted, and the part which was inclosed within the lower portion was somewhat diminished in its calibre. The serous surface of the neighbouring portion of jejunum was rather more vascular than usual, but the intussusception appeared to be very recent. The descending colon was slightly contracted in its calibre, as if by the action of its circular fibres : and, at the sigmoid flexure, a considerable degree of contraction, approaching to stricture, and apparently from a similar cause, existed for the extent of an inch. The rectum was empty and contracted ; the bladder also was empty, and had contracted very closely. Every other part was healthy.

Just before his death, his mother had been prevailed upon to permit the abstraction of blood from his arm, but at a period when the measure was hopeless. The blood, which was drawn at this time, differed much from that which had previously been taken away, as its coagulum was firm and resisting, cupped upon its surface, and would no doubt have presented the buffy coat, had it flowed more rapidly from the vein ; while the blood which had been drawn during the continuance of the hydrophobic symptoms was flat upon its surface, and loosely coagulated, as is usually found in diseases attended with spasmodic action of the muscular system.

ANCIENT MODE OF TREATING PERSONS BITTEN BY MAD DOGS.

Mr. Frederick Adams has recently been at the pains of collecting the evidence of Ætius, Paulus Ægineta, Actuarius, Dioscorides, and others, in favour of the treatment of hydrophobia by hellebore. The foregoing authorities, comprehending the testimony of thirteen centuries, speak so highly in its favour, that Mr. Adams remarks " it is surely deserving of some attention." The same authorities, however, it may be observed, are, for the most part, precise in their directions for cauterizing the wound, so that it would appear they did not place full reliance on the hellebore.

ERGOT OF RYE.

To the Editor of The Lancet.

Sir,—As a fact connected with the operation of an article of the Materia Medica, the following case may be considered useful ; if you think so, you are at liberty to publish it in your valuable journal.

I am, Sir,
Your obliged and obedient servant,
J. Latham,
Member of the London College
of Surgeons, &c.

I was desired by a medical gentleman, of this town, to relieve him of a tedious case of midwifery, as he had another engagement which he particularly desired to attend to. He informed me that the woman had been in labour from the day but one before, and that he had bled her the day before, to the amount of sixteen ounces.

On visiting the woman I found the presentation natural, the membranes ruptured, and the head of the child resting in the superior aperture, or brim, of the pelvis. As the membranes had been ruptured for a considerable time, and as circumstances appeared to indicate a favourable and speedy delivery, I waited contentedly for a couple of hours ; but finding things to remain almost stationary from the absence of expulsive pains, I judged the case to be a favourable one for the administration of the ergot of rye. I therefore sent for two drachms of the article, in powder ; and, with the concurrence of her medical attendant, gave her two scruples of it in a little cold water. At the expiration of ten minutes, the pulse became stronger, and the pains were increased in frequency. I then gave her two scruples more, and was pleased to observe the expulsive power of the uterus increasing. Twenty minutes had elapsed from giving her the first dose, when it was judged proper to give her the remaining two scruples; immediately after taking which, the action of the uterus was firmly established, and, in half an hour more, the woman was delivered of a fine but still-born child. The pains continued, and the child was scarcely separated from its funis before a second one was born alive, and remarkably lively. The contractions of the uterus were continued, and the uterus was almost immediately emptied of its contents. The placentæ were conjoined. The above case, so far from indicating any thing prejudicial in the action of the medicine, appeared to me to show that it had been remarkably serviceable in hastening delivery; and, I am of opinion, if it had been administered a few hours earlier, the first child would not have been still-born. The mother and child have both done well, no untoward circumstance having occurred to either of them.

Wigan Dispensary, June 30, 1828.

ABUSES IN ST. GEORGE'S HOSPITAL.

To the Editor of The Lancet.

Sir,—I am one of those fortunate individuals whom the Surgeons and Governors of that inestimable place for medical and surgical education, St. George's Hospital, have honoured, by accepting the trifling sum of twenty guineas, for the old purpose of *walking* its wards in the company of some fifty or sixty equally lucky youths, all of us, I intreat you to believe, Brodies, Keates, and *Roses*, in embryo.

I have been an humble follower in the rear of these great men for about ten months past; I have heard, occasionally, the voice of the surgeon as he addresses the patient; I have seen, occasionally, the gleam of the knife in the operating theatre of this establishment, and have been electrified by the scream of the patient, and edified by the remonstrating voice of the surgeon; but I have rarely seen or heard more. The truth is, "system" and "management" are words which have no place in our West-end Hospital vocabulary. "They manage these things better abroad." And now, Mr. Editor, you will perhaps ask how this is; I will tell you, Sir, and I shall also endeavour to show how these evils may be easily remedied.

Upon the surgeon entering the hospital ward, instead of all that order and quietude which ought to prevail, a scene takes place that almost baffles description: he is followed to the bed side by an immense number of pupils, perhaps forty or fifty, all of whom are eager to hear his remarks, and witness the plan of treatment adopted. As many as can possibly squeeze themselves round the bed, do so; some sit, some kneel, and some stand on it, while those in the rear keep up a continual bustle in endeavouring to dislodge those who have procured better places than themselves; this is the usual state of things when Mr. Brodie or Mr. Rose "goes round." Mr. Keate can boast of a little better management, for verily he appears to have too few followers to kick up a rumpus.

Now, Sir, I would suggest, that the students should be formed into a circle round the bed, so that each and all might easily witness what now only a very few see, and even that to the total exclusion of the major part of the class; and some person should be chosen for the purpose of enforcing this regulation; thus we should receive proper instruction for our money, and thus that disgraceful bustle which always attends the surgeon's visit to the wards be in future avoided.

In the operating theatre, the students are actually far worse situated than in the wards, and I assure you, Sir, I never have had a fair and distinct view of an operation on the regular operating day, since I have had the happiness of being attached to this establishment. That portion of the theatre where the patient is placed, is, upon the arrival of the operating surgeon, instantly filled by friends, dressers, surgeons, house surgeons, &c.; all these literally club their sagacious heads together, and—but need I say more? the pupils in the first row endeavour to overtop them, those in the second or third follow their example, and the rest are under the necessity of standing on the rails, bars, posts, &c. to obtain a casual glance at what is going forward. In the first place, then, Sir, towards correction in this department, some restriction should be enforced to prevent the surgeons cramming the operating space with individuals who are of no assistance, and therefore have no right to occupy this part of the theatre; in truth, no person should be there excepting the surgeon, or, when necessary, two, the dresser and another, to give instruments, &c.; thus the first part of the evil would be done away with, and then the pupils being desired to *sit and keep their places*, the purpose for which they came into the theatre would be fully and completely answered: at present it more resembles a cock-pit or a bear-garden, where all are anxious to obtain a sight of the fun going on, than any other assembly I can compare it too. I appeal to the oldest pupil in the hospital, to the surgeons themselves, whether I have overstated the plain fact; let not any one suppose we (the pupils) object to visitors, far from it; but we must not suffer inconvenience by them, and if they honour us with their presence, they must share our accommodation, and not obstruct our view. There are many among us, myself in the number, whose ultimate destination is the army and navy, and to such, in particular, the acquirement of surgical knowledge, especially the art of performing the more important operations, is of the last consequence, and it can *only* be acquired by ocular demonstration.

I must admit, if it can be offered as any palliation on the part of the governors and surgeons, that our operating theatre is most abominably ill constructed; but as they are not at liberty to take the pupils' money, without affording them ample scope and freedom for instruction, it is to be hoped, in the new hospital now building, we shall have a theatre made on a very different principle; and I really think, when we call to mind the enormous sum paid by the pupils, that the present theatre may, without further delay, be altered, (which would easily be done,) and that such regulations will forthwith be made for the conduct of the pupils, as will tend at once to advance and perfect them in their professional acquirements. I am, Sir,

Your most obedient humble servant,

CAIUS.

ABUSES IN THE BOROUGH HOSPITALS.

To the Editor of THE LANCET.

SIR,—On reading THE LANCET of this day, my eye was attracted by an article headed "Abuses in the Borough Hospitals," addressed "to the surgical and medical pupils attending those hospitals," and purporting to be written by a student, who designates himself by the initials, J.W.

Now, Sir, it is not my intention to enter into any controversy with J.W., as to how great or how little foundation he may have for his general and sweeping charge of irregularity of attendance, and negligence of attention to the interests of the pupils, which he so unsparingly lavishes, as it seems, on *all* the physicians and surgeons of the Borough hospitals; but I would simply apply to those feelings of truth and candour, which I am willing to hope J.W. possesses, in common with every individual who calls himself a gentleman, and which, I trust, will point out to him the propriety of openly stating *facts*, instead of *assertions*, and thus furnishing the public with the *names* of those medical and surgical officers, to whom his observations are really intended to apply.

If he indeed believes that *all* the medical and surgical officers of the Borough hospitals, are open to the charge of negligence and irregularity, then it is his *duty* to point out the names of these delinquents, that they may exculpate themselves, if they can, or, failing therein, that they may be held up to a just reprobation; but, if he feels that it cannot in justice be applied to *all*, then is he guilty of gross injustice in thus *charging all*, with that which is only applicable to a *few*.

Another cause of complaint is brought forward by J.W. in the following words:—"It will hardly be credited that a Borough pupil is prevented from subscribing to the library of St. Thomas's, unless he have previously *entered to the hospital*; or, what is the same thing, it is not deemed worth while to *pick the pocket of a student* for the sake of *one* paltry guinea."

Now, Sir, I shall say nothing of the *good taste* or *gentlemanlike feeling* which is so conspicuous in this portion of J.W.'s letter, but shall confine myself to the simple fact, that on the separation of St. Thomas's from Guy's hospital, and the consequent formation of distinct schools, the medical and surgical officers of the former conceived that it would be advantageous to the interests of the pupils who might enter to their hospital, to form a library and reading room, to which, during many hours of the day, such pupils might have access on paying the very moderate sum of one guinea, which guinea entitles the individual to the use of the library so long as he continues in attendance on the hospital as a student, whether it be during *one* or one hundred years, while the medical, surgical, and other officers of the establishment, subscribed their ten guineas each.

Such being the case, I would ask upon what principle of common sense or common justice can J.W. complain that this library is not open to the subscription of *every* Borough pupil? He might, with equal reason complain, that he cannot have access to the library of Eton or Westminster schools, or to those of Lincoln's Inn or the Temple, he being a member of neither, or he might with equal justice deplore his inability to intrude himself on every private book society in the kingdom, to which his inclination might prompt him, by merely paying the customary subscription.

Trusting that you will give insertion to this letter in your next number,

I have the honour to be, Sir,

Your obedient Servant,

A MEDICAL OFFICER OF ONE OF THE BOROUGH HOSPITALS.

London, July 5, 1828.

THE LANCET.

London, Saturday, July 12, 1828.

THE cause which has been so long pending between the College of Physicians and Dr. Harrison was decided last week; and a more lame and impotent conclusion of a case which was ushered in with so magnificent a flourish of trumpets, can hardly be imagined. It would be difficult to determine which is the successful party in this action; for the College has failed to recover the penalties to which the College Charter, confirmed by the statute of Hen. VIII, subjects unlicensed physicians practising within seven miles of the metropolis; and Dr. HARRISON, though he has obtained a verdict, has obtained it by the abandonment of all the pretensions for which the independent physicians, who looked up to him to their champion, have hitherto supposed him to have been making a fearless and uncompromising struggle. As the verdict, in this action, has been hailed in some of the public journals as a sort of triumph on the part of medical practitioners, tending to establish a principle of liberality against an odious attempt to enforce a monopoly, it becomes necessary that we, who have no great veneration either for the College of Physicians, or for the *soi-disant* class of independents, and who hold the balance between these contending parties with perfect impartiality and indifference, should set the matter in its true light. The verdict establishes no principle, and still less does it afford cause of triumph either to the individual who gained it, or to the class of persons of whose interests he has been considered the champion.

Had the College of Physicians shown any thing like a spirit of persecution, in commencing and continuing this action against Dr. HARRISON, we should have been inclined to take a very different view of the proceedings which occurred on the trial. A *qui tam* action, under a statute of doubtful policy, passed in the reign of an arbitrary monarch, and now enforced for the purpose of recovering penalties against a respectable, though unlicensed practitioner, appears, at first view, to be so invidious a measure, that nobody would regret to see the plaintiffs, in such an action, defeated of their right to recover by a stroke of sophistry, or ingenious duplicity on the part of the defendant, however clear and indisputable might be the strict legal rights of the plaintiffs. *Summum jus, summa injuria,* and legal finesses become justifiable resources, when employed against those who seek to convert the law into an instrument of injustice. If the College of Physicians, therefore, had acted like greedy informers on this occasion—if they had persecuted Dr. HARRISON in the pursuit of his profession, and hunted him down as a fit object, at whose expense they might confirm their right of monopoly, and obtain a trifle in aid of their impoverished exchequer, we should have rejoiced in the success of the manœuvre by which Dr. HARRISON has saved his money at the price of his character for consistency, and even of his claims to the designation of a physician. But, in justice to the College of Physicians, we must admit that this action against Dr. Harrison has been conducted in no such spirit of persecution. Throughout the proceedings they appear to have acted with great moderation, and with their characteristic indolence and lack of energy. Indeed it is sufficiently evident, that the College would have gladly declined entering into the field of litigation, if Dr. HARRISON had quietly acquiesced in the determination of its members, not to sanction an avowed violation of their corporate privileges, by meeting him at consultations. But the Doctor openly and ostentatiously set their authority at defiance.*

---

* The following is the clause in the Charter of Incorporation, which charter is

He denied the right which they claimed under their charter of incorporation to prevent physicians from practising without license within certain limits of the metropolis, and referred them to his solicitors, declaring his readiness to afford every facility for fairly trying the question of right in a court of justice. Thus, although the College of Physicians were the plaintiffs in this action, the defendant was, in point of fact, the party who courted the prosecution, and who may really be said to have put the law in motion. Nothing could be more lofty and magnanimous than the tone in which Dr. Harrison appeared to conduct his argument with the college. He invited prosecution for the sole purpose of trying the right of the College to interfere with his practice as a physician in the metropolis, and expressed his anxiety to disembarrass the question of all legal difficulties and technicalities which might throw any obstacle in the way of bringing the question of right to a fair decision. After all this show of chivalrous magnanimity, it cannot be denied that the turn which this affair has taken is somewhat ludicrous. The College, finding themselves badgered by Dr. Harrison's importunities into the necessity of defending their corporate rights, consented to prosecute him, and applied, according to his desire, to Messrs. Tennant, Harrison, and Tennant, his solicitors, for the purpose of obtaining an admission that the Doctor had practised as a physician in the metropolis for a space of time sufficient to subject him to the penal operation of the statute. Dr. Harrison's solicitors prudently refused to admit any thing; and the consequence was that the college was obliged, on the trial, to furnish evidence of the fact of Dr. Harrison having practised as a physician within seven miles of London. The way in which the college attempted to establish this fact is not the least curious, or characteristic part of the transaction. They relied upon a single case of a female patient, whom the Doctor had attended for a disease of the spine in the years 1825, 1826, and 1827, and for whose servant he had occasionally prescribed in the course of his attendance. Certain letters of Dr. Harrison were also produced, which proved that he claimed the right of practising as a physician in the metropolis without license, and which furnished strong presumptive evidence of his having exercised the right for which he contended. This was the whole case on the part of the College, and it must be confessed that the manner in which it was got up, exhibits sufficient indications of the inertness which characterises all the proceedings of that body. On the part of Dr. Harrison, the defence set up was, that the case which he had been proved to have attended was a surgical case; that he had, in point of fact, attempted at various times to reduce the curvature of his patient's spine by certain manual operations, and that he had acted, not as a physician, but as a surgeon. The Jury adopting this view of the matter, or thinking probably that the equity of the case would be best satisfied by inclining to such a construction, returned a verdict for the defendant. It is evident that their verdict establishes no principle; for if it were founded, not upon their belief as to the nature of Dr. Harrison's practice, but upon any opinion which they might entertain as to the policy of the Charter, it would not be a good verdict in point of law. The fact

---

recited in the Act of the 14th and 15th of Hen. VIII., under which the College claims and exercises the right in question:—

Concessimus etiam eisdem Præsidenti et Collegio, seu communitati, et successoribus suis, quod nemo in dicta civitate, aut per septem miliaria in circuita ejusdem, exerceat dictam facultatem, nisi ad hoc per dictum præsidentem et communitatem, seu successores eorum, qui pro tempore fuerint, admissus sit per ejusdem Præsidentis et Collegii literas sigillo suo communi sigillatas, sub pœna centum solidorum pro quolibet mense, quo non admissus eandem facultatem exercuit; dimidium inde nobis et hæredibus nostris, et dimidium dicto Præsidenti et communitati applicandum.

which the Jury were called upon to determine was, whether Dr. HARRISON had, or had not, practised in the metropolis as a physician, and they found that he had practised not as a physician, but as a surgeon. Now this finding is ludicrously at variance with Dr. HARRISON's magnificent pretensions; and though the evidence was perhaps sufficiently meagre to justify the Jury in concluding that he was a surgeon, and no physician, yet it is notorious to all who know anything of the Doctor, or of his disputes with the College, that this conclusion was erroneous.

But there were some legal objections taken by the defendant's counsel in the course of the trial, which went to the *principle* originally contended for by Dr. HARRISON, and of which two were considered sufficiently important by Lord TENTERDEN to be saved for the consideration of the whole Court, in the event of a verdict being found, as there was reason to presume that it would be found, for the plaintiffs. It was contended, first, that the King had no power to grant a Charter conferring such privileges as were claimed by the College of Physicians; secondly, that the alleged statute of Henry VIII. was not an act of parliament, but merely a petition to the King, praying his Majesty to grant certain things therein specified; and, thirdly, that, if it was an act of parliament at all, it was a private, and not a public act. No notice was taken, on the trial, of the first of these objections, which indeed seems to call in question one of the most undoubted branches of the King's prerogative, but Lord TENTERDEN intimated his intention of reserving the other two points. The objection taken to the form of the act, cited as the 14 and 15 Hen. VIII. c. 5, was probably not well-founded, since it is said by one of the highest legal authorities, Lord Coke, that "that which is entered among other acts of parliament into the parliament roll, shall be intended to be ordained by the King, by the consent of the Lords and Commons in that Parliament assembled." 1 Inst. sec. 140. The same writer also observes, with respect to the distinction between public and private acts of parliament, that "whatever concerns the kingdom in general is a general law, and that whatever concerns a particular species of men, or some individuals, is a particular law." Co. 4. 76. Now an act which concerns the health of the King's subjects appears plainly to come within the first of these definitions; but there is another, and, as it should seem, a more conclusive answer to the objections taken by Dr. HARRISON's counsel; though, as this subject lies beyond the pale of our professional pursuits, we, of course, approach it with great humility. In the preamble of the 1st Mary, st. 2. c. 9, this act of Henry VIII. is noticed as follows: "Whereas, in a parliament holden at London on the 15th of April, in the fourteenth year of our late sovereign Lord King Henry VIII, and thence adjourned to Westminster on the last day of July, in the fifteenth year of the reign of the same King, it was enacted that a certain grant by letters patent of incorporation, made and granted to the physicians of London, and all clauses and articles contained therein should be approved, granted, and ratified by the same." The act of the 1st Mary then confirms and enlarges the powers granted to the College of Physicians by the statute of Henry VIII. The doubts, therefore, which were raised at the late trial, as to this last statute, seem to be entirely removed by the subsequent enactment.

For the foregoing reasons, we are inclined to think, there was nothing in the legal objections urged by the defendants's counsel, and that if the jury had come to the conclusion that Dr. HARRISON was a physician, the College would have had little to apprehend from any ulterior decision of the Court of King's Bench. The expediency of the Charter, and of the Acts of Parliament which confer the powers claimed and exercised by the College of Physicians, is a question, be it remembered, which could not have been entertained in a court of law. Of that expediency, our opinions, probably, do not differ very materially from those of Dr. HARRISON, and it forms, no doubt, one of the strong grounds for a complete legislative reform in the state of the medical profession, that the control of that department of it, to which the Doctor, before he was found to be a surgeon, was presumed to belong, is vested in an inefficient corporation. But it is one thing to complain of the impolicy of bad laws, and another to make a childish resistance to the execution of them. Nor can it be denied that, until some better test of the competency of that class of practitioners, of which a large proportion have purchased their diplomas at Aberdeen or St. Andrew's, be established, the examination to which they are at present subjected by the College of Physicians, affords some, though we admit an inadequate, security to the public. While we strenuously advocate a reform of the laws affecting the medical profession, and would promote that most desirable object by all rational, constitutional means, we would as strenuously inculcate the propriety and the policy, with a view to our ultimate success, of obeying those laws, however defective, so long as they shall remain unrepealed. This is the plain, sensible, and manly course, which it is not less a matter of interest than of obligation to pursue; factious opposition to authority, which, however feebly or inefficiently, is still legally exercised, is puerile and unavailing. It is to the legislature, and not either to an appeal to the law, or to a resistance of it, that the medical profession must look for a redress of the grievances under which it labours.

THE first part of Mr. Brookes's voluminous catalogue has been published during the week. The sale will commence on Monday next, the 14th instant, at twelve o'clock.

THE letter of that silly creature, Carlisle, on the fees of medical practitioners, will be found at page 459. We shall not crush the OYSTER until next week.

Elements of the Theory and Practice of Physic, designed for the Use of Students. By GEORGE GREGORY, M.D., Licentiate of the Royal College of Physicians in London; Physician to the Small Pox Hospital, &c. Third Edition. Burgess and Hill, London.

THE propriety of placing works of an elementary nature, instead of general treatises, in the hands of students, can scarcely admit of the smallest doubt among the more reflecting part of the community; but, in adopting this plan of study, it is of paramount importance that works of such a nature only as give clear and concise views of the subjects of which they treat, should be selected; for, unless they can lay claim to this grand object, it is quite manifest that they are not only useless in themselves, but positively prejudicial to the interest of the pupil. How far the author has succeeded in producing a work of this kind, our readers will be enabled to judge as we proceed. The book is divided into two parts, of which the first treats of acute, and the second of chronic disorders. A few topics, unnoticed in the preceding editions, have been introduced, such as delirium tremens, paralysis agitans, cachexia Africana, hepatalgia, and erythema nodosum. We shall notice only two of these affections, cachexia Africana and hepatalgia, for the others are so concisely and imperfectly described as to afford little information, even to the student, a few lines only being allotted to each affection.

" *Cachexia Africana.*—This term has been appropriated to a very singular disease of negroes, met with in the West Indies, but more especially in the island of Trinidad. It is here called mal d'estomac, from one of its most remarkable features, an oppressive weakness of the stomach. The other phenomena of the disease, pointing out its truly cachetic character, may be thus described. After various attacks of intermittent or remittent fever, of dysentery or pneumonia, by which the health of the individual is manifestly impaired, he becomes pale and squalid, and unable to take exercise; the feet and legs swell, especially towards evening; there is palpitation and occasional vomiting. As the complaint advances, these symptoms increase in severity; the stomach rejects all kinds of food and medicine; the most moderate exercise, especially in ascents, occasions a sense of urgent suffocation, and even syncope. On one remarkable occasion, witnessed and described by Dr. Ferguson, when the Royal West India Rangers, after a long residence in Trinidad, were marching along the level parade of St. Ann's, Barbadoes, the men dropped and fell out of the ranks by dozens, as if under a murderous fire of musquetry. Their quivering, bloodless lips, ghastly looks, and hurried convulsive breathing, presented a striking image of the mortality of the wounded. By degrees the cellular membrane becomes every where distended with serum, and a peculiar white adipose substance may be observed in its cells through the distended and almost translucid integuments. Its presence gives to the face and whole body that whitish colour which is the common pathognomonic symptom of the complaint. On dissection, this white matter is seen deposited in the cells of the cellular membrane. Serum is accumulated in the ventricles of the brain, and in the serous cavities of the thorax and abdomen. But the most peculiar appearance is a diminution, or rather an abolition of the muscular substance of the heart; the heart, often enlarged and overloaded with fat, when taken in the hand, yields to the slightest pressure, and its ventricles, like membranes, are easily pressed together. Dr. M'Cabe, to whose treatise * I am indebted for this description of the complaint, attributes it to the frequent changes of temperature, and the extreme moisture of the air, which distinguish the climate of Trinidad. To these sources of the disease must be added frequent intemperance. Dr. Ferguson ascribes it to the gradual action of a malaria on the human constitution. It is very common on the swampy banks of the great rivers of Guiana, and in the marshy districts of Trinidad, at some distance from the sea coast. The soldiers of the black regiments stationed in Trinidad are its principal victims. The proximate cause of this disease is doubtless a cachectic state of the blood. Imperfectly formed, and wanting its natural proportion of red globules, it communicates neither energy nor density to the muscular fibre. The treatment must of course consist in change of climate, and in the exhibition of nourishing food and tonic medicines."

" *Hepatalgia.*—There is a chronic complaint characterised by severe pain in the side, which may be alluded to in this place. It is peculiar to females from the fifteenth to the thirtieth year of life. It is extremely tedious and difficult of cure, recurring often with unconquerable obstinacy for a series of years, until some change in the constitution has brought with it a natural cure. From its leading symptom, it received from Sauvages the appropriate name of *hepatalgia*; but as the seat of pain is often on the left side of the body, that of *laterodynia* is perhaps more applicable. Of its intimate nature, little or nothing is known with certainty; that it is not of an inflammatory character, may be inferred from its duration, from the absence of constitutional excitement, and from the small benefit which bloodletting affords. Some pathologists consider the affection as of a rheumatic kind. I have sometimes been inclined to view it as depending in some degree upon a distended state of the gall-bladder. To this opinion I am led, first, by the circumstance of its occurring frequently in young women of sedentary occupations, or of inactive habits; secondly, from its being sometimes accompanied with a waxy or sallow expression of countenance, analogous to that which occurs in jaundice; and, thirdly, from the benefit afforded by such medicines as excite the action of the liver and its ducts. I am well aware, however, that it is also a frequent complaint with young women who have over-exerted themselves, and that the left side is, perhaps, as often the seat of pain as the right. It will, therefore, be more consonant with sound pathology to consider this affection as depending upon a congested state of the vessels of the liver, spleen, and neighbouring parts.* It is sometimes accompanied with hæmatemesis, and other marks of irregular distribution of blood. This complaint, though very distressing, is not dangerous. When the pain is very urgent, relief is obtained by the application of leeches to the sides, of cupping-glasses, and of blisters; occasionally it is necessary to take ten ounces of blood from the arm. Active aperients, should be given, so as to produce a free action on the bowels, which is afterwards to be kept up by the daily use of some bitter aperient. Electricity would probably be useful in some of these cases; certainly much benefit is derived from regular exercise, either on foot or horseback; and change of climate has proved in many instances efficacious, not merely in the relief, but even in the permanent cure of the complaint."

---

* Dissertatio Medica Inauguralis de Sanitate et vi Animi inter Tropicos. Edin. 1819.

* In our own practice, we have known the pain here described to occur much more frequently on the left side than on the right; and we do not recollect a single instance in which the patient did not labour under scanty or irregular menstruation.—*Rev.*

At page 119, the author states that the following appear to be the most important circumstances which merit attention in conducting the process of vaccination :—

"The child should be in perfect health, and not less than two, nor more than six months old. The lymph should be taken from a vesicle of the seventh or eighth day. It is desirable in all cases to insert six or eight punctures in the arm, as the system is thereby more completely *saturated*, without any risk of severer inflammation ensuing."

We are of opinion, that Dr. Gregory's professional brethren will feel much indebted to him for this grand discovery; and the least that the Governors of the Vaccine Institution, who have appointed him Physician to their establishment, can do, is to present him with a handsome piece of plate. What objection there can be to vaccination at any age, we candidly confess we do not know, nor why it should be more successful at one period than at another; and that no real objection does exist, we may infer, as the Doctor has not had the kindness to inform his readers by what process of reasoning he arrived at the conclusion. Surely the Doctor must have been labouring under a cachectic state both of body and mind, when he penned the sentence. The practice of vaccinating in six or eight places in *one* arm, appears to us not only unnecessary, but it is a barbarous practice, more fitted to the "dark ages," than the present enlightened period. Where is the sensible or tender parent who would suffer a practitioner to *poke* a lancet into eight distinct places in each arm? It is also stated, that the matter should be taken from a vesicle of the seventh or eighth day. Are we to suppose from this direction, that it is of no consequence whether the matter be taken from a perfect or imperfect vaccine vesicle?

At page 149, the Doctor says, that delirium marks inflammation of the brain; impatience of light, ophthalmia; hoarseness, inflammation of the larynx; and dyspnœa, that of the lungs. Does not the author know that these symptoms are common to other affections to which these organs are liable, besides inflammation? In alluding to the peculiarities of *rheumatic inflammation* at page 163, the Doctor states, that *it never* terminates in abscess; there is scarcely an apothecary's apprentice who would not have informed him, that this assertion is not quite correct, and if the author will only take the trouble to refer to the Ep. lvii. Art. 20, of Morgagni, he will there find a case recorded in which rheumatism terminated in suppuration. A similar case occurs in the second Decad of the Medical Commentaries (iv. 198); and Dr. Good states, that he has in one or two instances been a witness to an extensive abscess.* The fourth character peculiar to rheumatic inflammation is stated, that "the functions of the brain, for instance, are never affected in it." That the Doctor is here again incorrect, we have no hesitation in asserting, and we adduce the testimony of Dr. Scudamore, who says, that the dura mater, in some instances, becomes the seat of inflammation under acute rheumatism.† We remember an instance of this kind, in which the symptoms were those of effusion, and the event was *quickly fatal*; it was under circumstances of previous quick transferrence of the inflammation of the limbs from one part to another;

---

* Study of Medicine, vol. ii. pp. 605, 2d edition.

† Scudamore on Gout and Rheumatism, pp. 366.

but the inflammation of the limbs did not cease with this new action of the brain. The patient was a young lady of delicate constitution, aged fifteen. Dr. Gregory says, in another place, that rheumatic inflammation is under the control of certain drugs, which have comparatively little effect upon common inflammation; colchicum, for instance, mercury and opium. It is hardly necessary to say, that this statement is absurd; the three medicines here pointed out are, perhaps, the most powerful we are in possession of for subduing inflammation.

We must here terminate our notice of this work, as it would be both painful and tiresome to point out the errors and contradictions that are to be met with in almost every page. The work is, in every respect, inferior to Cullen's "First Lines," edited by Dr. Thomson of Edinburgh, just published by Underwood, and also to the "Nosological Practice of Physic," of Dr. Dawson.

HYDROPHOBIA.

To the Editor of The Lancet.

Sir,—Should you deem "a novel theory" deserving of a niche in your respectable columns, an insertion of it will oblige a first subscriber, and one who ventures to subscribe himself

Much yours,
W. Horsley.
North Shields, June 1828.

"Felix qui potuit rerum cognoscere causas."

The subsequent remarks and observations may serve to awaken inquiry, should they fail to inspire conviction.

The term "hydrophobia" is unscientifically applied to this affliction, said to be derived from the canine species, though I contend, and reasonably it is presumed, for its mental origin, and am borne out by a case treated, unsuccessfully as usual, at St. Bartholomew's Hospital. I advert to its pathology and treatment.

The muscles of deglutition, the obvious seat of affection, that is, of functional derangement merely, it must be had in remembrance, are voluntary muscles, and such muscles, when not organically affected, are obedient to will.

What are the chief of our hysterical and epileptical affections but the derangement of voluntary motion? and do not they, as experience hath taught us, depend greatly, yea, much indeed, upon mind? It is true, a predisposition of brain itself is essential to the origin of them, but the passions, (in other words, "mind,") I affirm, prove one of the most powerfully exciting causes of both spasmodic and convulsive diseases.

It is the summit of credulity, therefore, to believe, that muscles, hitherto performing their proper functions at some time, so very remote from the supposed seat of infection, (I allude, of course, to the bitten part,) nay, those even at the very moment free from organical impediment, could possibly be influenced through any other medium save that of mind.

With every due deference, then, to the profession and the public, I maintain, in consonance with sound pathology and the records of experience, and would impress it forcibly upon the practitioner's mind—that the treatment of "hydrophobia," whether by cautery, actual or potential, or by incision, cannot possibly prove beneficial to the patient, seeing that the excitement (cerebral) to which they give rise, and the derangement of nervous and muscular energy consequent thereupon, must necessarily, not unfrequently, at least, defeat the intention.

With respect to opium, which has been administered to an almost incredible extent, it is sufficient to say, that the mind is not to be soothed, nor the morbid excitement subdued, by narcotics, which never fail to derange the circulation of the brain, and, if persisted in, ultimately to conduce to its organic affection. It is deserving of attention, moreover, that excretion, the intestinal in particular, suffers materially from the abuse of opium, and I am of opinion, that a third of our attacks of inflammation of the bowels are brought about by the use or abuse of this medicine.

Neither are profuse bleedings likely to profit any thing, the derangement being more spasmodic than vascular, (as affections from mental excitement, generally speaking, are,) more mental than corporeal, and more functional than organic.

The case of "hydrophobia," to which I have alluded, is detailed in an excellent periodical of the present day, "No 150 of The Lancet," and, dispassionately considered, is of peculiar professional and public interest. It teaches us the pathology of "hydrophobia," and demonstrates, as heretofore, the inefficacy of opium.

In this calamitous case, there was no object for the cautery or incision, for the patient only supposed he had been bitten, and the dog, though reputed, was never proved to have been mad; the animal, I mean, that had merely licked a part, which was believed to be infected. Predisposition of brain, however, and durable impressions of mind, served to excite a paroxysm (the attention, be it observed, directed forcibly to the muscles of deglution,) and he expired under the calamity, in spite of large and repeated doses of laudanum. Dissection, after death, as might have been expected, threw no light whatever on the malady, and served but to confirm the opinions I have ventured to entertain of it. To be brief—if wounds or ulcers prevail under such circumstances, treat them promptly, as of other origin, regard being had to the extent and degree of inflammation, the secretion and freedom of the alimentary passages, and, moreover, fortify the mind against undue mental impressions, and suggest an appropriate regimen, and, generally speaking, I would guarantee the convalescence of the patient.

"Virtus in actione consistit."

LIBRARY AT ST. THOMAS'S HOSPITAL.

To the Editor of The Lancet.

Sir,—I wish to set your readers right with respect to the arrangements of the library at this Hospital.

One of your Correspondents, in a letter inserted in the last number of your publication, insinuates, that a "borough pupil" is prevented from subscribing to our library unless he have previously entered to the Hospital.

Now, Sir, no pupil, whatever school he may belong to, is prevented from becoming a subscriber, nor indeed is any person; the only difference is, that the pupils of St. Thomas's Hospital, are considered subscribers for a more unlimited term than others, for the same amount of subscription; of course the subscriptions may be renewed annually, by pupils not attached to the hospital practice or lectures.

With respect to what is said by your correspondent in the same sentence, about picking pockets, there is so much ignorance, illiberality, and nonsense, displayed, that it requires no further comment.

I am, Sir,
Your obedient Servant,
H. Meymott,
Librarian to St. Thomas's Hospital.

St. Thomas's Hospital,
July 6, 1828.

ST. BARTHOLOMEW'S HOSPITAL.

CARCINOMATOUS ULCERATION OF THE LEFT THUMB, WITH ENLARGED AXILLARY GLANDS—AMPUTATION OF THE HAND—SUBSEQUENT REMOVAL OF THE DISEASE IN THE AXILLA.

Read Fuller, æt. 55, was admitted into the hospital, July 12, 1827, under the care of Mr. Lawrence. The patient has always been employed as a labourer, in Sussex, living regularly, and enjoying good health. About sixteen months since a seedy wart, situated on the back part of the thumb, and similar to some others in different parts of the same hand, inflamed, swelled, and, as he says, festered, and afterwards discharged a thin watery fluid. It slowly increased, being rubbed and irritated in the course of his ordinary occupations, and had attained the size of an egg three months before his admission, being, at that time, free from pain, and not ulcerated. A neighbour, who had been a servant in some hospital, had applied caustic to it every morning for a month, since which the part has ulcerated; the patient, however, does not think the disease grew worse from the application of the caustic. He applied to a surgeon, who gave him a wash, under the use of which it grew worse, and became painful; since that he has discontinued his work, but the disease has been gradually increasing.

July 12. The disease now covers the first bone of the thumb, (the first metacarpal bone of some anatomists,) and the joint between it and the second phalanx, stopping a little short of the carpal extremity of the radius; it occupies one half of the bone of the thumb, and reaches nearly to the metacarpal bone of the forefinger. It consists of a red, hard, uneven, and tuberculated swelling of the skin, partially ulcerated on the surface, and immoveably fixed by a hardened base on the subjacent parts. There are several excoriations in this indurated mass, about equal in size to a sixpence or shilling: some of these are ulcerations, with a clean red surface, but no granulations, eating into the part, and forming rather deep holes, with sharp abrupt edges; others have a fibrous warty character. All of them discharge a thin yellowish clear ichor, with a very peculiar odour. The edge of the mass is tuberculated, and the disease extends by the successive ulceration of these tubercles, which enlarge, become soft, and then form fresh excavations. The integuments are red, hard, and fixed, beyond the limits of the active disease; the radial artery of the affected hand pulsates more strongly, and feels stronger and fuller than that of the opposite side; the forearm and arm are unaffected, but the axilla presents an enlargement equal in size to a pigeon's egg, rather soft, moveable, free from pain, and without any discolouration of the skin. The patient considers that this swelling has no connexion with the disease of the thumb, and represents that the tumour has existed for many years. He has a sallow and rather unhealthy appearance, with a white tongue, and some feverishness, which he ascribes to the fatigue of his journey, stating that he had been previously in good health, although suffering great pain in the part, especially at night. Mr. Lawrence regarded the case as a well-marked instance of carcinomatous ulceration, and pointed out the tubercular induration, the peculiar character of the ulcerations, the thin ichorous and fœtid discharge, and the severe pain, as clear proofs of its malignant nature. He was decidedly of opinion that amputation ought to be performed, when the health had been brought into a better state by suitable treatment. He observed that the history given by the patient rendered the character of the axillary tumour doubtful, and that it must, therefore, be left to itself at present.

13. Ten leeches to be applied to the part, and afterwards bread poultice. A dose of calomel and jalap, followed by the compound senna draught.

14. The inflammation, which was considerable at the time of admission, is much diminished, and the severe pain lessened by the leeches and other means.

18. The leeches have been twice repeated, with much diminution of the inflammation and pain, and the health is improved. The operation was to have been performed to-day; all who had seen the disease, concurring with Mr. Lawrence in the opinion of its necessity. But one of his colleagues thought that the affection might give way to rest, and a mild antiphlogistic treatment. Mr. Lawrence therefore did not operate, but directed a repetition of the leeches and poultice, with mild alterative and aperient medicine.

August 10. When these had been employed for a week, or ten days, without any advantage, the question of amputation was again considered, when it was suggested that cinnabar fumigation might be tried with advantage. This was used twice a-day for some days, when violent inflammation, with considerable swelling, deep redness and severe pain came on in the part, and extended nearly over the whole hand: red lines extended from the inflamed part to the axillary tumour, which became twice its original size; the entire forearm and arm were very hot and painful, and the swelling in the axilla was in the same state. Headach, thirst, white tongue, and loss of appetite, accompanied this change. The fumigation was immediately discontinued, and the application of leeches resorted to, with aperient and saline medicines, under which the local inflammation and fever have now nearly subsided. The disparity between the two radial arteries continues as at first observed.

18. The inflammation excited by the fumigation having entirely ceased, the hand was amputated at the wrist-joint. A small narrow catlin was thrust through the soft parts at the back of the joint, from the styloid process of the radius to that of the ulna; it was then carried downwards, and brought out, so as to make a small semicircular flap; the joint was immediately cut into, and the hand disarticulated. The catlin was then passed in a similar manner on the palmar aspect of the joint, from the styloid process of the ulna to that of the radius, so as to make a second flap similar to the former, when another stroke of the instrument separated the hand completely. The articular cartilage was removed from the carpal extremity of the radius. The radial and ulnar arteries were tied; there was bleeding from a great number of small points, but it ceased after the dressing of the wound. The edges were approximated by adhesive straps, no other covering or bandage being employed, and the whole forearm was kept constantly covered by a cold damp cloth.

20. Dressings removed; wound united by adhesion in its whole length.

22. Slight redness of the skin around the wound, general slight swelling of the forearm, with fullness of the veins, and heat. Twenty-four leeches; poultice to the wound; cold cloths to the limb; opening medicine.

28. Copious bleeding was produced by the leeches, which removed the redness and heat; the wound has partially re-opened; the case is now proceeding favourably.

September 20. Leeches have been applied about half a dozen times, in consequence of swelling, and slight redness and pain of the stump and forearm generally. The wound has been completely united for some time. The stump is swollen, reddish, and painful on pressure; the forearm and elbow are stiff. The axillary tumour is much diminished. At the end of the month, he was discharged.

After the diseased part had been injected, and left a few days in spirits, the swelling had entirely disappeared, and the disease then seemed merely an irregularly ulcerated and warty state of the skin. It involved the soft parts down to the bone at its centre, and the bone was rough, the periosteum being partially loosened. At the circumference, the disease did not extend below the skin; the adipose tissue and muscles were quite natural.

On the face, neck, and trunk, there are a few cutaneous growths, small, and of a warty character.

In the month of March, 1828, the patient returned to the hospital; the swelling in the axilla having gradually increased in size, and, of late, become so extremely painful as to deprive him of rest.

The left axilla is now occupied by a large circumscribed prominent tumour, having a firm elastic feel, with an uneven irregular surface; it is slightly moveable on the subjacent parts, but firmly adherent to the skin covering it, which is rendered thin, smooth, and shining, and of a deep red colour; its upper part extends deep into the axilla, and the finger cannot be passed above it; the glands above the clavicle are not enlarged. His health is much impaired; with white tongue and slight feverishness. Mr. Lawrence observed, that when the patient was in the hospital before, there was some doubt as to the precise nature of the axillary tumour, on account of the history which the patient had given of it, and it was thought proper not to interfere with it. The subsequent progress and character of the tumour now rendered it evident that it was of a malignant nature, and he, therefore, proposed its removal. Messrs. Vincent and Earle coincided with Mr. Lawrence in this opinion. After a few days, the feverish symptoms subsided under the use of aperient and saline medicine, and Mr. Lawrence performed the operation. The tumour extended deep into the axilla, and required a nice dissection for its removal, being closely attached to the sheath of the axillary artery, which was laid bare for about an inch and a half in length. There was slight bleeding, which required the securing of two or three small vessels; the wound was lightly dressed, and covered with a cold damp cloth. On making a section of the tumour, which was about the size of a goose's egg, and of an irregular shape, it was found to consist of a firm elastic substance, of a light grey colour, and somewhat fibrous appearance: portions of its interior were softened, and could be squeezed or pressed out, leaving irregular cavities.

Erysipelatous inflammation came on around the wound, and extended over the back and shoulders; saline and aperient medicines were given, and the affection subsided; the wound filled up with healthy granulations, and cicatrised. The patient's health became much improved, and he left the hospital June 2d.

ST. THOMAS'S HOSPITAL.

PARAPLEGIA, FOLLOWING HEMIPLEGIA, SUCCESSFULLY TREATED BY THE NUX VOMICA.

Thomas Smelt, aged 34 years, was admitted into Henry's Ward on the 14th of February, under the care of Dr. Elliotson. He had been attacked a year before with hemiplegia of the right side, which he laboured under for five weeks. From this time, until six months before admission, he continued to improve in health, but having the misfortune to fall down a flight of steps, he was seized with pain in the lower part of the back, shooting down the thighs and groins; to these symptoms was soon added dysuria. Finding himself becoming worse daily, he resolved to apply to the Hospital, when he was found to have paraplegia of the lower half of the body; pain in the back; great numbness and weakness in the lower extremities, the numbness being more considerable in the right; the weakness in the left extremity, a catching sensation in the right leg; he could not walk at all without crutches; was very costive, and had a quick pulse.

Under these circumstances the *moxa* was had recourse to in the loins. Being much as before, on the 19th, the cautery was repeated, and *house physic* administered.

On the 22d, there was judged to be rather more feeling in the parts, and the man expressed a sense of a greater degree of tingling in the foot and leg; however, upon the whole, there was but little variation since the last visit, The *extract of nux vomica* was now ordered in the dose of a quarter of a grain every six hours.

25. There is evidently an improvement, the extremities being more sensible to the touch. *A grain* of the extract was now ordered three times a day.

On the 5th of April the dose was increased to a *grain and a half* every eight hours; and from this day the extent of the dose was enlarged at regular intervals until June the 3d, when the state of the parts was greatly improved, occasional tumours visiting the parts, and a much greater power to move being present, with a tolerable degree of sensation manifest upon the contact of the finger. The pain in the back was also removed. The dose of the extract (prepared in vacuo) had gradually amounted to eight grains every six hours. After persevering in this till the 14th of the month, the beneficial results were so marked by the condition of the patient generally, and more especially of the local seat of complaint, that he was deemed quite well.

CASE OF DYSENTERY CURED BY THE SULPHATE OF COPPER.

Hugh Jones, aged 38 years, was admitted into William's Ward on May 13th, under the care of Dr. Elliotson. He had had a diarrhœa for some time, which had reduced him much; he became worse, and so continued till his admission into the Ward, when the stools, which were loose, white, scalding, and bloody, had been eight in daily number for three days, during which time he had vomited frequently; there were tormina, tenesmus, straining, a furred tongue, and quick and feeble pulse. *Half a grain of the sulphate of copper* was ordered three times a day.

On the 15th there was no blood in the evacuations, of which the daily number had been three since the first visit, and these were of more natural consistence, and very pale; the griping and straining were much alleviated, and the pulse was not so quick. The dose of the sulphate of copper increased to *one grain*.

18. There have been two stools daily since last seen, in character much as before; the pain in the bowels trifling, the pulse very weak, and the tongue more healthy. The patient observes that he has not felt so comfortable for some time past. The sulphate of copper increased to two grains, and two pounds of strong beef tea ordered to be taken daily.

22. Three motions have been passed daily, which are white, and of softer consistence than previously; otherwise, however, improved. The sulphate of copper increased to a grain and a half, and the beef tea continued.

Much improvement was visible on the 24th, the pain being almost entirely absent; the stools more solid and natural in number, and the pulse much stronger. The man from this period grew better up to June the 8th, when he again had five or six stools in the day; but two grains of the sulphate of copper being given three times a day, and arrow root and four ounces of wine allowed daily, in place of the beef tea, he rallied once more, and on the 19th there was no uneasiness or pain in the abdomen; the stools were greenish, but in proper quantity, the pulse was stronger, and the tongue more healthy. Sixteen ounces of wine, and a moderate quantity of beef tea, were recommended to be taken at intervals during the day, and the sulphate of copper in doses of two grains and a half. Under this regulated treatment, the strength of the man was soon recovered; no bad symptoms occurred afterwards, and he was eventually dismissed quite well.

GUY'S HOSPITAL.

SIMPLE FRACTURE OF THE TIBIA, FOLLOWED BY DELIRIUM TREMENS, SUCCESSFULLY TREATED BY MR. MORGAN.

Thomas Bamfield, ætat. 42, of middle stature, was admitted into Accident Ward, on the 20th of June, under the care of Mr. Morgan.

The patient stated, that in walking upon the edge of the pavement, he suddenly slipped off, his foot bent under him, and he found himself incapable of rising. He was taken up and conveyed to the Hospital, where, on examination, it was found that there was a simple fracture of the tibia at the usual situation, viz., about three inches above the tibio-tarsal articulation. The fracture was reduced, the limb put in splints and placed on the heel.

At the time of admission, his manner was observed to be hurried, and his muscular motions tremulous, but he was perfectly sensible. The countenance was pallid, his eye quick and bright, and the pupils were much contracted. The pulse was small and quick, the tongue furred and white. The bowels were irregular, and the appetite depraved. The muscles were exceedingly flaccid. It was ascertained that he had been for some years past a *hard drinker*, and had been in a morbidly irritable state of health for some time, being frequently in the habit of walking about in the night in a state of delirium.

In the course of twelve hours after admission, the effects of his intemperate habits were observable; he became hot and feverish, and furiously delirous; so much so as to get out of bed and walk with the splints about his leg. He complained of tightness in the head. The pulse became small and excessively quick; the bowels were frequently disturbed; the tongue was furred; the eye suffused and red; the pupil still more contracted; the countenance flushed and wild. He became excessively tremulous, and was constantly muttering and talking incoherently. There was some increase of heat in the scalp.

Ordered to take two ounces of the julep of ammonia, with four drops of Battley's nostrum, every four hours. He was put on middle diet.

22 and 23. He has passed two restless nights, having managed to unbuckle the straps with which he was confined, and again endeavoured to walk. He is, however, less feverish, and is not quite so tremulous. The tongue is less furred, and the velocity of the pulse has somewhat abated. The pupils are still much contracted, but the

eyes are less suffused. Continue the remedies.

24. Slept a good deal last night; and there is a visible abatement of all his symptoms.

25 and 26. He is decidedly improved; having slept tolerably the last two nights, and though still delirous, is much less so than he was. His manner to-day is less hurried; the pulse is slower and fuller; the appetite is improved, and the bowels are regular. The pupils still remain much contracted. Ordered to continue the medicines, with the addition of *twenty minims of the tincture of hop* to each dose.

30. He has been progressively improving since the last report, and has had no delirum at night since the 25th, until last night, when he awoke in great affright, crying out that his bed was on fire, and he was with difficulty pacified. The appetite is now good, the bowels are regular, the tongue is clean. The pulse is fuller and softer. The skin cool, and there is no pain in the head. Ordered to continue the medicines every six hours.

July 7. The patient, in respect to his general health, is quite well, having had no return of the cerebral disturbance. He is perfectly sensible, and answers correctly whatever questions are put to him. The leg is going on well.

OPERATION UPON THE VAS DEFERENS, AS A SUBSTITUTE FOR CASTRATION, IN A CASE OF DISEASE OF THE TESTICLE.

Mr. Key, on Tuesday last, performed the operation of excising a portion of the vas deferens in a case of disease of the testicle, which had resisted various remedial means, and in which otherwise castration would have been performed.

The experiments recently instituted upon animals, by Mr. Lambert, on this subject, which formed the basis of a paper read by that gentleman before the London Medical Society, have attracted much attention, and will doubtless lead to some beneficial practical result in the treatment of diseases of the testicle in the human subject. We shall carefully attend to the result of the case operated upon by Mr. Key; but we may here remark, that the operation has already been successfully performed in Germany, although we are not aware that it had previously been done in this country.

AN EFFECT OF THE LATE EXHIBITION OF THE "FIT AND CAPABLE."

On Monday, whilst Mr. Key was visiting a patient with strictured urethra, in Cornelius' Ward, he proposed to him the operation of dilating it. As soon as the words were uttered, the man looked up in eager haste, and inquired *feelingly*, "Well, but Mr. Key, can *you* promise to do it *safely* for me?" "Why," said the senior surgeon with some confusion, "why, as far as that goes, *I can* promise to do it with *safety* for you."

DISLOCATION OF THE HEAD OF THE FEMUR UPON THE DORSUM ILII.

Thomas Jennings, aged 24 years, was admitted into Henry's Ward on Sunday last, with a dislocation of the head of the femur upon the dorsum of the ilium. It had been occasioned by his tripping backwards whilst in the act of running. At the time he was brought in, he was in a state very favourable to the reduction, being nearly in a state of syncope. By the application of the pulleys at this juncture, the dislocation was replaced almost immediately, and leeches afterwards having been used, the man appears doing very well.

FRACTURE OF THE LOWER JAW.

Joseph Roley, a hearty young man, was brought into William's Ward on Monday, in an exhausted condition, having fallen through a sky-light 12 or 14 feet, with his chin towards the ground. On examination, a fracture of the lower jaw, in the direction of the symphysis, was distinctly ascertained. The lateral halves of the bone were extensively moveable upon each other, and two or three teeth immediately near the injury were displaced from the sockets. The dresser, Mr. Meymott, very neatly adjusted the somewhat separated sides of the jaw, and retained them in position by means of a thin wire passed round the remaining front teeth on each side of the fracture, and having its extremities twisted together. He then applied a pasteboard splint under the jaw, and a bandage over this; placing, at the same time, portions of cork between the upper and lower jaw, to prevent the movement consequent upon closure of the mouth.

WESTMINSTER HOSPITAL.

SMALL WOUNDS OF THE SCALP, FOLLOWED BY ERYSIPELATOUS INFLAMMATION, AND SLOUGHING OF THE FASCIA.

The following is a well-marked instance of inflammation and suppuration taking place in the cellular tissue of the scalp, subsequent to a slight injury, constituting, in fact, what is called erysipelas of the scalp.

George Vickers, ætat. 40, admitted into this hospital on the 26th of May, under the care of Mr. Guthrie, on account of injury of the scalp. States that about a week ago he fell from a window, and struck his head upon a stone, which occasioned a small wound in the scalp; he was picked up insensible, but, in a few minutes, he recovered, and the wound not being troublesome to him, he did not pay attention to it; in a few days, however, it became very much swollen and very painful, and he then applied for admission to this hospital, and was taken in. Upon examination, there was found to be a wound of the scalp at the upper and anterior part of the head near the union of the parietal bones, rather more than an inch in length. The hair being shaved, a linseed poultice was applied to the head; the inflammation had extended completely over the head, neck, and face, which appeared to be immensely swollen, attended with redness, and an increase of heat throughout the body; the parts were also very tender upon pressure, and occasioned him a great deal of pain. The pulse was quick and hard; the tongue furred; bowels not very regular; he was therefore ordered to take six grains of calomel, and extract of colocynth four grains, directly, which opening medicine was given throughout the disease, whenever his bowels were not freely open. The following draught was ordered to be taken every four hours.

Musk, four grains;
Carbonate of ammonia, four grains;
Camphor mixture, one ounce and a half.

May 28. We saw him this morning; unfavourable symptoms had come on in the night, the inflammation had become worse, the tumefaction had greatly increased, and the parts ulcerated round the wound were very red. When asked a question, he answered very incoherently, and did not seem to know the persons around him. Pulse to day 60.

29. Does not sleep at night; continues to take the medicine which was ordered for him on the 26th; the delirium is greatly increased, so much so, that a person is obliged to sit by him to keep him in bed; the right side of his face appears to be more inflamed than the other; the purgative medicine, which was first ordered, he takes occasionally; his pulse to-day is about 95, and rather hard.

30. He appears to be much in the same state as yesterday; the delirium still continues. He was ordered to omit the former medicine, and to take two spoonfuls of the following mixture every four hours:

Solution of the acetate of ammonia, ten drachms;
Camphor mixture, six ounces;

the head to be bathed with hot fomentations.

31. He is rather better to day; the inflammation has considerably abated; at intervals his senses return, and he then answers questions very correctly. Pulse continues the same as yesterday.

June 1. The erysipelatous inflammation continues to abate; there are evidently several small abscesses forming on the right side of the head and face, which occasion him considerable pain; his tongue appears rather furred, and he complains greatly of thirst.

2. Mr. Guthrie opened a large abscess which had formed upon the right cheek, from which exuded a considerable quantity of pus tinged with blood; the eyelids were greatly swollen, so much so, that he could not see. Mr. Guthrie made several incisions in them, which greatly relieved the tumefaction. His medicine was changed to day to the following tonic:—

Sulphate of quina, 16 grains;
Dilute sulphuric acid, 10 drops;
Infusion of roses, 8 ounces;

two table spoonfuls to be taken every three hours.

5. The abscess which was opened on the 2nd, has begun to slough, and discharges a considerable quantity of pus. Several other small abscesses, which were opened on the right side, are going on very well.

7. Complains that his mouth is very sore; was told to use the following wash frequently to it:—chloride of soda, three drachms; water, eight ounces. He is greatly improved in his general health, and is becoming stronger, and his appetite is returning; he is now allowed a pint of wine and porter daily. Pulse 62.

9. The wound of the scalp is very nearly well; the swelling of the eyelids has entirely ceased since the incisions were made; the abscess situated in the upper part of the right cheek, has completely sloughed away a portion of the temporal fascia, and exposed a portion of the temporal muscle; in other respects, he is going on exceedingly well. Pulse to-day about 75, and rather strong.

From the date of the former report to the 20th, the patient has continued in nearly the same state. To-day, he has a slight return of erysipelas, which has attacked his left cheek, merely attributed to the generous diet that he has lately been allowed; he was told to discontinue the wine and the porter, and apply a spirit lotion to the face, and to take some cathartic medicine every two hours, till his bowels have been freely opened. Pulse 120.

23. The inflammation has extended itself over the other side of the face, and partly over the head; told to continue the lotion and the purgative medicine; the abscess is

now pretty clean, and appears very healthy; it is dressed with simple dressing. Pulse 92.

27. The erysipelas has entirely abated; he is now allowed his wine and porter daily; he is gradually getting his strength, and the abscesses are healing very fast.

ST. GEORGE'S HOSPITAL.

FRACTURE OF THE CRANIUM, WITH DEPRESSION.

W. Middleton, aged 40. This patient was admitted May 31st, under the care of Mr. Brodie. It appears that the patient received a severe blow on the head with an axe, nearly four hours before he was brought here. There is a wound, nearly four inches long, directly over the sagittal suture, immediately communicating with this there is a fracture of the cranium, with depression; the depth of the depression is about half an inch, or perhaps a little more, occurring about the situation of the longitudinal sinus. There are two other scalp wounds, but they are trifling, and in neither is the skull in the least exposed; the lower jaw is fractured on the left side. The man was stunned when brought into the hospital. The cold lotion was applied to the head, and his wounds were dressed with adhesive plaster; four grains of calomel, with 15 of jalap, were given, and the senna draught. When we saw him it was about half past one; the bowels had then been acted on; his pulse was under 80, but rather full; no pain in the head.

June 1. The trephine was applied yesterday, and the depressed portion of bone elevated, the inner table of the skull was very much fractured; sound sleep during the night, his pulse is natural, the tongue furred, his bowels have been opened. To-day he complains of some pain in the head; he has vomited, and there was a slight shivering previous to the appearance of these symptoms; pulse 110, and hard; his bowels are open; bled to ℥xvi.

2. Pain in the head materially diminished; pulse returning to its natural standard; tongue rather furred, but not particularly dry. Saline purging medicine, with fifteen or sixteen drops of antimonial wine, during the night; the Epsom salt in the medicine was ordered to be discontinued, it had operated rather freely.

4. Yesterday his bowels being again constipated, he took four grains of calomel, and the senna draught; which, after a repetition of the latter, had the proper effect; pulse to-day is a little on the rise, and some trifling pain in the head; he lost a few ounces of blood, which was a little inflamed.

6. There is now no pain in the head; the pulse is rather low; but the patient is on the whole still doing well. From this date the patient has been gradually getting well, and he may now be regarded as cured.

HOSPICE DE PERFECTIONNEMENT.

ULCER OF THE LEG, TREATED BY EXCISION OF THE VENA SAPHENA INTERNA.

We have promised our readers to let no opportunity pass of dissipating the doubts which exist on the efficacy of the operation performed on the vena saphena for the cure of ulcers and varices of the leg. For some time these operations have been performed at the Pitié; the patients on whom the trial has been made have returned into the same, or other hospitals, with a relapse of their complaint. At No. 3, in Saint Elizabeth's ward, there is a woman fifty-three years of age, who was admitted into the Hospital for an extensive ulcer of the leg, under the care of Professor Bougor. Beclard had formerly removed from the same person a portion of the vena saphena interna, a little below the knee, in order to effect the cicatrisation of an old ulcer, which occupied all the internal part of the lower third of the left leg. It was not a varicose ulcer, but superficial, and caused a great deal of general derangement, and sometimes very acute pain. On the edge of the wound there was no enlargement of the vessel, simply on the outer side of the leg their were a few varicose veins. Beclard operated on this patient more than four years ago, and she was benefited for some time by the operation. and the wound cicatrised. But six months had scarcely elapsed when the cicatrix gave way, and the ulcer returned as large as before. The patient was then admitted into the Hospital St. Louis, and from that time she has had several relapses, and has been cured in different hospitals by opposite plans of treatment.

On the 6th of May, 1828, she entered into this hospital, with a very large ulcer, occupying all the internal and posterior part of the lower third of the leg, descending below the internal malleolus. There was generally an intolerable itching, and sometimes lancinating pains; the wound is not deep, but it discharges thin pus of an ill odour. There is no dilatation of the vessels at the edges of the wound; nor are the veins, in any part of the limb, in a varicose state. The ulcer was treated by rest, antiphlogistic plans, and on the 22d of May, the cicatrix was complete.

The ulcer, of which we have been speaking, appears to have been produced from disease of the skin, as it was very superficial, and more frequently the seat of itching than of pain. It ought to be observed, that this woman had the itch. On reflecting on the nature of this ulcer, and the seat which it occupied on the superficial layers of the skin, it may well be conceived how the ligature of the saphena produced no effect. Indeed, by suspending the circulation of the blood in the sub-cutaneous venous system, it was forced through the deep veins, by the capillaries of the skin. This last effect can only tend to increase the discharges which take place from this membrane, and consequently to favour rather than to prevent the formation of herpetic and scabious ulcers. If it turns out that the extirpation of the vein is not too serious an operation,* it may be performed for the cure of simple varicose ulcers; but by this operation ulcers, of a nature similar to the one above, can never be cured.—*Clinique.*

FRACTURE OF THE PATELLA—GANGRENE OF THE LEG—AMPUTATION OF THE THIGH.

In St. Charles's Ward, No. 9, there is a patient who, on the 9th of May last, fell on his right knee, and fractured the patella. Tumefaction and pain of the joint immediately came on; a bandage was applied from the foot upwards, but so tight, that the patient could not endure it. Considerable pain in the part came on, and continued two days, during which time there was slight delirium. Ecchymoses were discovered on different parts of the leg, and even on examining with attention, some brown spots were perceived; notwithstanding the bandage was applied, and as tight as before. But the patient felt so uneasy, that on the following day it was obliged to be removed. Gangrene then soon came on, together with delirium and febrile excitement, when it was deemed necessary to remove the limb, which was done above the knee. It is a matter of regret that bandages were continued, under circumstances so strongly contra-indicating their use; for there can be no doubt, that the circumstnces which rendered amputation necessary, were aggravated, if not produced, by their application.

METHOD OF DETECTING THE PRESENCE OF POTASH BEFORE THE BLOW PIPE, BY MEANS OF OXIDE OF NICKEL.

Mr. Harkort, the discoverer of this test, directs it to be used in the following manner:—Dissolve the oxide of nickel in the borax; add to the glass a little native felspar, or any other body containing potash, and we obtain by fusion a *blue glass.* The presence of soda does not prevent the reaction. Either the nitrate, or the oxalate of the oxide of nickel may be employed; it is necessary, however, that the oxide be free of cobalt, although it yields with borax a brown in place of a blue glass. The blue colour, which the oxide of nickel affords with the potash, is different from that obtained by oxide of cobalt.

PRESERVATION OF LEECHES.

A wooden tub, furnished with a stopcock, and large enough to contain sufficient water for five hundred leeches, should be procured. It is to be half filled with the mud from the lake or pond whence the leeches have been taken, and two or three roots of the Florence Iris are to be set in the mud. The leeches are very fond of this plant. The usual precautions, as to change of temperature, &c., are to be observed; the water is to be changed slowly, and the fresh water added by means of a funnel descending to the bottom of the vessel. This was the method adopted by M. Chatelain, and is followed in most of the French Hospitals.

CUSTOM OF THE HOTTENTOTS IN APPLYING GLASSES EXHAUSTED OF AIR, TO POISONED WOUNDS.

From a report recently communicated to the Army Medical Board, by Assistant Surgeon Leslie, we extract the following information relative to the treatment of poisoned wounds, by the Bushmen of Orange River, one of the Hottentot tribes.

"Their treatment of the wound made by a poisoned arrow is truly scientific. It is laid freely open, the poison cleaned out, and a horn applied in the manner of a cupping glass, exhausted by suction at the small extremity. This, as far as I could learn, is the only treatment they adopt, never making use of any herb as a specific. The Boors consider gunpowder and wine as very efficient, and prescribe them in every arrow-wound, and in every case of snake-bite."

Mr. Leslie further remarks, on the customs of this tribe, that cupping is the favourite treatment of every complaint accompanied with pain; and so frequently do they resort to the measure, that by the time they are full grown many are literally covered with scars.

---

* The operation is as ruinous in practice, as it is absurd in theory. We shall, in our next, give the particulars of a fatal case of recent occurrence at St. Bartholomew's.—Ed. L.

FACULTY OF LAUGHTER NOT PECULIAR TO MAN.

Of all animated beings, man alone, it is generally believed, is endowed with the faculty of laughter; it being the external and natural indication of mental emotions of which it is said animals are not susceptible. Hence Milton, in his Paradise Lost:—

> "Smiles from reason flow,
> To brute denied."

The reverse of this opinion, however, is maintained on good authority. Le Cat affirms that he has seen the jocko both laugh and cry;* the ourang-outangs, exhibited some years since at Exeter Channge, are said to have sometimes laughed when much pleased. But the last number of Brewster's Philosophical Journal contains the most conclusive evidence on this subject in a letter from Mr. Grant, giving an account of the structure, manners and habits, of an ourang-outang from Borneo. The writer says, that if the animal be tickled, "the corners of his mouth draw up into a grin; he shows his teeth, the diaphragm is thrown into action, and reiterated grunting sounds, somewhat analogous to laughter, are emitted."

In a note upon this subject it is stated by the original possessor of the animal, that with him and also with a young female, ourang-outang, he has observed, when not excited by any apparent cause, a contraction of the upper lip, showing the teeth, and a play of the features resembling a smile, *as if excited by some pleasant idea.* The female, when tickled (withholding her breath and struggling) would utter a half-suppressed sound, (which might be expressed by the letters *Khre,*) much in the same way as some individuals of the human species when placed under similar circumstances.

NON-EXISTENCE OF EPIDEMIC DISEASES IN NEW SOUTH WALES.

We remember some years since reading an advertisement for medical practice, in which the advertiser wished for "a healthy situation:"—he would have been *transported* with the subjoined intelligence. "With the exception of catarrh, there are no epidemic diseases known; and those complaints which are common to children, in Britain, such as measles, hooping-cough, small-pox, &c. have no existence in this climate.†

SUBSCRIPTIONS

FOR THE DISTRESSED MEDICAL GENTLEMAN AND FAMILY.

	£.	s.	d.
Amount already advertised..	56	5	0
T. Callaway, Esq.	1	0	0
G. Pilcher, Esq.	1	0	0
Arthur Tegart, Esq.	1	0	0
Dr. Farre	1	0	0
H. P. Fuller, Esq.	1	1	0
J. S. Pettigrew, Esq.	1	0	0
Sir Patrick M'Gregor, Bt. ..	1	0	0
Dr. Kerrison, ...	1	1	0
D. Duncan, Esq. Arundel-st.	1	1	0

ERRATA.

John Ware, Esq. *not* Wade, Esq.

T. Bell, Esq., New Broad-street, *not* Bedford-street.

TO CORRESPONDENTS.

Communications have been received from Mr. Manfred—Mr. Sheldrake—Mr. Spooner—Dr. Edwards—Argus—X.—Mr. J. Green—A Medical Student—C.W.—A Pupil of St. Bartholomew's—Mr. Savage—Mr. Lovegrove—A Regular Surgeon—Dr. Fox—Chirurgicus—Mr. Jerrard—Mr. Ferd. Lau.—K.—Mr. Alsop.

X has our best thanks; a continuance of his communications is earnestly requested.

We will endeavour to satisfy our Birmingham Correspondent, respecting the tincture of Ergot of Rye, in our next Number.

A note is left at our Office for the Correspondent who inquires "whether it is necessary for a Member of the Royal College of Surgeons to pass Apothecaries' Hall before he can enter into general practice."

The Report from St. Bartholomew's, published in our last Number, was not received from our regular Reporter. We pledge ourselves, however, to its accuracy, with the exception of the expression attributed to Mr. Caswell, on which there is some doubt.

The individual to whom R.Y. alludes, is Sheldrake, a truss-maker in the Strand. Mr. Sheldrake, the writer of the communications which have appeared in this Journal, is the author of the works on Hernia and on Distortions.

An Engraving of Mr. Jerrard's excellent REVOLVING BED, will appear in the next Lancet.

Dr. Blundell's Lectures will be resumed in our ensuing Number.

---

* Traité de l'Existence du Fluide des Nerfs.

† Leter from New South Wales to Dr. Brewster, p. 119.

THE LANCET.

Vol. II.] LONDON, SATURDAY, JULY 19. [1827-8.

LECTURES

ON THE

THEORY AND PRACTICE OF MIDWIFERY,

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

Lecture XXXI.

We resume, Gentlemen, the subject of the preceding lecture. When the placenta coheres to the uterus, in consequence of scirrhus, to ascertain this is not, in general, very difficult, for, although the womb be thoroughly contracted, and though the accoucheur pulls resolutely by the chord and body of the placenta, it is not found to descend far into the vagina, and the hand being introduced into the uterus to investigate the nature of the difficulty, the induration and the firm adhesion may be felt. Now, when the placenta coheres to the uterine surface, there are different practices which may be adopted for its removal; and, first, we may endeavour to break through the connexion by managing the placenta in the ordinary manner, excepting that we draw with a little more resolution than ordinary, care being taken to avail ourselves of those moments when the womb is in action, and the pains are felt. Again, if, as may be expected, the after birth cannot be abstracted in this manner, the chord breaking, and the body of the placenta tearing away, we may then endeavour, by another method, to overcome the difficulty, namely, by passing the fingers between the placenta and the uterus, so as by peeling to detach the one from the other. Should the adhesion be firm, however, we may also fail in this mode of detachment, and it then becomes necessary to have recourse to a third expedient. The hand being in the uterus, the operator must cautiously tear away, piece by piece, that part of the placenta which is not become scirrhous, leaving each morsel, after detachment, in the uterine cavity, and proceeding to the separation of another, until all that part of the after-birth, which is not scirrhous and adherent, has been separated from the rest. When the healthy portion of the placenta has thus been separated from that part which is diseased, we may bring away all the different portions at once from the uterus; and it is better to abstract in this manner simultaneously, than to remove each portion separately, as this method of operating demands the repeated introduction of the hand. The detached pieces of the placenta being thus withdrawn, the accoucheur introducing the hand afresh, carefully examines that part of the placenta which still remains adherent to the uterus, and brings it away, if this may be accomplished without violence; but, should its safe removal be impracticable, he then contents himself with the separation of any loose portions of placenta which may have been left in connexion with the scirrhous mass, and leaves the scirrhous part itself in the womb. It is, I conceive, very desirable that the scirrhous portion of the placenta, if left, should be thoroughly cleared of those loose portions which are not scirrhous and adherent, for they may be expected to lose the vital principle afterwards, and to putrify and give rise to offensive discharges in consequence. I here circulate a preparation which exhibits a portion of the placenta connected by scirrhous adhesion to the uterus; in this case there was much putrid discharge; and you may observe, that the practitioner had failed in clearing from the scirrhus the loose portions. But what is to be done, if the scirrhous part of the placenta, not to be detached, is left behind in the uterine cavity? Why, in such cases, I believe, the woman must be committed principally to her own resources, the practitioner palliating symptoms as they may arise.

The scirrhous portion of the placenta is said to have separated spontaneously, in some cases, after the practitioner had failed. More generally, however, if the patient recover, this diseased part wastes, sometimes, perhaps, wearing away under putrefaction, and, in other cases, wasting under a sort of absorption, similar to that which, after delivery, removes the secreting excrescences which are formed upon the uterus of the ruminating animals. Observe this specimen. In all you do for these cases beware of violence. But, to proceed.

After the expulsion of the fœtus, the womb sometimes lies quiet for a few minutes, and then again acts, the fundus and body contracting, while the mouth and neck remain open. In consequence of this contraction, the uterine surface separates from that of the placenta, and the after-birth, lying loose in the cavity of the uterus, is easily expelled by a little further expulsory effort. Although, however, the uterus generally operates in this way, it sometimes remains inactive, more especially after laborious labours; and, in consequence of this inaction, the placenta is neither separated nor expelled, and this constitutes the next difficulty of which I propose to treat. Cases of this kind, in which the placenta is retained from the inertness of the uterus, may be recognised by the following indications:—the want of pains—the softness and large size of the womb, as felt through the abdominal coverings—and the failure of the descent of the chord when gently pulled. When properly managed, they generally terminate favourably, more especially if there be little or no flooding; but if the accoucheur lay hold of the chord without reflexion, and pull the placenta, an inversion of the womb, and perhaps a fatal flooding, may be the consequence. In these cases, therefore, in which the womb is inactive, it should be your first object to secure contraction of the uterus, before you take away the placenta; and for this purpose you may wait for half an hour, or an hour, compressing the uterus, with the hand placed above the symphysis pubis. When the womb is contracted it will feel firm and hard, and something larger than the head of a full-grown fœtus; and, when these indications are observed, you may proceed immediately to the abstraction of the placenta, which may be removed without further difficulty. If the womb be indisposed to contract, although you have waited for half an hour or an hour, you may then endeavour to stimulate it by some of the deobstruents formerly recommended, but these should not be needlessly tried. Beware of flooding—beware of inversion—beware of tearing the placenta, and leaving a part of it unobserved in the uterine cavity—beware of the needless insertion of the hand into the uterine cavity. It may sometimes be necessary to peel the placenta from the uterus by interposing the fingers, but this operation it is always desirable to avoid.

Three errors we are liable to incur in managing cases of retained placenta in all their different varieties. In the first place, when performing our operations, we may bruise, lacerate, or otherwise injure the softer parts, by proceeding roughly; in the next place, we may persuade ourselves that the after-birth must be removed from the uterus, come what may, and, in consequence of this persuasion, we may persist in our attempts to remove it by manual efforts, when it would be better to desist; and, lastly, removing the placenta with difficulty, we may detach a portion by laceration, and, neglecting to examine the placenta very carefully after its abstraction, we may leave this part unperceived in the uterine cavity. In dismissing this important subject, I must not omit to observe, that I have been called to one or two women, dead before my arrival, and that, on inquiry, I have been informed, that the birth of the child had occurred two or three hours before, and that a flooding, not very copious, had taken place afterwards, and that moderate force only had been used to abstract the placenta. On examining the body in these cases, a day or two afterwards, I have detected, in the uterus, a lobe of placenta, *not a coagulum*, about as large as a pullet's egg, but no laceration—no obvious contusion—no intelligible cause of death. Were these deaths the anomalous effects of moderate flooding, or of the retained portion of the placenta?

Of Monsters.—In practice we sometimes, though rarely, meet with fœtuses that deviate conspicuously from the ordinary make. These fœtuses have been denominated monsters, apparently because of our besotted predecessors; some who have undertaken the perilous task of forming human opinions, have been pleased to represent such morbid structures as portending a something mysterious and alarming—*credo quod impossibile est*—and this too has been believed. A great fish has a large swallow, but superstition—grave, argumentative, insolent, arrogant, silly superstition, has a swallow still larger; it enjoys a sort of omnipotence this way; nothing is too big for it, nothing too small. Alas! poor human reason. According to the mood of the mind, we may weep or laugh at thee.

The celebrated French naturalist, Buffon, has divided these monsters into four different classes, those, I mean, in which the parts are deficient; those in which they are redundant; those monsters in which the parts are mis-shapen; and those in which, although they are naturally formed in other points, certain parts are misplaced; and to these four classes, if you please, a fifth may be added, comprising those monsters which are of a mixed character; cases, for example, in which some parts are redundant and others wanting, in the same individual.

Of the deficient monsters, some fine specimens are on the table before you, and of all these, the most important is that in which there is a want of the bones of the cranium, (basis excepted,) and where, together with the deficiency of bone, there is also a deficiency of the cerebrum and cerebellum, wholly or in a great measure. This monster it is which is called brainless. In the circle of my own obstetric acquaintances, it has repeatedly occurred, and it is not, therefore, very uncommon; and it becomes the more desirable that you should pay a little attention to it. It may not be amiss to remark here, when speaking of this monster, that not infrequently it is born alive, and that it lives for a few hours after birth. When living, it admits of some curious observations; and should you ever meet with a case of this kind in the course of practice, pray insert your finger into the mouth to try whether it will suck, in order to know whether the sensorial powers, which relate to these actions, are above or below; whether they are in the spinal marrow, the medulla oblongata, or the brain.

A specimen I here show you of greater degree of deficiency. You will find the whole thorax, together with the head and shoulders, are wanting, the child consisting merely of the parts below, the abdomen forming a sort of cyst. Monsters of this kind are by no means so frequent as the former.

The third monster, you will notice, is deficient in its lower parts, the legs being wanting, so as to give it an appearance as if an amputation had been performed; in reality, however, this is the product of disease. Should a fœtus like this, deficient in the lower extremities, be lying across the pelvis, presenting by the arm, hip, or back, no small difficulty would arise in an attempt to turn it, and, probably, we should be obliged to resign the operation altogether. You will see, too, that the hands are not to be found.

The fourth monster which I exhibit is, like the preceding, destitute of the lower extremities; and, in place of them, there is a conical cyst of skin, containing cellular substances, and a piece of bone, this piece of bone being, apparently, the vestige of those bones which belong to the lower extremities.

There is a fifth specimen here, in which both the lower limbs coalesce, so as to form but one compound member, and the foot is placed in the retroverted position, the heel lying forward and the toes behind. This is a mixed monstrosity, consisting of a deficiency of parts and a misplacement.

On the opposite end of the table are arranged monsters of the redundant kind; and I begin by showing you one which resembles some of the august inhabitants of a Hindoo's doll-house or goddery—(the allusion in this latitude is not profane)—a *brahma*, for example, deprived, as was his fortune, of one of his *three heads*: two faces, you may observe, it has, and they look in different directions. This monster we sometimes meet in the moral world. The votaries of Janus did not all of them perish in the ruins of his temple. Here, too, is another specimen of rarer, though not very infrequent occurrence, in which you have two bodies, with one head in common to both. There is, too, a deficiency in this monster as to the brains. Pretensions to beauty, it certainly cannot make; and yet, on viewing this monster, those who are familiar with the elegant and fanciful fables of classical mythology, may, perhaps, bethink themselves of the mystic tale of Salmacis and Hermaphroditus.

The third specimen, a very valuable obstetric curiosity, consists of two fœtuses of full size, so finely formed, that any one might be proud to own the paternity; these fœtuses, however, though so beautifully modelled, are united by the thorax and abdomen. In fœtuses like these, the abdominal cavity is, I suspect, generally common to both, so that if you were to endeavour to separate them by the knife, the abdomen would be laid open. Fond as I am of abdominal surgery, of this I do not approve. This specimen of monstrosity becomes particularly valuable, because it came away from a woman who had borne a large family previously, occasioning merely a small laceration of the perineum, the children descending under the foot presentation, and the head of the one being deposited on the neck of the other, during the transit through the pelvis. The one fœtus, as you may perceive, is placed a little below the level of the other, and the head seems still inclined to repose upon the neck of its companion.

Into the causes of monsters, as the subject is rather physiological than obstetric, I forbear at present to inquire; suffice it to observe, that monsters sometimes, if not always, are of very early formation, produced within a few months, or perhaps, in some instances, within a few weeks after the commencement of gestation. Here is a specimen consisting of twins, united by the thorax and abdomen, in the same manner as in the preparation I last exhibited to you; and I know, from its dimensions and proportions, that its age could not exceed two months.

Monstrosity is not confined to the human subject; animals are liable to monstrosity, and none, perhaps, more so than pigs. Blumenbach thinks that the domesticated are more obnoxious to this disease than the wild varieties. Here is a specimen of a monstrous *kitten*, which, in correspondence with the human monster already mentioned, consists of one head and two bodies in connexion.

I was indebted to Mr. Dent for an engraving, from which I took this pencil drawing, of a Hindoo monster of very rare occurrence. The child, as I was informed, was of healthy make enough in other particulars, but it was possessed of two heads, united vertex to vertex, with a deficiency of bone at the place of contact; vessels passing from the one to the other, and the superior evidently nourished and supported, as to its vitality, by the inferior head; a neck of rude form surmounted and terminated the second head. Of this monster it is very remarkable, that it lived for some years after birth, and was exhibited in the Indies. I was told, too, but I have not been able to ascertain this with perfect authenticity, that when the child laughed or cried, particularly if the mind was greatly agitated, both countenances were affected at once. What a precious subject for polemical psychology. In an age of folios, a hundred weight of controversy might be written upon it—one hundred weight of controversy! and why not; no harm need ensue: at the end of the debate, each party might continue to hug his own opinion, as Ixion did the cloud. After all, however, in a metaphysical or moral point of view, perhaps there are few monsters more interesting than this.

Of the misshapen monsters, and those in which the parts are misplaced, I make no further remark, because, in a view to practice, they are not of much importance; the two classes principally interesting, are those of which I have shown you specimens, consisting of the deficient and the redundant; and of their management I now proceed to treat.

Now, if it should so happen that you have under your care a case in which the parts are deficient, provided you adhere to some of those wholesome rules which have been prescribed in the course of these Lectures, you will probably experience but little difficulty in the delivery. Even if you know that there is a deficiency—a monstrosity, it does not follow that you are, in a meddlesome manner, to interfere. A meddlesome midwifery is bad; give a fair trial to the natural efforts, and the child being smaller, instead of larger, in consequence of this defect of parts, it will come the more easily away.

In cases of redundancy, moreover, the child may be very strangely formed, and yet, after all, it may come away from the uterus with very little assistance from the accoucheur. It sometimes happens, that the pelvis of the patient is very large, and still more frequently it happens, where fœtuses are of monstrous formation, that they come away in the sixth or seventh month; and in this way, therefore, their multiplicity of members is compensated by their small size, and the conformability of their soft texture. Were I called to a case in which I knew there was a redundant monstrosity, and where there were two fœtuses formed, I should, in the general, give a fair trial to the natural efforts, say for four-and-twenty hours, unless some dangerous symptom obviously demanded delivery, and if dangerous symptoms occurred, or if the patient had been in strong pains for four-and-twenty hours, the monster not descending, I should then have recourse to the lever, the forceps, or perforator; either the one or other instruments, according to the circumstances of the case.

The surgeon who had under his management the case I have shown you, in which the two fœtuses, of full size, are in all respects well formed, with the exception of their thoracic and abdominal junction, perceiving something monstrous in the construction of the fœtus, deemed it necessary to do something to facilitate the labour; to this end, therefore, he took a pair of scissors, and tried to cut away the lower part of one of them, a very rough expedient, in which he was unsuccessful; he then waited, and the consequence was, that the delivery which he could not accomplish, was completed spontaneously by the natural efforts of the uterus; the fœtus coming away with only a small rent of the perineum, so that in those cases you are not rashly to despair and give up all expectation of a natural delivery. As in every other case, so here, a meddlesome midwifery is bad; give, therefore, a fair trial to the natural efforts, and if dangerous symptoms supervene, or if the labour make little or no advance under a full action of the uterus for twenty-four hours after the discharge of the waters, you may then properly enough have recourse to your instruments, to be used in the way I have already explained at large.

Convulsions.

Convulsions from pregnancy or delivery are by no means common; yet this case we occasionally meet, and great danger attends it. When a patient becomes the subject of convulsions, she may be seized without premonitory symptoms; these, however, sometimes occur, and more especially in the convulsions of pregnancy. Tremors of the whole muscular system, and shudderings, crampy pains felt in the region of the stomach, cerebral afflux of blood, flushing of the face, throbbing of the carotid arteries, severe and splitting pains of the head, stammering, perhaps, and failure of utterance, constitute some of the leading prognostics. Sometimes the patient becomes deaf, and more frequently her sight is affected, dazzled, perhaps, with light, or blinded. When the fit supervenes, the woman becomes entirely insensible, and, together with this insensibility, she has a violent commotion of the voluntary muscles: and the arms and legs are agitated, and the features flicker, and the eyes are distorted, and the tongue is involuntarily pushed forth from the mouth, and perhaps there is a spasm of the levators of the jaw, which closes the teeth, and wounds it. A cork well secured between the teeth may sometimes prevent this. Respiration is affected sometimes, and the patient may breathe with a sort of hissing noise, as has been well observed by Denman, so that in the next chamber you may hear her breathing; foaming is by no means uncommon; and this foam being not infrequently mixed with blood, gives to the patient, in the eye of friends, an alarming and even terrific appearance. When these attacks have continued for a few minutes in different cases, a longer or shorter period, we find the patient recovering more or less completely. In most attacks of convulsions, where the attack is not severe, the spasms ceasing, the patient seems very well, awaking up as if from a slumber. When asked how she feels, she replies, perhaps—Well! nor is she aware of the attack to which she has been subjected. It is not always, however, that the recovery is complete. Sometimes the patient lies apoplectic, or in a state analogous; or she is deaf or blind, or incapable of speaking, or both; or the limbs are benumbed; in fine, it seems as if the sensorium has received some permanent injury, the corresponding parts of the body suffering in consequence.

In practice, I find it useful to divide convulsive cases into three kinds or varieties, according as they occur after parturition, during labour, or in the progress of gestation. Two cases I have now seen, in which the attack of convulsions supervened after delivery, one of the patients doing perfectly well notwithstanding. Of these cases, one was shown to me by my friend Mr. Gaitskell, and large bleedings completely cured her. The second was shown to me by Mr. Masterman; large bleedings were resorted to here, but the patient never recovered, and, in a few hours, died. Inspection was refused. I suspect that these attacks of convulsion, after expulsion of the fœtus, are more dangerous than those attacks occurring during the time of delivery.

In laborious labours, or in preternatural or natural parturition, convulsions still more frequently occur; and, in these cases, a paroxysm of convulsions sometimes accompanies every pain, so that if the pains thicken, the convulsions multiply; and hence, in these cases, if, during the fit, you lay your hand on the muscles of the abdomen, you find them very hard; if you place the finger in the os uteri, you perceive its dilatation, and the advance of the fœtus. Be at the bed side, therefore, in these convulsive cases, and watch; for as the paroxysms return, the labour may advance, and the fœtus may suddenly emerge.

Again, we sometimes meet with patients prone to cerebral afflux; and, in those persons, convulsions are occurring in the middle and earlier months sometimes, but still more frequently in the end of pregnancy. When convulsions attack a patient in the progress of gestation, she may have a single fit only, or several, the intervals being usually irregular and somewhat long, not of a few minutes only, but of hours perhaps, or days. When first the attack occurs, on making examination, it may be that you do not find a single symptom of labour, the fœtus is unapproachable, the uterus is shut, and there is a perfect freedom from uterine pains. Sooner or later, however, if the fit continue, parturition of itself commences, without the interference of the accoucheur; and the womb opening, and the membranes protruding, and the liquor flowing, a sudden emersion of the fœtus occurs; and this may happen, not only where the patient has pain, and may give an account of her feelings; but in those cases also, in which the disease is associated with apoplexy, so that, during the whole time the woman is either comatose or convulsed, and hence it sometimes happens, (and let this be remembered,) that under convulsions delivery may take place unknown to the attendants, the child perhaps being, of consequence, suffocated in the bed. In these cases, therefore, you should give directions that the patient be strictly watched, and that, on the first appearance of blood or pains, obstetric assistance may be summoned.

A lady, in the end of her pregnancy, was seized with convulsions, her attendant was sent for, and decided that there were no indications of labour, and that a stay was unnecessary. Quitting the house, then, the midwife returned on the morrow, it was early in the morning, when the patient was found dead; the child, too, the birth of which no one seems to have suspected, lay lifeless beneath the clothes. In managing human affairs, the men have done so many foolish things, that they have no claim whatever to treat with severity the errors of the women; allow me, however, to remark, that, in this instance, the error, a great one, was committed by a female practitioner. Felix quem faciunt aliena pericula cautum. Remember the story. It is worth a parable, or an apologue, for it conveys a useful truth.

Convulsions being a very alarming disease, a variety of remedies have been recommended, every one being laudably anxious to interpose some relief, in cases of so much danger. To avoid confusion, however, I am accustomed to divide these remedies into two classes; the first comprising those which constitute our principal reliance; the second, those which, though not to be forgotten, may be regarded as of small importance. In an affection like this, which requires promptitude and decision, it is of the greatest importance to keep your minds fixed on the leading and principal remedies, careful not to lose yourselves in the administration of those remedies, which can have but small effect upon the disease. It is now, I believe, well agreed between those who have seen much of this formidable malady, that a main remedy is the abstraction of blood from the vascular system, as largely as the patient may safely bear. So long as the line of prudence is not exceeded, the more largely you bleed, the better; not that these copious venesections are wholly unattended with danger, but that the convulsions themselves are so formidable and urgent, and the power over inanition is, in the present state of our knowledge, deemed to be so great, that the risk may be reasonably incurred, in order to give the patient this chance of recovery. Twenty, thirty, forty, fifty, sixty, or seventy ounces of blood, have sometimes been taken away from a woman of ordinary stature and moderate plethora, in the course of six or twelve hours. I once myself abstracted from a patient seventy ounces of blood, in the course of two or three hours, and she did not ultimately suffer from inanition; I was with a medical friend at the time; I tried the smaller bleedings, but they were ineffectual; this patient recovered. Be steadfast in these cases, but not rash. We little know how many under disease, perish by large bleedings. The lance has killed its thousands, and the lancet . . . . Timely transfusion may, perhaps, hereafter diminish the number of these victims.

In these cases, I repeat it, be steadfast; but not rash. Watch your patient diligently. If the smaller abstraction—if, for instance, a bleeding of twenty or thirty ounces be sufficient, let this content you; but if you find the convulsions continue, and the afflux of blood remains, with due prudence your bleedings must be repeated.

There are different ways in which this blood may be abstracted, two modes being the most convenient; the venesection of the arm, I mean, and that of the external jugular vein; the latter being an operation which all ought to be able to perform with dexterity. Venesection of the jugular is peculiarly advantageous, because, in this mode of operating, you take away the blood from the head. More frequently, however, patients are bled from the arm; and as our purpose is to relieve the vascular system generally, as well as the head, for that is the principal object, those bleedings from the arm may do very well. After brachial venesection, you ought to bind the arm with more than ordinary care, because, if you apply the bandage with inattention, a large quantity of blood may issue from the wound, in consequence of a displacement of the bandage during any subsequent struggles. Bleedings from the arm are more likely to occur, than bleedings from the neck. Repeatedly those bleedings have taken place, in consequence of detachments of the dressings; and, I believe, it was the observance of the benefit derived from these large accidental bleedings, that first led practitioners, within the last few years, to resort to copious venesections. Remember further that, in order to have the full benefit of your bleedings, you must adopt them early. Hours—nay, minutes, are not without their importance here. In cases of this kind, blood may be effused on the brain; and I know that water is found sometimes both on its surface, and in its ventricles. Now, when these effusions have occurred, there is little to be expected from the bleeding; but so long as the fluids are contained in the vessels, venesection, if large and early, will be powerfully effectual. Does arteriotomy possess peculiar advantages in convulsions?

In convulsions, again, there is a second remedy which I wish you to look upon as of very great importance, viz. the thorough evacuation of the alimentary tube—the stomach, I mean, and bowels. In some cases, indeed, the patients lying comatose do not easily swallow; but, in most instances, if you watch the proper moment, deglutition may be accomplished. *Senna* and *salts*, a smart dose of *calomel*, the *croton oil*, &c., may be thought of in these cases. Senna and salts will answer perfectly well, where the patient can swallow; calomel and the croton oil may have the preference, provided you want to give a dose that lies in a very small compass. Powerful purging may be produced, by rubbing over the tongue the cork of the croton oil bottle. Should gastric aperients fail, after a trial of three or four hours, injections into the rectum may be tried with great propriety; and these remedies are more especially useful, when they are superadded to purgatives, taken by the mouth, some few hours before. Two or three scruples of the compound extract of colocynth, half a pint of water, and as much soap as will blend the whole, may be thrown into the rectum every half hour or hour, till it acts. Further: where patients are seized with fits of convulsion, and you have bled them, if there is anything wrong with the stomach, you may give an emetic. The *sulphate* of *zinc* is rather a rough remedy, but its promptitude recommends it; and these are cases in which no time should be lost. *Ipecacuanha* is a medicine that may, in most instances, be given safely enough; and a drachm of the powder being mixed with two ounces of water, and shaken, one quarter of this mixture may be administered every twenty or thirty minutes, till it acts. Here then is a second remedy fitting in convulsions, a thorough evacuation of the alimentary tube, more especially proper in those cases which tend to the chronic form.

When patients are affected with convulsions, you will generally, if not always, find symptoms of a cerebral afflux of the blood; the carotid arteries are thumping, the scalp is hot, the face is larger, and the features are suffused and bloated. Hence the importance of another capital remedy in convulsions, I mean the complete refrigeration of the head. A chordee is promptly relieved by plunging into water; the arteries are quieted, and the parts collapse; in like manner, if the patient labour under cerebral turgescence, produced by an increased action of the carotids, apply cold water, and the action may sink. There are different modes in which the head may be refrigerated, and, provided you accomplish the object thoroughly, I am careless how you proceed. In ordinary cases, on urgency, you may, if you please, with the hearth brush and cold water, very plentifully besprinkle the head and neck of the patient. If the case be more obstinate, it may be necessary to remove the hair; but as this is looked on by young ladies as a very agreeable ornament, it ought not, I think, to be wantonly sacrificed. Should this refrigeration fail, you may apply *ice*, which, in this metropolis, may be commodiously bought by the pound at the fishmongers or pastry cooks. Expel the air from a bullock's bladder, and half fill it with the ice; it may then be applied to the head in the manner of a cap. You may also refrigerate the head very much, by pouring cold water upon it, and this, in some very bad cases, has been done with very great advantage. You draw the patient's bust beyond the bed side, and placing a tub, or reservoir, beneath the head and shoulders, with a proper vessel, you pour water on the head till the features shrink, and the scalp is thoroughly refrigerated. I know of one or two cases in which two or three pailfuls of water were poured over the head with advantage. The practice, like the disease, is a very rough one, but ought not to be lost sight of; it is a sort of homely shower-bath. In one or other of these modes, then, by sprinkling, by icing, or by pouring water on the bust, the head is to be refrigerated; resolutely beat down the action of the cerebral vessels, and you may thus diminish the quantity of blood in the head.

But here you will ask, is there no other remedy to which we can have resort?—Bleeding, purging, and refrigeration, is this all?—Is it not further proper, in *all* cases, to *deliver* the patient? No, it is not; and it is, I believe, an ascertained fact, that more women die, when they are officiously delivered by force, as it is called, than when they are committed to their own resources. That delivery is a powerful remedy in convulsions, there can be no doubt—after the fœtus is expelled, the convulsions usually cease—but this remedy requires much discretion.

The rules with respect to delivery lie principally here—a meddlesome midwifery is bad—this is the first article of the obstetric creed; if, then, you can relieve your patient by bleeding, purging, and refrigeration, it is not fitting that you should have recourse to artificial delivery; exceptions there may be, but this is the general rule. In considering, therefore, what convulsive cases are fitted for delivery, we may, in the very outset, reject all such cases as admit of relief by the other means.

Again. When convulsions occur, the condition of the ovum, with respect to delivery, may vary, for sometimes the head of the fœtus may lie so low, and the parts may be so lax, that. without difficulty, it may be removed by the forceps. In other cases, again, the child may be altogether above the brim, and yet the mouth of the womb being capacious, and the parts being lax, and the uterine fibres continuing in good measure at rest, it may be neither dangerous nor difficult to deliver by turning. Nor must it be forgotten, that in those cases in which the convulsions occur in the latter or middle months, at the commencement of the disease especially, the womb may be firmly shut. Now, these considerations premised, let us suppose that you have one of those undesirable cases, in which delivery is indicated, inasmuch as your other remedies—your bleedings, your purgings, your refrigerations, have been tried without effect. What remains to be done? Why, if without bruising, tearing, or otherwise injuring the genitals, you can abstract the ovum, do so, if you please; but if you find the case is such that you cannot deliver without risk of injury, then leave the system to its own resources, for in my mind it is far better (and I should wish this principle to be acted upon in my own family); I say, it is far better that the woman should die convulsed in the hands of nature, than that she should perish by the cruel and savage operation of rough and unskilful midwifery.

In those cases, again, where delivery is not to be accomplished without the risk of contusions and lacerations, you should still keep a close eye on the case, making frequent examinations, say every half hour or hour; for, as in floodings so in convulsions, sudden and extensive changes occur in the condition of the parts; and though in the morning you may not be able to deliver the patient, yet in the evening you may find the delivery easy; nay, in half an hour only, in some cases, a great change may occur, and, when circumstances conduce, the delivery should be with promptitude accomplished.

Here, then, are some general principles, which, combined with the observations I have made in preceding lectures, may keep you near the right line of practice in these distressing cases. Let it be your first principle not to deliver artificially, provided you find the convulsions may be subdued by other means, unless, indeed, in those anomalous cases in which the ovum may be abstracted without the least difficulty.—Again: in those cases in which bleedings and purgings and refrigerations fail, and where delivery is to be looked upon as the only remaining effectual remedy, let it still be your principle to have recourse to delivery in those cases only in which the abstraction of the fœtus may be easily and safely accomplished, since death from convulsions is preferable to death by the hand of the accoucheur. Lastly, if delivery is desirable in consequence of the failure of other remedies, should the state of the parts forbid it, you will act wisely in making repeated, though cautious, examinations, (since sudden and favourable changes may occur,) completing the delivery by artificial means, if necessary, as soon as circumstances conduce. I conclude this topic by remarking, that I should be sorry to undervalue the efficacy of delivery in these cases; but moderation is profitable to all things, and I cannot bear to hear of delivery by force. *Arte non vi.* In a scientific midwifery, force has no place. Some practitioners seem to be too fond of the turf.

"THE FISH" THAT SWALLOWED JONAH.

At a meeting of the Wernerian Natural History Society, held on the 22d of March last, the Reverend Dr. Scott of Costorphine, read a paper "on the great fish that swallowed up Jonah, and, after three days and nights, cast him out on dry land;" showing that it could not be a whale, as generally supposed, but was probably a "Squalus Carcharias, or White Shark."—*Jamison's Philosophical Journal.*

FOREIGN DEPARTMENT.

TERMINATION OF THE UMBILICAL VEIN IN THE RIGHT AURICLE, AND A SINGLE UMBILICAL ARTERY ARISING FROM THE ABDOMINAL AORTA IN A NEW-BORN INFANT.

BY PROFESSOR MENDE.

The child, in whom these remarkable deviations from the natural state were observed, died shortly after birth, without any apparent cause. There was nothing unusual on the exterior of the body; but, on injecting the vessels, it was found that the umbilical vein did not divide into two branches to traverse the liver, but was continued as a single trunk along the convex surface of the right lobe of this organ, without being attached to it, as far as the right auricle of the heart, when it opened itself a little above, and in front of the termination of the inferior vena cava. The base of the heart was inclined a little more than natural to the right side, and towards the sternum. There was only one umbilical artery which arose from the abdominal aorta at its bifurcation; it passed on the left side of the bladder, and continued its course to the umbilicus.

Professor Mende draws from this case some physiological conclusions, relative to the uses which the liver serves in the fœtus. He considers that this organ does not receive all the blood which comes from the placenta; the comparison which has been instituted between the human fœtus and amphibious animals, especially the seal, being incorrect; and that the blood coming from the placenta is not modified by the liver, and does not serve for the secretion of bile, the gall-bladder being, in the case described above, full, and the fœtus well-nourished.

DISEASE OF THE HEART, WITH A RARE ANOMALY OF THE VASCULAR SYSTEM.

By Professor Francke, *Dresden.*

The disease of the heart, of which the subject of the following case died, was aneurism, with hypertrophy of the left ventricle. There was, at the same time, hydrops pericardii, as well as traces of chronic inflammation of the liver, induration of the spleen, and, among other changes, a remarkable one in the situation of the ascending vena cava and its relation to the aorta, to which there is only one similar example recorded, and that in Morgagni. (De Sedibus et causis Morb. Lib. iv. epist. 66. art. 32.) The aorta was in its natural situation, but the ascending vena cava was placed on the left side of this vessel, in the region of the fourth, third, and second lumbar vertebræ, and then crossed in front of it, opposite to the first lumbar vertebra, just below the superior mesenteric artery. From this spot it proceeded in the usual course towards the liver and diaphragm. Similar disposition of the vena cava is found in some fishes, especially in the embryo.

ABSENCE OF THE GALL-BLADDER.*

There is a case related in this journal of a man who died suddenly, and in whom the gall-bladder was wanting. In the situation of the fossa destined for its reception, there was a prominent surface, covered by peritoneum, without any mark whatever of the previous existence of the organ.

ON THE RELATIONS BETWEEN THE CIRCULATION AND RESPIRATION.

BY DR. FERMON.

(*Extracted from a Letter addressed to the Academy of Sciences, April 7th,* 1828.)

The intimate connexion between respiration and circulation, is universally admitted, but the precise nature of the influence between these functions, is far from being well understood. Dr. Fermon has recently been engaged in investigation on this subject, and his first point of inquiry was, the average number of respirations and pulsations in a given time. In a great number of adults, the respirations were from 14 to 25 in a minute, and the pulsations between 60 and 80 in the same time, being 1 to 4, 1 to 5, or 1 to 6, i.e. that during one respiration there were from 4 to 5 or 6 pulsations, and, consequently, that the quantity of blood propelled by 4, 5, or 6 contractions of the heart to the lungs, is oxygenised by the air, which enters into this organ during one inspiration. Dr. Fermon conceives, that during inspiration there is a greater number of pulsations than during expiration, it was always a sign of engorgement of the lungs; that in the healthy state there is always a greater number of pulsations during expiration than in inspiration. One fact, however, is certain, that whenever the relation between the natural number of respirations and pulsations is disturbed, for instance, when the number is increased, swelling of the spleen, afflux of blood into the portal system, or engorgement of the lung, and sometimes hæmorrhage, or effusion into its tissue, take place; for instance, observe what occurs on the one hand when a person ascends a ladder or steep stairs, and, on the other, the spitting of blood in singers.

With respect to the return of the blood by the lungs, Dr. Fermon says, that he has ascertained by numerous experiments, that the venous blood, propelled by the right ventricle of the heart through the pulmonary artery, can traverse the lungs, to return by the pulmonary veins only when the air-cells are flattened during expiration. During inspiration, when the cells are distended, the passage of the blood is momentarily interrupted, the effect of which is to prolong the contact of the blood and air, and to render oxygenation more complete. This fact is of importance, since it shows the danger of continuing uninterrupted inflation of the lungs for a long time, in attempting to restore suspended animation; for, instead of facilitating the return to life, it would oppose a fresh obstacle to the passage of blood by the distension of the air cells.

Dr. Fermon quotes a paper of Sir Everard Home, in the Philosophical Transactions for 1827, in which Sir Everard Home alludes to the same circumstances which have formed the subject of the preceding inquiry; and Dr. Fermon accords to our countryman the merit of priority, taking to himself credit for proving the point by experiment.

PATHOLOGICAL AND PRACTICAL OBSERVATIONS ON DYSMENORRHŒA.

By JOHN MACKINTOSH, *M.D., Acting Surgeon to the Ordnance, Physician to the Brown Square Dispensary, and Lecturer on the Practice of Physic, &c., in Edinburgh.*

DYSMENORRHŒA is a very painful affection, of frequent occurrence, and it is one which has always been an opprobrium to medicine. When menstruation is painful, it is generally scanty, and along with the discharge we frequently find shreds of membrane, like the *decidua uteri*; and occasionally a substance, the size of a hazel nut, is passed; indeed, when floating in water, it resembles a miscarriage at about the fourth or fifth week. Women who pass the shreds of membrane, suffer very severe pain in the region of the uterus, attended with some bearing down; but those who pass the larger masses are generally married women, and although of a different character, their sufferings are fully more severe than with children at the full period. Some are affected with this disease from the first of their menstrual lives; some not till after marriage; and I have known it not to occur in others till after the birth of

---

[*] Mem. de Med. Militaire, tom. xx. p. 406.

a first child, and in all these last instances which have come under my notice, the labour has been long and painful. Many women, who are affected with dysmenorrhœa, frequently have very little suffering during one period, but they complain much at the next, and at the third time they suffer the greatest torture. I have remarked, that in those who have, now and then, an easy time, it is immediately subsequent to the expulsion of a great deal of deciduous looking matter, or of the small mass like the miscarriage.

This disease has been described by all authors from the earliest periods, and it has in general been remarked, that women affected with it are barren. It is unnecessary to quote the opinions of authors to show the uncertainty which has prevailed respecting the nature and seat of this disease, but I may state, that some suppose it consists merely in an inflammation affecting the mucous membrane which lines the uterus, while others think it is owing to a want of nervous energy of the uterine system, or to constipation, or exposure to cold and damp, &c., and the remedies applied are general and local bleeding, the warm and cold bath, opiates, laxatives, and warm clothing, but with how little *permanent* advantage every experienced practitioner can tell.

It always occurred to me, that there was some mechanical cause which produced dysmenorrhœa, and I had settled in my own mind, that it was one of those affections whose nature and seat were still open for investigation. For many years my attempts were baffled, perhaps, because my sphere of observation in the diseases of women, was not so extended as it has since been. In the year 1823, a gentleman called to say he had brought a curious donation to my museum, of an uterus without an orifice. Upon examining it minutely, I found a mouth, but it was so small, that it would barely admit a hog's bristle. It occurred to me at the moment, that a small orifice might possibly be the cause of the serious affection under consideration; and I have since had many opportunities of investigating this subject; I have also had the advantage of assistance from several of my pupils, and have now obtained many preparations, which were taken from the bodies of individuals who died of different diseases, particularly of phthisis, and whose histories proved that they had laboured under dysmenorrhœa from the very beginning of their menstrual lives. In these preparations of the uterus, the orifices, instead of being shaped like the mouth of the tench, are either circular, or nearly so, and some of them so small, as to be just capable of receiving a bristle, others are a little larger, and will allow a common-sized silver probe to enter, and some are a little larger still. This condition of the *os uteri* accounted quite satisfactorily for dysmenorrhœa; the menstrual discharge, after being secreted in the uterus, cannot readily escape; it distends the uterus, producing considerable uneasiness in the pelvic region, and is at last expelled by the contractions of the uterus. These uterine contractions cause increase of suffering, and a bearing down sensation, as in miscarriage. The continuance and frequent recurrence of this uterine irritation, will give rise, sooner or later, to inflammation in the lining membrane of the uterus, which will account for the formation of the decidua, which is discharged like shreds of the membrane, or occasionally entire, when it resembles a miscarriage, but which, when examined, is found to resemble a soft coagulum of blood. Or, in consequence of the long-continued determination of blood to the uterus, the vessels may discharge a little blood into its cavity, and the mass may be thus formed.

That women should generally be barren who thus suffer, strengthens the view which I have been induced to form. From the results of the accurate experiments of that ingenious and distinguished physiologist, Dr. Blundell, of London, together with the information that has been collected from the aberrations of nature, as seen in cases of extra-uterine conception, and also from some of the vices of mankind, it appears certain, that the semen of the male must pass, at least, into the cavity of the uterus, before impregnation can take place. In this case it cannot get in, from the small size of the *os uteri*. These circumstances also readily account for the uncertain and unsatisfactory nature of the practice generally pursued.

My mind now became occupied with devising means, likely to cure women affected with dysmenorrhœa. Mechanical dilatation appeared to be the proper remedy, but I was afraid to carry it into execution, or, indeed, to propose such a measure to a modest woman, without being able to give an assurance, almost amounting to a certainty, that it would cure her, which I could not conscientiously do. And although I had constantly cases of this kind under my care, I never attempted the operation, nor, perhaps, should I till this day, if chance had not thrown the following case in my way.

A young woman, aged 22, came from the country to consult my friend and colleague, Dr. J. A. Robertson, who sent her to me. The female friend who accompanied her stated, that the menstrual discharge had never appeared, that she had always been a healthy girl till she reached the age of sixteen, from which period she began to suffer, and to fall off. Regularly every month she complained of pains in the back and loins, together with a sense of weight and bearing down in the passage. At first she suffered slightly, and was soon able to perform her duties as a servant, but for the last two years she had never known what it was to have a day's ease; that she would submit to any thing to be cured, and to have that which other women had. The girl appeared to be above the middle stature; the mammæ were undeveloped; she was of an awkward shape; her voice was harsh, and her skin coarse and dark coloured, so that had I not been told she was ill, I never could have guessed it from her appearance. Her abdomen was not tumid, but I was told it was occasionally swollen, particularly after meals, which seemed to me to be from flatulency. She appeared to be of a nervous temperament, and was exceedingly shy and timid.

Upon examination, my fingers passed readily into the vagina, which was considerably relaxed, and the uterus was felt much lower than natural, but I could discover no orifice. Dr. Robertson had previously discovered the same fact, but had not then communicated the circumstance to me, thinking that he might have been mistaken. I repeated the examination many times, and after feeling the spot where the orifice ought to have been, which was distinguished by a small dimple, I attempted to introduce one of the smallest silver probes I could get made, but was unsuccessful in every attempt. It then occurred to me, that the malformation might be owing to an extension of the mucous membrane over the orifice, in which condition we sometimes see the urethra of a new-born male child. I determined upon giving her the chance, particularly as the means to be used would not certainly produce severe pain. Accordingly the sharp and triangular extremity of a silver probe was introduced, directed by the finger, and conducted to the part above described, and a perforation made by employing a rotatory motion; the instrument was then withdrawn, and the round point introduced, which readily passed up to the fundus of the uterus. For several days she complained of a good deal of burning pain, attended with a slight discharge of mucus, a little tinged here and there by bloody specks, and I did not think proper to interfere further, until the irritation had subsided. In about eight days I began the attempt to produce dilatation, which was persevered in daily, increasing the size of the instrument, and by the twelfth or thirteenth day I was able to introduce No. 6 male bougie (straightened) to the fundus of the uterus. On the following day there was the appearance of so much irritation, both local and constitutional, that I made no further attempt. In two days afterwards she menstruated, and has been regular ever since, and suffers neither pain nor inconvenience. Her health and strength soon recruited, and in a short time her appearance became quite feminine. She has called upon me several times since, at intervals of five or six months.

I have since dilated the *os uteri* in *six cases* of dysmenorrhœa, and I may mention generally, that the success of the practice has been most satisfactory; in all the cases the women had suffered for years, and they have all menstruated regularly, and without pain, for the last six months. The highest number I have introduced is No. 8, and I have insinuated the instrument to the very fundus. I feel a delicacy in giving the particulars of the cases, for obvious reasons. The profession may, however, rely upon my statement, that it is, at least, a safe expedient, and one not necessarily painful. The only bad consequence which I have seen, was in one lady, who, during the operation, had severe rigors, which lasted for two or three hours, and which were followed by fever, and terminated in copious perspiration; the instrument was not re-introduced for ten or twelve days, and no such effect afterwards followed. I do not mean to assert that all cases of dysmenorrhœa are owing to a small os uteri. I believe that it is occasionally produced by inflammation of the lining membrane of the uterus, and also by scirrhous affections of that organ.

In one of the six cases the *os uteri* was large enough, but there was a contraction in the *cervix*, which would not allow the introduction at first of any thing larger than a common probe. In my museum are two preparations which illustrate this subject; in the one the *os uteri* was completely closed up by disease, inflammatory action took place in the inner membrane, and above two ounces of pus were contained in the cavity of the uterus, dilating it to about the size which it acquires in the second month of pregnancy; in the other, the cavity in the body of the uterus is divided into two, the effect of previous inflammation, so that there was no communication between the upper compartment and the lower.

Since writing the above, a lady, the subject of a seventh case, has menstruated three times since the introduction of No. 6, steel bougie, without the slightest pain or uneasiness during the two first periods; but during the third, she experienced a slight uneasiness in the pelvic region, which, although trifling, deserves to be mentioned. She also complained of nausea and headach, which might have been produced by other causes. It ought also to be mentioned, that she previously suffered intense pain during every menstrual period for between six and seven years.

I have lately contrived a very simple instrument, which I think will enable me to complete the dilatation most effectually in less than half the number of operations, which, under such circumstances, is a matter of the very first importance. The result of the trials made with this instrument, shall be communicated to the profession at an early period, through the medium of your valuable and independent Journal.

CASE OF OBSTINATE COUGH, OCCASIONED BY ELONGATION OF THE UVULA, IN WHICH A PORTION OF THAT ORGAN WAS CUT OFF.

By Philip Syng Physick, M.D., *Professor of Anatomy in the University of Pennsylvania.*

In June last, a young lady afflicted with a very obstinate cough applied to Dr. Physick, and gave him the following history of her case, drawn up by her physician at New Orleans:

"The first circumstance which had any connexion with the singular affection of this young lady, was a complaint of constant headach, attended with a disposition to vomit without nausea occurring first, during convalescence from an attack of remitting fever, in the middle of May, 1826. The latter symptom soon became the most prominent, and increased to a constant effort to retch, in which nothing was thrown up from the stomach, and which was not relieved by free vomiting. At this time no complaint of pain was made any where but in the head.

"Considering the gastric irritation as sympathetic of an incipient cephalic affection, leeches were applied to the temples and behind the ears, and some doses of active cathartic medicines given. No advantage was derived. The retchings became nearly constant, and, from a noisy effort to vomit, it gradually changed to a convulsive cough, altogether involuntary and uncontrollable, and conveying an impression as if something obstructed and irritated the organs of respiration. This, as nearly as it can be described, has been the character of the cough ever since.

"The first paroxysm increased in violence for a number of days, and until the 8th of September, when, about mid-day, after vomiting, (which was, at this time, not unusual with her,) in which she threw off a quantity of white tough mucus, she fell into a state of extreme prostration. The cough ceased, and she appeared to be dying. From this she slowly revived through the evening, and on the next day there was a degree of re-action amounting to fever, which gradually subsided, and left her quite well.

"The mucous expectoration, likewise, though at the time regarded with some interest, has, in the latter attacks, been produced occasionally in vomiting, but never followed by the same alleviation. On the recovery from the first attack, she remained well for two weeks, when she was again seized with the same spasmodic cough, attended with pain in the breast, but not preceded, as before, with any irritation of the stomach. This, after continually increasing in violence for about eight days, again left her in nearly the same manner it had done in the first instance. After an interval of three weeks, she had another attack of the same duration, and of extreme severity. Since this there have been two more, but at longer intervals, and not altogether of the same severity.

"The dates of the different paroxysms are the early part of September, of October, of November, of January, and of May. During the long interval between January and May, a slight cough of the same peculiar character has seized her every morning on awaking, after which she remains entirely exempt for the remaining twenty-four hours. At first it lasted for a few seconds only, but its duration gradually increased to thirty or forty minutes. Since the last violent attack, it has been reduced to only a few moments' continuance."

After many remedies had been used in the above case, without affording any permanent benefit, the patient was sent to Philadelphia, and Dr. Physick consulted. The circumstances appeared to him to point out an elongation of the uvula as the cause of the disease. On examining the throat, he found such an elongation actually existed. This was explained to the patient and to her friends, and the excision of a part of the uvula was performed; immediately after which all the symptoms ceased entirely, and have not since returned in the slightest degree.*

HYDROPHOBIA.

To the Editor of The Lancet.

Sir,—In the Number 250 of your excellent publication, The Lancet, there is detailed, by Mr. Henry Prout, of Galding, the history of a case of hydrophobia, with its melancholy termination.

---

* American Journal of the Medical Sciences.

In this case, Mr. Prout, very much to his credit, gave up all idea of treating the case by his own remedies, seeing that the patient's family had placed every reliance on the efficacy of the Birling mixture, a medicine which, from popular report, was supposed to be a complete specific in preventing, as well as curing, this dreadful malady; and to do Mr. Prout justice, as well as those in consultation and assistance with him, every attention was paid to the correct exhibition of this medicine, but, like all other medicines, without any effect whatever, as the patient died in the usual course.

Mr. Prout, in addition to the Birling mixture, tells us, his mode of treatment was that of cupping him on each side the spine, and blistering the same, under the fair supposition, that the brain and medulla spinalis were the seats of disease; in addition to this, he gave him a few grains of extract of henbane every three hours.

When Mr. Prout was first called to this case, he tells us, it was within two hours after the boy was wounded, and that the wound was much lacerated, and that it was impossible to excise it; that he merely sponged the wound and applied two sutures, and dressed it in the usual way, with adhesive plasters, *feeling confident, at the time,* that if the dog was rabid no hopes could be entertained; and thus this case was left to chance and the Birling mixture.

Surely, if Mr. Prout had read a very judicious and excellent little book on the prevention of hydrophobia, from the scientific pen of Dr. Sully, he would hardly have contented himself with merely sponging the wound and sewing it together. Dr. Sully, of Wiveliscombe, Somersetshire ,has published a most useful work, entitled, "Observations on, and plain Directions for, all classes of people to prevent the fatal effects of the Bites of Animals labouring under Hydrophobia," which does equal credit to his professional skill, and to that which should consistently ever attach itself to the other, his humanity. This little work, offering as it does the most simple remedies for a disease than which nothing to the contemplation can be more horrid or appalling, *should be in the hands of every one,* whether medical or non-medical. It is perfectly free from technicalities, which frequently render the best works useless in the hands of the multitude, and yet, at the same time, is amply communicative for the benevolent purpose with which it was designed. One of the chief attractions of this publication is to be found in the following extract from the preface :—

"Although the practice has been long known, the author is persuaded that he shall do much public good by calling more particular attention to it, and especially by an enumeration of a number of cases, all falling under his own experience, all treated precisely in the same manner, and all having the same beneficial result. The length of time which has elapsed since these cases came under his care, without any subsequent appearance of any symptom of disease, is the strongest corroboration of the utility of the practice; its simplicity is of the highest importance, since the danger of this fearful disease is frequently incurred where no professional aid is within reach; and on the promptness of precautionary measures the salvation of the patient depends."

With these assurances, and I have every reason to believe them worthy of credit, in the preface, the body of the work, we should think, could not fail of inducing the most earnest attention. After giving a detailed account of the disease, and of the remedies, both ancient and modern, which have, with various success, been adopted on hydrophobic patients, Dr. Sully, under the head—"Treatment of Persons bitten by Rabid Animals," thus introduces a valuable portion of his "Observations."

"In whatever part the wound is made, its danger is in proportion to the nakedness of the part bitten, for it is reasonable to suppose, that the teeth of a dog, in penetrating through thick woollen or leather clothing, will be wiped clean in proportion to the degree of resistance made by such materials, and thus lessen the danger; but, although the danger be lessened, it is not removed, for where the skin is abraded in ever so slight a degree, the saliva and virus may be carried thither on the tooth, and the smallest imaginary particle is equally to be dreaded, and perhaps more so by the practitioner, than a larger wound, because he finds a greater difficulty in persuading his patient that such an insignificant scratch requires as much attention as a wound of large dimensions, and perhaps more, on account of its not bleeding.

"The instant a person is so unfortunate as to have been bitten by a real, or suspected, rabid animal, he should, without the loss of one moment, resort to the nearest pump, stream, or pool of water, and there continue to wash, wipe, and sponge the part, so as to remove all saliva from the wound, as well as from the surrounding parts. In the mean time, let a teakettle of hot water be made ready, and, from a considerable height, continue to pour the hot water until the nearest practitioner arrives to take the responsibility of management into his own hands. I should recommend him to persevere for several hours in the ablution and percussion with warm water, which I prefer on account of its encouraging a flow of blood; but if the patient be so situated as not to be able immediately to procure warm water, he should use cold until he can obtain warm, in preference to allowing a single moment's suspension of ablution and percussion.

"Syringing with warm water those parts where it would be difficult effectually to employ ablution, answers a good purpose, and I should choose the stomach syringe invented by Reid, which is now in the possession of almost every practitioner, by which a considerable degree of percussive force would be made use of, and the saliva driven out from the wounds with great ease. Lastly, I should syringe the wounds with a caustic wash, composed of about twelve ounces of water with the addition of two ounces of the liquor of pure ammonia.—Having continued this plan for at least three or four hours, the next business the surgeon has to perform is, to cut away all ragged and uneven parts of the wound, and to dissect away the bottom and sides, so as to reduce the laceration to the state of a simple incision; after which, he will still pour more warm water from a height, and thus encourage the bleeding which his incisions have caused. The water having now more freedom of entering and carrying out all lodgment from the sinuosities and excavations of the wounds, the patient becomes still more secure.

"It has been suggested, that excision should be employed as soon as the surgeon arrives, but I object to any incisions being made in the lacerated or wounded parts at this time, lest the scalpel might perchance take up any portion of virus, and carry it further on with its edge, thus inoculating more remote parts with which it comes in contact. The previous ablution renders this accident less likely to occur, and the bleeding will also tend to clear away any impregnated saliva which might, by chance, have been driven further into the muscular fibres and cellular membrane than the syringing had reached. When both patient and practitioner are exhausted by this prompt, energetic, and continued ablution and percussion, the wound, instead of being attempted to be healed by the first intention, should be dressed with a cataplasm of bread and water, upon the surface of which an ounce of strong mercurial ointment should be spread. Instead of mercurial cataplasm, a suppurative ointment may, in some cases, be applied, composed of about one ounce of cerate of black pitch, two drachms of balsam copaiba, and one drachm of the red precipitate of mercury.

"A proper state of digestion in the wounds cannot be too speedily excited, as it is a well-known fact, that laudable pus is a powerful corrector of animal poisons. Whichever of the before-mentioned suppuratives is resorted to, about two drachms of mercurial ointment, rubbed gently into the parts surrounding the wound, and every endeavour to excite ptyalism by frequent mercurial frictions near the wounds, should be resorted to. The cataplasm should be renewed with half an ounce of mercurial ointment every eight hours, rubbing in a little more ointment each time to bring about ptyalism as speedily as possible.

"In some of our cases, after ablution had been fully used, we applied the muriate of antimony, particularly where the knife could not be so adroitly used as to prevent deformity. After this, the same cataplasms as are mentioned above, as also salivation, should immediately follow; but I believe the liquor of pure ammonia, diluted as above, is the best application, on account of its solvent property, and should be used with a forcible syringe. As a further security in the local treatment, there can be no objection to a trial of the oxymuriatic acid to the wounds, as we are told that a person allowed himself to be bitten several times by mad dogs, and prevented the disease by washing the wounds with this acid, which succeeded even without excision.

"I do not approve of the application of cupping glasses, for if it be necessary, in order to encourage bleeding, to scarify the wounds, it may so happen, that the virus may be carried, by the lancet, deeper into the muscular substance, and absorption is more likely to occur; but by ablution, you dilute the poison, which, with the saliva, is soluble in water, and capable of being driven out of the wounds by the force employed. Not one instant should be lost; all should be decision, promptitude, and alacrity, and the motto of the Royal Humane Society was never more applicable than on the present occasion—

"What thou doest, do quickly."

In conclusion, Dr. Sully says, "So confident am I of the plan here recommended, that I send forth this little book with the heartfelt satisfaction, that its perusal will save many a victim from the grasp of this fearful disease, and many a bosom from anticipations, almost as dreadful as the disease itself." Dr. Sully, that he might omit nothing which could in any way interfere with carrying his prescribed remedies to the most successful termination, not only humanely describes the best hydrophobic syringe, but also attaches to his treatise a plate of the instrument.

I am informed, that his present Majesty has read this little book, and has expressed his approbation of it, being convinced that it ought to be in the hands of all classes of society.

It may be truly said of Dr. Sully's publication, that it contains no vague theories, but it abounds in valuable practice and precept; and since so many melancholy instances of hydrophobia are continually occurring, no one can do a wiser or more benevolent thing than recommend its general perusal.

I am, Sir, your obedient servant,
A PRACTITIONER OF BRISTOL.

Bristol, June 21, 1828.

QUACKS—INEFFICIENCY OF THE APOTHECARIES' ACT.

To the Editor of THE LANCET.

SIR,—It is a serious evil, that whilst a medical education is attended with such expense as to render it difficult of attainment, even amongst those whose means are of no circumscribed character, and whilst parliamentary protection is open to the licensed apothecary against the unauthorised empiric, a class of pretenders has risen up and continues to increase, whose members practise upon the health and lives of the people, unchecked by the Company of Apothecaries, whose care it ought to be to enforce the provisions which the wisdom of legislature has enacted for their and their fellows' protection. It is a well-authenticated fact, that whilst in towns of larger population these fungi of society do not, because they dare not, exist, or at all events to any extent, in the more remote and less populous districts; they spread their noxious influence around, to the injury, not merely of the unfortunate being who may be the victim of their unscientific experiments, but of the real practitioner who has earned his qualifications by years of toilsome study and expense, and who, moreover, has the sanction of approved medical men of the age for his competence and respectability. It may be said, that these quack venders of medicine can trench but little upon the emoluments of the duly-educated surgeon, because they can never acquire the confidence of the people. But, Sir, the very reverse of this is the fact; for as the poorer people do not, at any time, strictly scrutinise the competence of a supposed apothecary, or stay to inquire whether he has duly passed the necessary ordeal, it is sufficient that a man dub himself surgeon to obtain the support of that class. An injury then is wrought to the real surgeon, and though it may not extend itself further than to the poor, it is *enough* an evil that it should go thus far; and *enough* a disgrace that those whose business it is to check the ill are either too idle, or too indifferent, to attempt it. The legislature has already done enough to protect the medical profession against intruders; the medical profession must now protect itself; the means are within their reach. If they avail themselves not of them, the sin and consequence are their own. Toleration increases the mischief, and as years roll on, and empiricism increases, the surgeon may at length look well to himself that he be not stripped entirely of the privileges he possesses. It is sufficient to instance the North Riding of Yorkshire, in token of the growing extent of the evil, in which district almost every town and village, and hamlet, has its impudent and uneducated charlatan, who will boldly beard the regular surgeon, and interfere with him at every turn. And, added to the injury that is thus done to his emoluments, let it be for a moment considered how serious a mischief is extended to the victims of their quackery; how the personal safety, the health, and the lives of the people are tampered with. The melancholy results of all this manifest themselves daily, and surely ought to form a ground, independently of all others, for an immediate, interference. The energies of the spirited members of the profession, and above all in that particular district, ought to be roused; and they ought at once and boldly to oppose themselves at whatever temporary inconvenience, and may be (for we know not how far the false liberality of the age may extend) obloquy, to assert their rights, to crush quackery in its shell; and by so doing enhance their own respectability, and give an enlarged portion of safety to the community at large.

I am, Sir,
Your very respectful servant,
A REGULAR SURGEON.

North Riding of Yorkshire.

CURE OF RANULA BY EXCISION.

To the Editor of THE LANCET.

SIR,—In No. 220, vol. xiii. page 277, of THE LANCET, I observe some remarks by Mr. Lloyd, on the cure of *ranula*; and, in No. 245. page 173 of the same publication, a complicated process is recommended by M. Dupuytren, surgeon to the Hotel Dieu, at Paris, for the cure of the same complaint. The former plan consists of the introduction of a seton, and the latter, of a hollow cylinder, of silver or platina, into the cyst.

Having succeeded in the cure of this disease, by adopting a much more simple process than either of the above, I beg to present you with a detail of the two cases, which you are at liberty to publish through the medium of your excellent Journal.

In the early part of my practice, I was

in the habit of puncturing and injecting the cyst, and although I have frequently employed powerful stimuli, as ol. terebinth, &c., I have never succeeded in effecting a radical cure, until I had adopted the plan of treatment which is described in the following cases. The obliteration of the morbid secretion, by this mode of treatment, is effected by the excision of a part of the cyst, and the introduction of a little lint, by which means suppurative inflammation is induced, and the cyst is converted into a simple, granulating surface.

Case 1.—March 11, 1823. J. C.'s wife had an encysted tumour (a ranula), the size of a filbert, on the left side of the frænum, under the tongue, during three or four months. The cyst had been punctured by an apothecary in this town, several times, without any benefit, and it had been injected, first with port wine, and afterwards with oil of turpentine, by the direction of Mr. Cothar, surgeon to the Gloucester Infirmary, with the same result. On this day (March 11) I punctured the ranula with a lancet, and, having evacuated its contents, I cut away a large portion of the anterior part of the cyst, together with its superincumbent integuments, and filled up the cavity with lint. No other attention was required, and in less than a week the cavity was entirely filled up with granulations, and cicatrised.

Case 2.—Mr. B. had a ranula, which had existed about three weeks. I punctured and filled the cyst with port wine, as for the cure of hydrocele. The wine was retained five minutes, during which time much pain was experienced. The tumour soon returned, and on March 6th, 1823, I punctured it with a lancet, and, having excised a portion of the anterior part of the cyst, I filled the remaining cavity with lint. The surface granulated, and was quite healed in ten days; the sac gradually contracting during the cure.

I am, Sir, yours respectfully,
J. M. Coley.
Bridgnorth, July 4, 1828.

GLASGOW ROYAL INFIRMARY.

(*Extract from a Letter to the Editor.*)

On entering the Infirmary this forenoon, I observed an unusual bustle among the pupils. The various groups which were scattered here and there over the lobby, appeared animated with discussion, instead of the dull and listless appearance they in general present, while waiting the arrival of the respective gentlemen whom they attend. Of course I concluded there was something wonderful on the tapis, and that an operation at least was contemplated. Accordingly, before asking any one, I bent my steps towards the door, on which such things are usually intimated; but there was no intimation. On inquiring what was a-doing, "Strangulated Hernia," was uttered by half a dozen tongues at the same moment.

It appeared, that the previous evening, a fine boy, apparently about two years of age, who had been admitted with *Hernia* at the visit on Tuesday, and who, at that time, certainly laboured under no symptoms requiring the operation, had been operated upon, without any regular attempt at the taxis, and its adjuvants, bleeding, &c. and that the *irreducible hernia* had turned out nothing else than a collection of water in the spermatic chord! On what ground this remarkable operation can be defended, I am utterly at a loss to imagine. There was neither fever, hiccup, vomiting of fœtid matter, want of stools, tenderness over the abdomen, or in the parts; in short, not one symptom, calling for an operation, was present even allowing that hydrocele and hernia are so alike as to render distinction impossible. It is altogether unjustifiable, contrary to every rule laid down by the best writers on surgery, and a disgrace to our science and the hospital in which it took place. I understand, from one of the gentlemen who was present, that the operation itself was accurately and cautiously performed; but I decline mentioning the name of the operator, as I consider the other surgeons of the Hospital, who were at the consultation, equally blameable by sanctioning such a proceeding. Dr. Anderson and Dr. John Cowper are the senior, and Dr. Maclachlan and Mr. Auchincloss the junior, surgeons. Such are the miseries arising from the present corrupt, infamous system; I should rather say, of making surgeons for our public charities, where borough influence, not merit, is the sole, but alas, the indispensable, requisite for such an appointment.

SNAKE-CATCHERS.

The secret of rendering docile, and handling with impunity the most venomous serpents, which has so long been in the possession of the inhabitants of Western India, is not unknown in China. It is observed that snake-catchers here rub their hands, previously to taking hold of the snake, with an antidote composed of pounded herbs. The virtue of the preparation is such that they hold with the naked hand and provoke, fearless, the deadly cobra-di-capello, or spectacle viper, which, next to the rattle-snake of America, is one of the most dangerous reptiles in existence.—*Canton Register.*

THE LANCET.

London, Saturday, July 19, 1828.

Whatever difference of opinion may exist as to the present state of the medical profession, there is one sentiment, we believe, in which nearly all classes of that profession must cordially agree—and that is, a feeling of the most entire contempt for the observations and suggestions which have recently been put forth on this subject, by that exceedingly vain, narrow-minded, and twaddling orator upon oysters, and perpetrator of drivelling epistles, Sir Anthony Carlisle. The channel through which he has inflicted these observations and suggestions on the public, has given to them a notoriety, which they could scarcely have obtained by any other means; but it is a notoriety which can have no other effect, except that of diffusing over a wider surface the species of fame which the author acquired in the theatre of the College of Surgeons, by his celebrated Oysterian Oration. That oration can never be obliterated from the minds of the assembled members of the College, who heard it. It is a monument of the Knight's intellectual prowess, more perennial than the brass which enabled him to insult his professional brethren by the display of it. It was, in its way, a "psychological curiosity." It demonstrated the *minimum* of intellect, with which it was possible to treat a subject of sufficient interest to excite the meanest understanding, and to elicit some sparks of intelligence from the dullest apprehension. Locke has, somewhere in his Essay, drawn a parallel between the lowest degree of intelligence to which the human mind may be reduced, and the faculties which may be presumed to reside in the oyster. It was reserved for the members of the College of Surgeons to witness the phenomena, on which the philosopher merely speculated, in actual juxtaposition. Ninnyhammer and fish were both before them; and it would have been impossible to determine, whether there were more intelligence in the Orator who addressed them, or in the Oyster which formed the subject of his most impertinent and imbecile oration.

We published last week the letter, addressed to the Editor of *The Times*, in which this feeble person has done more for himself towards confirming the impressions which his Oysterian Oration had left on the minds of the profession, than any observations which we shall deem it worth while to make on that effusion, are likely to accomplish for him. Indeed, there is only one point of view in which we consider the suggestions of Sir Anthony Carlisle worthy even of the passing notice which we shall bestow upon them. These suggestions, however insulting to the profession, we should have left to the derision and oblivion which awaited them, had not the individual who made them been recently elected president of the oligarchy, to whose control the great body of English surgeons is still subjected. By that election, a sort of official sanction is given to the indignity publicly offered to the members of our profession, and surgeons may judge of the degree of protection which their interests are likely to receive, from a body of which Sir Anthony Carlisle is the head.

In considering the best means of effecting a reform in the state of the medical profession, there is one principle with respect to which all men, capable of reflecting on the subject, are agreed; and that is, the necessity of equalising, as far as may be, the attainments of medical practitioners. The mere designation of practitioners is a matter of no consequence; but it is of the utmost importance to the interests of the community, that all men, who undertake the care of the health and lives of the public, should be equally well qualified to discharge the trust confided to them. It must, of course, happen in the medical, as in other professions, that there will, in general, be some few individuals surpassing, and others falling short, of the average ability of their contemporaries; but if a similar test of competency be established, as it ought undoubtedly to be, for all classes of practitioners, the attainments of all classes would, with these exceptions, be substantially equal. The separation of the medical profession into classes is a mere matter of form and convenience, and is only deserving of legislative regulation, in so far as it affects, at present, the civil rights of particular practitioners. But equality of attainments in all classes, to be ascertained by adequate tests of competency, is of the very essence and substance of the argument in favour of medical reform. It is not pretended that there is any *essential* difference in the diseases which affect the different classes of the community, nor will it be argued, we presume, that the legislature should sanction the existence of a comparatively ignorant class of practitioners, who may tamper with the health and lives of the middle and lower classes. The principle of recognising gradations in medical skill, is shocking to humanity, and unknown, we believe, even to the extent in which it may be said to exist here, in any other civilised country of Europe. We speak merely of the *principle*, as existing in this country, for its mischievous operation is, in a great degree, counteracted, because the class, stigmatised as a subordinate class of the profession, comprehends, in reality, the most efcient practitioners in England. But this is the principle on which the sapient president of the Royal College of Surgeons founds his scheme for regulating the fees of the different classes of medical practitioners. Let the SURGEONS of England read, mark, and, if they can, digest the following impudent, and most insulting, proposition:—

"The legal establishment of an equitable scale of fees for physicians, surgeons, and apothecaries, may be esteemed an important part of medical ethics, and I therefore propose that physicians' fees should be as follows, viz.:—

For every occasion of giving advice, or for visiting attendances, during the first five years of practice—fee, half a sovereign.

For each of the same occasions after the first five years of practice, and until the end of twenty years from its commencement—one sovereign.

After the experience of twenty years in continued practice, every physician is to be regarded as a referee, and when so employed in consultations, his fee to be two sovereigns, provided he does not assume the daily charge of the patient.

Payments for journeys to remain as they now stand.

Surgeons' Fees.

For each time of advice, attendance, or ministration, during the first five years—five shillings.

After ten years of continued experience—half a sovereign.

From the end of ten years—one sovereign.

For operations dangerous to life, a scale should be fixed, tending to repress unjustifiable enterprises. I think the plan of daily fees would prove the best security.

Payments for journeys to remain as they now stand.

Apothecaries' Fees.

All apothecaries who practise as subphysicians, and hold the entire responsibility of treating patients, to be paid by fees, and the frequency of their visits to be at the discretion of their patients. It should be understood that those fees supersede charges for medicines.

For each time of giving advice or attendance during the first five years of practice—half a crown.

After five years and onward to ten years—fee five shillings.

For ten years and onward—ten shillings."

Here we have not only a distinct recognition of the several classes of physicians, surgeons, and apothecaries, but a scale of fees minutely graduated according to the *age!* (mark that) of the different practitioners. Health is here meted out at all prices, from a fee wherewith Sir ANTHONY might provide himself with a new pair of galligaskins, down to the sum with which we reward the services of a waiter or a ticket-porter. By means of this scale, the preservation or destruction of a patient might, in time, become matter of as exact calculation, as a question of simple or inverse proportion. Thus, if ten fees, of a sovereign each, would save a patient, it might be easily ascertained how many half-crown fees it would take to destroy him. For unless the smaller fee be a remuneration for inferior skill, the scheme would be almost too monstrous to be entertained even by a person capable of delivering the Oysterian Oration. Sir ANTHONY is in this dilemma: either his smaller fees are rewards for equal, or for inferior skill, to that of the practitioners to whom he would award the larger ones. If they be rewards for equal skill, where is the justice of such a proposition? If for inferior, where is its humanity? But let us look at the rate at which he estimates the comparative value of the services of physicians and surgeons; and we beg the great body of English surgeons to bear in mind, that this Sir ANTHONY CARLISLE is a person who has taken an oath to protect their interests, and to do no act which may be directly or indirectly prejudicial to those interests. Acting, then, in the spirit, and up to the letter of this oath, Sir ANTHONY CARLISLE recommends that the individuals of that body, of which he is, *quoad hoc*, a most unworthy member, should be paid at ONE HALF the rate of remuneration which he is desirous of extending to physicians. Now what, we should be glad to know, is the conceivable ground on which Sir ANTHONY makes this distinction in the value of the services of those practitioners who are, by usage, or for the sake of convenience, nominally distinguished as physicians and surgeons? Is it pretended, even by physicians themselves, who know anything of their profession, that the cases called medical, demand a greater degree of skill than those in the treatment of which manual operations may be necessary, as well as a thorough knowledge of anatomy and pathology, which is essential to the treatment of both classes of cases? And if this be not pretended by physicians, upon what ground, or with what motive, we ask, does the President of the College of SURGEONS seek to insult and degrade that department of the profession, whose interests, though he has sworn to protect them, he has meanly deserted and betrayed? It is an ill bird, saith the proverb, that pollutes its own nest, and neither men nor oysters can be presumed to act without a motive. We will not impute motives, but we may conjecture them, and our conjecture is, that as the fame of Sir ANTHONY's eloquence may have had some influence on his practice, he would willingly propitiate one class of practitioners at the expense of the honour and respectability of another. There is the stronger reason for suspecting that the Orator has an eye to his own interest in proposing this scheme, since he lays so much stress on the superior claims and merits of senility. "Ever while you live," says the Orator, "let age be your test of medical ability, and let the amount of fees be proportioned to the years of the practitioner." The lion in the fable found a pretext for appropriating every share of the spoil to himself; but CARLISLE is no lion. He is content with the ass's share, and rests his claim even to that on the length of his ears.* Now, though it is obvious that a certain degree of experience is necessary to enable a practitioner to act with decision, and just confidence in his own skill, yet it is by no means true, that the number of years during which a physician or surgeon has practised, or endeavoured to practise his profession, affords a certain measure of his professional ability. If he has failed in obtaining practice, we would put it to Sir ANTHONY, whether it affords any measure at all; and if he has not failed in obtaining practice, it will depend upon his individual powers of observation, and upon his aptitude in drawing correct inferences from the facts he has observed, whether the time he has been occupied in his profession will afford any thing like a just test of his professional ability. As to the remuneration which practitioners receive, when they first embark in their profession, it is well known that this is, in point of fact, much less than that obtained at a more advanced period of their career. They have necessarily fewer cases, and they may be content, under particular circumstances, to receive a less amount of remuneration than more experienced practitioners. But this is a matter which must be left to adjust itself; besides, in medicine, as in other professions, superior talent develops itself for the most part in the vigour, and not in the decline of life. The date of a practitioner's diploma, therefore, would not only be a doubtful, but, in a majority of cases, an erroneous test of claims to superior remuneration.

---

* Query, *years?* saith the printer's devil. But the devil has made the *ears* for Sir Anthony, and, besides, the ears of an ass grow with his growth; therefore let them stand.

As to the scale which Sir Anthony proposes to fix for operations dangerous to life, tending to repress unjustifiable enterprises, this seems to be a gratuitous insult offered to the great body of English surgeons. He sets out with declaring, that "he has endeavoured to support the censures of *The Times* on the occasional rapacity of unworthy medical practitioners;" and he here insinuates that surgeons are in the habit of sacrificing the lives of their patients, by undertaking operations dangerous to human life, from a base desire of obtaining the fees which are usually given in such cases. What, we should be glad to know distinctly, does the Oysterian Orator mean? Does he mean to suggest that surgeons ought to be remunerated in the *inverse* ratio of the danger or difficulty of the operation? or if there were to be no extraordinary remuneration for such operations, how is "the plan of daily fees to afford the best security" against surgeons whom he supposes to be base enough to undertake unjustifiable operations from a "prurient greediness of money?" If a surgeon were dishonest and wicked enough to operate in the one case, would he not also be dishonest and wicked enough to delay a necessary operation in the other?

But we have already extended our observations to a length which the character of Sir Anthony Carlisle's production can scarcely justify; and we now consign that production to the contempt and derision which it will assuredly receive from all classes of the profession. We say all classes, for we believe that it will be received with scorn, even by that department of the profession which it was meanly intended to propitiate.

BROOKESIAN MUSEUM.

The sale of this valuable collection commenced on Monday last, and has continued daily throughout the week. The sale-room has been most numerously and respectably attended, and many of the preparations reached very high prices. Should anything occur, in the progress of the sale, worthy of particular notice, we shall not fail to present an account of it to our readers.

DR. DUNCAN, SENIOR.

This veteran physician and lecturer expired on the morning of the 8th inst., at the advanced age of 83. To the period of his death, he was Professor of the Theory of Medicine in the University of Edinburgh.

THE VETERINARY SOCIETY.

The Meetings of this Society were resumed on Tuesday the 8th instant, at Mr. Dermott's Theatre, when there was a respectable attendance of members and visitors. We will publish an account of the discussion next week.

A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura; illustrating their Pathology, and facilitating their Diagnosis. By Charles J. B. Williams, M.D. London. Thomas and George Underwood. 1828.

The question of the utility of auscultation and percussion, as auxiliary means of diagnosis, we look upon as definitely settled. Considered as a matter of reasoning alone, there was nothing, *a priori*, in the proposition of ascertaining diseases of the respiratory organs by the peculiar sounds emitted, to which a valid objection could be raised; whilst now, for matters of fact, we may refer to the ample experience of the last eleven or twelve years. It is true, that a few *elderly* gentlemen are still opposed to the practice of mediate auscultation; for, in medicine, as in church and state, there are bigots, plentiful enough, God knows, even though the "schoolmaster is abroad." With politicians, the senseless yell of "Church and King" is raised; with Doctors, the clamour of "dangerous innovation" is set up—"whatever is, is right," is their motto, and *they* are the standard of excellence, the *ne plus ultra* of medical knowledge. With such men, argument, or even direct proof, is unavailing; they are borne down by the swelling mass of knowledge—they are swept away by the tide of intelligence, which is for ever flowing.

The "Traité de l'Auscultation Mediate," of the immortal Laennec, and the excellent translation of Dr. Forbes, now in the hands of every intelligent professional man, may truly be said to contain all the requisite information; consequently, we were not prepared to meet with a new treatise on the same subject. However, the author of the work before us, Dr. Williams, claims no small share of attention from us, by stating, in the preface, that his opinions, as well as his acquaintance with the physical signs, "are the result of some extent of study and observation, prosecuted chiefly in the wards of La Charité, where Laennec taught, and Andral prosecuted his labours." The book is divided into two parts; the first contains an exposition of the general physical signs of the healthy and diseased state and actions of the thoracic viscera, to which is prefixed a chapter on the properties of sound; the second part comprehends the pathological history, and physical signs, of the principal diseases of the lungs and pleura.

In describing the sounds of respiration, Dr. Williams employs the Latin term rhonchus, in preference to the French *râle*, and the English, *rattle*; and he thinks that, if necessary to use an English word, the term *wheeze* is the least exceptionable. Speaking of the voice as a source by which the auscultator may judge of the state of the lungs, the author observes that he does not concur in the opinion of Laennec, that the bronchial tree "is a part of the instrument that originates the sound of the voice;" and he argues thus:—

> "The hepatization of a lung, or its compression by a pleuritic effusion, should, in that case, raise its tone to a treble. I have often known them to exist, without changing it at all. It is true that large ulcerous excavations do sometimes render the voice deep and hollow; but this is because the want of breath prevents the patient from contracting the glottis, sufficiently to produce more acute tones. To receive as much air as possible, to fill the healthy cells as well as the vast excavations in which it is wasted, the glottis only contracts enough to produce a low bass note, or does not contract at all, and the patient then speaks in a whisper. I conceive that the trachea and bronchi, besides supplying the air for the production of voice in the larynx, act something after the manner of a sounding board in musical instruments, reverberating and giving fulness to the voice, but not essentially producing or changing its diapason."

In the chapter on the Auscultation of the Heart, it is candidly remarked by Dr. Williams, that he has not found the signs, produced by the action of the heart, "either so certain in their indications, or so intelligible in their causes," as auscultation of the lungs and connected parts. We forbear to quote further from Dr. Williams' book; because, in truth, much of what he says has been said before, but we will do him the justice to say, that he has set forth the subject in a clear and explicit manner. The work is evidently written by a man thoroughly acquainted with his subject, and we can recommend it to the perusal of our readers, as presenting, in a condensed form, "A Rational Exposition of the *Physical* Signs of the Diseases of the Lungs and Pleura." At the end of the volume there are some descriptive tables of the physical signs, &c., illustrated by a plate, showing the situation of the regions of the chest. There is also a diagram of the stethoscope, with an explanation of the principles of its construction.

ON THE CIRCULATION OF THE BLOOD, AND THE CAUSES OF ABSORPTION.

By FERD. LAU, *London*.

THERE is no object in physiology that deserves more attention than the phenomenon of the motion of the blood in the animal machine. Physiologists have made the most zealous inquiries on this important subject, and many useful results have been obtained. But it must be confessed, that we do not yet possess a satisfactory explanation, as to all the powers that make the blood circulate. We know that the left ventricle of the heart pushes the blood through the arterial and capillary system; but we cannot conceive, that the same power is alone sufficient to propel it up again to the right side of the heart; still less do we understand how the blood of the vena portæ is a second time brought into a capillary system. Our researches must, therefore, be directed to detect some other additional power, besides that of the heart. One of the most important discoveries which has been made, relative to the circulation of the blood, is that of absorption by the veins, which is now established beyond all doubt. It is a general opinion that this absorption is effected by the diastole of the right heart; but this is contradictory to the laws of muscular action, which we only know to be contractive. But there is another process going on, which, in my opinion, must have an influence on the absorption of the blood in the veins, and which, as far as I know, has hitherto altogether escaped the notice of physiologists. Le Gallois, Rudolphi, and others, have observed, both in man and animals, that the glottis alternately shuts and opens; but Professor Mende, of Göttingen, had a favourable opportunity of accurately observing this action. He was called to the assistance of a man who, with the intention of suicide, had divided the larynx in such a manner that the glottis lay quite bare to view. He was so struck with the motion he observed, that he showed the curious fact to one of his colleagues, who was equally surprised to see what he never could have expected from the appearance of the parts in a dead body.

Professor Mende published a little treatise* on this subject, in which he says that the glottis is closed, and opened, alternately, by two bodies resembling the lips, in the act of shutting of which there seems to be some degree of power; and to make the closure still more complete, the epiglottis lays down on the glottis; likewise, as if by some muscular action, the closure takes place between each inspiration, and expiration, and lasts longest after the expiration.

It appears, then, that during the closure of the glottis, the communication between the air-canals of the lungs, and the external atmosphere, is entirely suspended; or that the closure is air-tight, which is also particularly favoured by the labial structure of the parts. Now it is my object to show, what the effect of this closure of the glottis must be on the circulation of the blood. We know that a part of the air is absorbed by the blood in the lungs; and are we, therefore, not entitled to conclude, that a vacuum is formed in the bronchi during the closure, and must not such a vacuum evidently have a powerful effect on the fluid blood, which thus, by atmospheric pressure, is compelled towards the vacuum? The pressure of the atmosphere chiefly acts upon the abdomen; the moveable contents of which, and the blood of the large veins, are pressed into the pectoral cavity, until the glottis is opened again, when the equilibrium is restored. This reasoning, I think, is founded on such indisputable principles, that there will be no difficulty in conceiving it. However, I consider the subject of such importance, that I strongly recommend it to the investigation of able men. It is now more than two years since I took this view of the circulation of the blood; and it appears to me, that it throws a light on many obscure points in physiology, pathology, and the action of medicines.

---

* Mende, von der Bewegung der Stimmritze.

ABUSES IN ST. BARTHOLOMEW'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—I do not know whether you will permit me, through the medium of your columns, to reply to an absurd letter which appeared in a publication of last week, headed, "False Charges against Messrs. Vincent and Earle," and which alludes to a letter that was published in THE LANCET, a week or two ago, of which I am the author; but, if you can condescend to notice anything that appears in the said publication, I beg you will insert the following remarks, in refutation of that letter.

The author of the above-mentioned letter begins with stating, that my accusation resolves itself into two parts (a circumstance which I was not aware of before); the first of which is, "that Messrs. Vincent and Earle neither describe the diseases of their patients, and cause such descriptions to be written down; nor do they direct the treatment, employed to relieve or remove such diseases, to be recorded for the information of the pupils." As to the first part of this charge, the author says, "that after reading it he took a walk through the hospital, and found it to be false." Now, respecting the assertion of there being many of Messrs. Vincent and Earle's wards without any disease at all named in them, the fact is so evident, that I shall not dwell upon it longer than while stating, that there are not only many of their boards without the names at all, but that there are many with names far foreign to the disease, and this I believe to be owing to their not following the practice of Mr. Lawrence, namely, that of constantly naming the disease himself, instead of leaving the dresser to do so. I moreover stoutly affirm, (for I have dressed with Mr. Vincent,) that, in the whole course of my dressership, he never once named a disease, and desired me to write that name upon the board!

With respect to the treatment not being recorded, the author of the letter seems to get over that very easily, by affirming "that the mode of treatment, whatever it may be, must be accurately described, otherwise it cannot be adopted; that the prescriptions of the surgeon must be written out on pieces of paper attached to the boards suspended by the patient's bed side, otherwise the patients cannot obtain the medicines, as the apothecary has no other directory to guide him, in making them up. It is therefore impossible for *any part of the treatment* to be omitted, as the circumstance of its being ordered is necessarily anterior to its being obtained and applied." To its being obtained! To what being obtained? the treatment? is the treatment, then, obtained from the apothecary's shop? if so, I marvel much that there are surgeons at Bartholomew's, the apothecary's shop being so handy for the dispensation of treatment. But I shall, at once, point out the weakness of my opponent's argument, by inquiring what the apothecary has to do with that part of the treatment which consists of poultices and fomentations, of bleeding, of cupping, of issues, of glysters, (with that glyster, for instance, which killed the boy, in the case reported in your Number of last week; will the apothecary say that he had anything to do with that?) of dressings, &c. These are the things which the treatment of surgical cases principally consist of, but are these things got from the apothecary's shop? Ridiculous!

The second part of the accusation, which the author of the letter affirms to be groundless, is, "that Messrs. Vincent and Earle refuse to give clinical instruction to those pupils who accompany them through the wards:" this, he says, "is evidently implied in that part of the letter where the writer points out Mr. Lawrence as an example for the other surgeons;" but I, the author of that letter, maintain that no such sense as that of Messrs. Vincent and Earle refusing to give clinical instruction, is implied; for when it is said that people refuse to give a thing, it is generally understood that they have that thing to give, and therefore I forbore to use the term refuse. All that is implied is, that they do not do it; and, for the truth of this, I need appeal to nothing more than the number of students that always go round with Mr. Lawrence, compared to the number which go round with Messrs. Vincent and Earle.

So much for the two parts which this *worthy son of St. Bartholomew's* discovers my accusation to resolve itself into; and having discussed these said two parts, I shall take the liberty of reminding him of a third, which he does not seem to have noticed, but which he will find in my letter, namely, that of Messrs. Vincent and Earle seldom or never ordering cases to be written out in the ward-book by the dresser, and reviewing them when written there, as well as their not having books kept by the dressers in which the names of the patients, their admission and diseases should be recorded, in order that there may be no unfairness among the dressers, in their division of patients. Did the writer of the letter alluded to forget this, or was he afraid of occupying too much space in the columns of Macleod's Excrescence, the type of that concern being always so particularly small, *owing to the exceeding press of matter*?

In one part of the letter the Bartholomew Pupil "appeals to my candour, honour, and honesty, qualities in which he is afraid I am deplorably deficient," and inquires "if I do not feel any compunction for such ungrateful conduct towards Mr. Earle, who is *so kind and so attentive* to the pupils." Upon my life, Mr. Editor, when I came to the words "so kind and so attentive," the adverb being twice repeated, I began to think he was talking of a bitch and her litter of blind puppies, the expression is so motherly and affectionate: however, I beg to assure the gentleman that I feel not the slightest compunction for ungrateful conduct towards Mr. Earle, because I believe that if there be any ingratitude at all in the business, it is rather on the side of those who receive payment for that duty, which duty they do not perform.

It is also stated, in allusion to my letter, that "the pupils and dressers feel justly exasperated against the author of this production; and if it be possible to discover him, they have determined to drive him with indignation from among them; I would merely observe, that if he *does* not keep very quiet, he shall find St. Bartholomew's rather hot, particularly during the summer months." By way of answer to this, I would inform the author, that the subjunctive mood and not the indicative, should come after the conjunction, if.

There is this remark, too, made, "that he did not know before, that it formed any part of the duty of the surgeon to attend the post-mortem examinations." To this I reply, that it would be the better for the public, if that surgeon should not attend the living, who does not consider it his duty to examine the dead.

The reason which the author of the letter gives us for the choice of the vehicle of his trash, is, "that from the shameful malignity which THE LANCET has uniformly displayed towards Messrs. Vincent and Earle, he could not *hope* for a fair and impartial hearing in that publication," and therefore fixed upon the Excrescence for the insertion of his letter. Now, this is the only part of the letter wherein he has shown the least discretion, for never, I am sure, was such a villanous compound of hopes, and fears, and suspicions, permitted to soil the pages of THE LANCET, and I will defy the author himself to point out a single fact in the whole of his letter; at the same time informing him, in answer to what he says of Mr. Lawrence, that he who asserts that as a fact, which is merely founded on his suspicions, is either a fool or a liar.

Regretting that I have occupied so much space in your valuable columns.

I remain, Sir,
A PUPIL OF ST. BARTHOLOMEW'S.

HOW TO REVIEW A BOOK MEDICO-CHIRURGICALLY.

1. Make it your *business* to see that, besides the usual assortment of capitals, italics, J. J. &c., the printer be well supplied with *small pica* and *long primer*, not omitting a due sprinkling of inverted commas.

2. Begin as follows:—*Small pica* for introductory remarks, *quasi editorial; pic'd* out by the compositor, as directed by a marginal scratch with a black-lead pencil, in the book itself.

3. Then *comma*, (inverted of course,) then quotation, in *long primer*, closed with another *comma*.

4. Three lines in the former type, written in a *church-yard*; if elegiac, so much the better. Contrive to lay it on thick as to editorial pre-eminence.

⁂ This direction to be repeated alternately (observing some little occasional variation in point of order) with the three first.

Things to be kept in mind, and made the very most of.

To avoid, if possible, offending the author's vanity, while you tell him and your readers the following extraordinary things:—That you know more about "all that sort of thing, and every thing in the world besides," than any body else does; that you have taken every thing out of his work which ought to be in it; that you are *underselling* him; and that what you have helped yourself to, *at his expense*, is, in fact, *literally* your own, inasmuch as you have messed and meddled it over again in your own *saucepan*.

Should the author happen to allude to his having been abroad, lose not a moment (never mind propriety, delicacy, or applicability,) in putting him to shame, by coming the traveller over us too; for instance, if Dr. Holland should have been in Greece, what is that to a voyage to the East Indies and *back again*? If any allusion to the heat of the southern part of Europe should be made, carry us between the tropics, &c., *verbum sat.*

If you happen to find a little bit of Latin, (Greek would be better, only for the types,) cut it out, and stick it at the top, bottom, or middle of the article. It will look well, and mistakes will be charged to the printer. Not so with French; but there is no matter for committing half-a-dozen blunders in as many lines of a language that nobody understands—they will *generally* escape detection.

Be *morbidly* sensitive about personal *distinctions*, as they are of the greatest importance in *high life*, whether *below stairs* or above. For example: if your name be known, be at great pains to prevent your readers (whom you are obliged to call unparalleled blockheads in every other page) from confounding you with namesakes, who were consigned to your *writing-room* a century or two ago. Thus, if you are a *Robinson*, it may be of infinite importance to declare that you are not *Robinson Crusoe*: if *Thomson*, that you are a different *Thomson* from him who wrote the Seasons; if *Pope*, that you are neither the gentleman who once lived at Twickenham, nor the clergyman who still lives at Rome; should your name be *Brown*, disavow any connexion with *Sir Thomas*; if you are a *Solomon*, do not let them confound you with that stupid fellow the King of the Jews; if you are even a a *Howard*, a *Russel*, a *Sydney*, or a *Raleigh*, it may be neither credit nor profit for you to be identified with a parcel of fellows who had their heads cut off. If your name be *James*, protest against the idea of your being taken for *James the* I. *or* II.—the III. is quite enough for any *modest* man; and should it be *Johnson*, leave no stone unturned to shove *Samuel's* responsibility upon his own shoulders. He was a great ass.

I have many more instructions to give for reviewing; but I purpose to furnish an example or two of the utility and practicability of the doctrines already laid down, before I enlarge their number. These, with permission, I shall take the liberty to forward to The Lancet, and remain the Editor's humble servant.

Antijacobin.

Knickerbocker's Town, July, 1823.

IDIOSYNCRASIES.

That curious, sympathetic wonder-working person, Sir Kenelm Digby, is, perhaps, the greatest detailer of singular fancies relating to antipathies and sympathies. He narrates the dire effects of flowers upon certain people, even to fainting and dying. So obnoxious was a rose to the Lady Heneage, that she had her cheeks blistered, says Sir Kenelm, by laying a rose upon it while she was asleep. It is even stated that Cardinal Caraffa, and a noble Venetian, one of the Barbarage, were confined to their palaces during the rose season, for fear of their lives.* Johannes e Querceto, a Parisian, and Secretary to Francis I., King of France, was forced to stop his nostrils with bread when there were any *apples* at table; and so offensive was the smell to him, that if an apple had been held near him he would fall a bleeding. (*Schenck. Obs. Med.*)—I saw a noble countess, says Horstius, who tasted of some udder of beef, and had her lips suddenly swelled thereby; observing that I took notice of it, told me that she had no dislike to that kind of dish, but as often as she did eat of it she was troubled in this manner, the cause of which she was utterly ignorant of. Bruverinus knew a girl, 16 years of age, who, up to that time, had lived entirely on milk, and could not bear the smell of bread; the smallest particle of which she would discover by the smell. An antipathy to pork is very common. Shenckius tells us of one who would immediately swoon as often as a pig was set before him, even though it be inclosed in paste; he falls down as one that is dead, nor doth he return to himself till the pig is taken away from the table. Marshal Albert fainted away whenever he saw the head of a boar.

The foregoing extracts are taken from a very ingenious and humorous paper in the last number of Brande's Quarterly Journal, by Mr. Wadd, entitled, "Comments on Corpulency." To the unaccountable anomalies which he has mentioned, many others might be added from various authorities, and not a few from our own personal observation. In fact, there is not a single function of the body which does not frequently afford an instance of these irregularities. The feel of velvet produces nausea and syncope with some persons: of this the family of the writer presents a remarkable case. Gaubius speaks of a man who could not withstand the emanations from a female; and Rousseau mentions a young man who was afflicted with retention of urine, on hearing the bag-pipe. Mr. Wadd has alluded to a case, in which the odour of ipecacuanha produced violent effects; nausea and sickness. We have a highly-respected friend of extensive practice in the country, who, if he chance to enter a room where ipecacuanha has been used, is suddenly seized with violent sneezing, watering from the eyes, and coughing. A short time since we were in attendance upon a lady, who is invariably seized with the most violent itching and tingling in the skin, if the smallest quantity of opium be administered.

---

* Not long since the English newspapers announced that a certain noble duke was confined to his room with the *hay-fever*, produced by the smell of new-made hay! "Die of a rose, in aromatic pain," says Pope.

JERRARD'S REVOLUBLE BED.

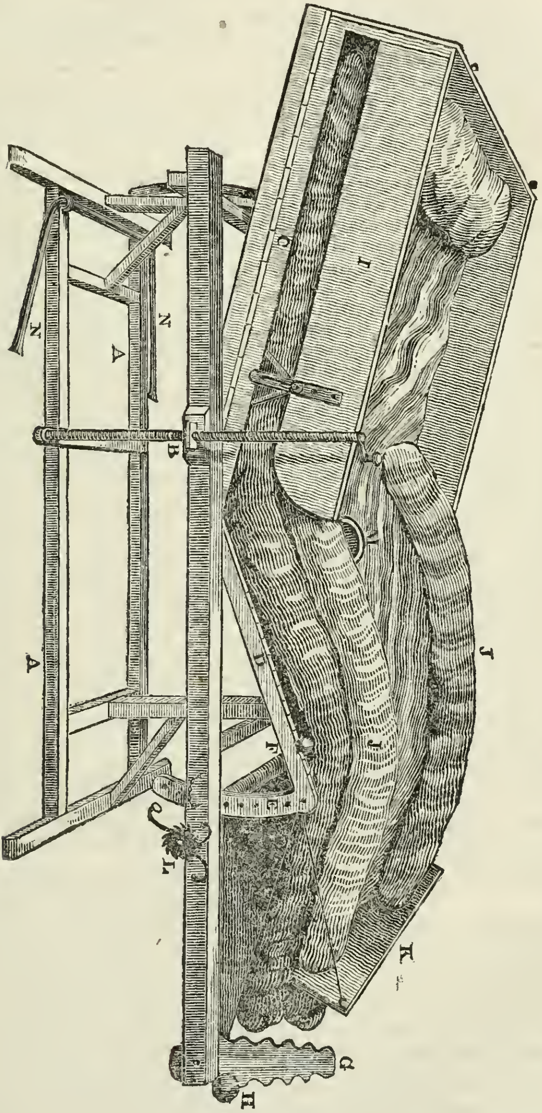
The bed, of which the annexed engraving conveys a pretty accurate representation, is the invention of Mr. Jerrard, a surgeon of respectability and talent, residing at Honiton, in Devonshire. This machine is so admirably calculated to fulfil the objects for which it has been contrived, that we feel peculiar satisfaction in presenting it to the notice of the profession, and in earnestly recommending it for their adoption. Mr. Jerrard has employed this bed very extensively during several years past, and with very extraordinary success. The comfort which it affords to patients requiring long confinement, is really inconceivable; the greatest ease being derived from the turning of the bed from side to side. This movement, which is altogether new as applied to the beds of invalids, is effected by means of the long screw B, which rests in a socket at the bottom of the stand; the handle of this screw being within the reach of the patient, he may himself turn the bed from side to side, or the motion may be effected by the most ignorant assistant. This machine was first employed by Mr. Jerrard in 1819; four years previously to the appearance of the thing denominated "Earle's Bed," published in the Transactions of the Society of Arts. Joe Burns has about as just a claim to the discovery of the circulation of the blood, as Mr. Earle to the invention of the machine called after his name. That bed is the invention of Mr. Harrold, of Cheshunt, Herts, who impressed a description and engraving of it on No. 83 of the *Yellow Fungus*, for January 1806. We thought it rather strange that Earle should invent any thing having so much merit. No, no! Cock sparrows, indeed, have not advanced with the march of intellect; their skill mechanical is not superior to their skill surgical. The cock sparrows of 1828 do not differ from the cock sparrows of 1800.

We shall take other opportunities of speaking of the very superior advantages of Mr. Jerrard's bed; and publish, in a future Number, Mr. Harrold's description of *his* bed, which he endeavoured to communicate to the profession in 1806. This paper will be the best demonstration and refutation of Mr. Earle's claims to originality, as regards the construction of the "Fracture Bed."

A. A. The ground frame, with an upright at each end for supporting the frame of the bed on two pivots, and the long perpendicular screw at the side, which, when turned, INCLINES THE BED TO EITHER SIDE. This long screw passes through a nut at B., and by turning it the bed may be inclined to either side, so as to make the side of the patient the most depending part of the body: in other words, to turn him on his side.—C. Side of the frame which supports the trunk, and may be raised to any angle required.—D. and E. These jointed pieces support the moveable roller F., which goes across under the bend of the knees. The notches in the piece G. are for receiving the roller which goes across at the foot of the bed, (the end of which is seen at H.) and supports the sacking.—I. The side-board for supporting the trunk, *laterally*, when the bed is inclined.—J. J. Long bolsters for supporting the limbs in a similar manner.—K. The foot apparatus.—L. Contrivance for tightening the sacking.—M. An aperture in the mattress from which a corresponding piece is withdrawn when the evacuations are removed; this is effected by a very simple contrivance, which could not be well represented in the engraving.

N. B. Directions for using the bed, under all circumstances, *will be published*, for the accommodation of those who may use it.

In cases of gout and acute rheumatism, where great pain and inconvenience are occasioned by turning, in *all diseases of the lower limbs* requiring long and perfect rest; as scrofulous affections of the hip, knee, &c.; fractures, either simple or compound, of the thigh or leg; also in cases of sloughing of the back from pressure; this bed possesses the *following advantages.*—The patient (whether a child or an adult) may be placed and retained in any position which may be most desirable, and in any of the above-named maladies may be TURNED ON EITHER SIDE AT PLEASURE. Also the evacuations can be removed without the slightest inconvenience. Lastly, by raising that part which supports the upper part of the body as high as it will go, and lifting the ground-frame so as to allow the iron support N. to drop down, by which the ground-frame at this end is elevated about eighteen inches from the floor; the bed is thereby converted into an excellent *easy chair.*



MR. JERRARD'S REVOLUBLE BED.

GUY'S HOSPITAL.

SINGULAR AFFECTION OF THE HIP AND THIGH.

George French, ætat. 50, of middle stature, and muscular, was admitted into Lazarus' Ward, on the 21st of May, under the care of the senior surgeon.

The patient stated, that during the last three months, he had suffered from severe pain in the knee, which almost prevented him from following his usual employment as a harness and collar maker. Being an industrious man, and having a large family to support, he procured a liniment to rub his knee. These, at first, were but of little service, and he continued to use them for six weeks; at the expiration of which time the pain entirely ceased, but a tumour made its appearance at the upper part of the thigh. This soon attained such a size, as completely to prevent his working, and incapacitated him a good deal from walking. He then consulted a surgeon at Hackney, who merely applied a strengthening plaster, and advised him to come to the hospital. At the time of admission, the tumour occupied the upper and fore-part of the thigh, extending downwards six or seven inches. It was tender when touched. The trochanter major appeared to be in its natural situation. On rotating the head of the femor, it felt as if it had to pass over a considerable extent of surface, and communicated to the hand a grating sensation, accompanied by a very audible noise. The patient said he could walk tolerably well with the aid of a stick, and that the motions of the joint did not give him pain.

He was shown to Sir Astley Cooper, who attentively examined the hip, and gave it as his opinion, that it was "ulceration of the ligamentum teres, with subsequent absorption of cartilage from the head of the femur and acetabulum." He did not say anything, however, as to the nature of the tumour, which Mr. Key believes to be *muscular*. The tumour was ordered to be cupped, and subsequently rubbed twice a day, with the ointment of the hydriodate of potash. To take a dose of house medicine occasionally.

29. The patient states that the pain is less, and he thinks that the tumour has a little decreased. He is otherwise in good health. There has been a good deal of discussion, as to the nature of the tumour; some asserting that it is muscular, others that it is a bursal enlargement, produced by an extension of chronic inflammation to the bursæ, in the immediate vicinity of the joint.

June 9. Since the preceding report, the tumour has been twice cupped. The swelling has clearly decreased, as was found by measuring it. The remedies are continued.

19. The patient complains of rather more pain; and, on examination, the tumour appears to have become more diffused, and has extended itself lower down. *Pergat.*

July 4. The pain is again lessened; the tumour is softer, but the motions of the hip are more confined.

He has since been made an out-patient, being, upon the whole, very little benefited by the treatment adopted.

SEVERE CONTUSION OF THE FACE, ATTENDED WITH A FRACTURE OF THE ZYGOMATIC ARCH, AND SYMPHYSIS OF THE LOWER JAW.

(*Treated by Mr. Morgan.*)

Cornelius Hurley, ætat. 37, a muscular and healthy Irishman, was admitted into Accident Ward early on Tuesday morning, June 24th, under the care of Mr. Morgan.

The patient, although severely injured about the head, was perfectly sensible when admitted. He stated that he was oiling a part of a steam engine where he was at work, and by incautiously going too near, he received a tremendous blow upon the side of his face from one of the balls which are connected with the shutting of the valve, which literally smashed his face. He was immediately brought to the Hospital, where, on examination, it was found that there was a wound extending from the temple to the angle of the lower jaw. There was a fracture of the zygomatic arch, and a laceration of the temporal artery, which bled profusely. The prominent part of the malar bone was broken into small fragments, which were afterwards washed away with a sponge; the nasal bones were broken off, and driven to the opposite side, and there was also a fracture of the lower jaw, close to the symphysis, with great displacement of the fractured portions, and laceration of the gums, and part of the lining membrane of the mouth. The wound at the side of the face communicated with the interior of the mouth, so that two fingers could be readily passed through it into the fauces. There were, besides, great tumefaction of the face and head, and considerable extravasation of blood under the eyes.

The man was in a state of collapse. The surface was rather cold; the pulse exceedingly small, feeble, and slow. The pupil of the right eye was much dilated, and did not readily contract on exposure to light.

The temporal artery was immediately secured by ligature. Several loose pieces of the zygomatic arch were removed, and the wound carefully dressed. The ossa nasi were carefully elevated and supported by a dossil of lint. Some julep of ammonia was administered; and an enema, consisting of ten grains of calomel, with one drachm of the compound extract of colocynth, was shortly afterwards injected. The patient was ordered to be kept warm and perfectly quiet, and upon low diet.

At eleven o'clock A. M., the pulse had risen, and had become fuller and rather laboured, and the heat of the surface was restored. Sixteen ounces of blood were therefore drawn from the arm, and a three-grain calomel pill was exhibited by the mouth, though with some difficulty in swallowing it. At this time the pupil of the right eye contracted more readily on exposure to light than before venesection, and the man appeared much relieved. In the course of the evening the enema brought away a large quantity of fæculent matter.

25. He has passed a tolerable night, but complains of much shooting from one temple to the other. The pulse is 104, full, and rather incompressible; the skin is hot. He has had no evacuation from the bowels since the preceding evening. There has been great difficulty in keeping the fractured portions of the lower jaw in apposition, the pterygoidei muscles acting only on one side, those of the right side being, no doubt, paralysed, if not lacerated, from the severity of the injury. The teeth were wired together last evening, but the muscles contract so forcibly that there is still much elevation of one portion above the other. Sixteen ounces of blood were again drawn from the arm, and the calomel pill repeated.

26. The tumefaction still continues unabated; so that it is impossible to see the eyes. The patient has passed a good night; and he is free from pain, in a great measure. The skin is scarcely above the natural temperature. The pulse is soft and compressible, 84. The bowels have been freely relieved, and he is perfectly sensible, and articulated answers to the questions put to him tolerably distinct.

30. The wound has been dressed three times; it is suppurating kindly, and a considerable part of it has already become adherent. He has no pain in his head; but there is still considerable displacement of the jaw.

July 15. The patient has been progressively improving since the last report. The wound has almost healed; great pains have been taken by the dresser, Mr. Ensor, to approximate the fractured portions of the lower jaw, and they are now nearly united with very little displacement. The poor fellow has recovered with much less distortion of his face than could have been expected. And throughout the whole time of his confinement in the Hospital has suffered very little from constitutional symptoms, considering the extreme severity of the injury.

ST. BARTHOLOMEW'S HOSPITAL.

VARICOSE ULCER OF THE LEG; EXCISION OF A PORTION OF THE VARIX, FOLLOWED BY INFLAMMATION OF THE VEIN, AND DEATH.

JOHN DODGING, ætat. 34, a tall muscular man, was received into the Hospital, under the care of Mr. Earle, May 26th. He had a varicose ulcer on the inner ancle of the right leg, about the size of a crown piece. The ulcer had existed for many years; it had been healed at different times, but soon broke out again, and had of late become exceedingly troublesome, and occasionally very painful. There was a considerable varicose vein above the ulcer, extending upwards, to join the saphena-major, and about three or four inches in length.

June 26. The patient has been kept in bed since his admission into the Hospital, poultices, &c. have been applied, and the ulcer is now in a less irritable state, and his health is tolerably good. Mr. Earle made an incision through the skin covering the varix, three inches above the ulcer, and, after having separated it from the surrounding parts, removed about three-fourths of an inch of the dilated vein. Little hæmorrhage followed; a compress was placed over the wound, and the leg bandaged from the foot to the knee; the bandage was kept constantly wet with the spirit lotion; a dose of calomel and jalap was given in the evening.

26. Towards the evening of yesterday he had a severe rigour, followed by heat of skin and feverishness; the leg has been very painful, and has prevented his sleeping; the pain extends from the wound to the groin, where the glands are slightly enlarged, and red lines are observed on the inner side of the thigh, and the superficial veins are distended. Pulse 120, full and sharp; heat of skin, with thirst, and a white furred tongue; bowels not open.

Hyd. submuriat, gr. v.
Antim. tartar. gr. ss.

to be taken directly, and afterwards the senna draught.

Twenty leeches to the inside of the thigh.

27. Has passed a more comfortable night, and has had some sleep till toward the morning, when he had a rigour. Complains of uneasiness and pain on pressure about the epigastric region; slight pain in the head; pulse 120, sharp and full; tongue coated; bowels freely open. The bandage was taken off the leg; there is erysipelatous redness, with slight tension above and below the wound; he complains of considerable pain and tenderness on pressure, above

the wound, extending in the course of the vein to the inside of the knee, and red lines extend in this direction and along the inside of the thigh; the pain and tenderness from the knee to the groin are much diminished; the ulcer is looking much better. He was bled to 20 ounces; the blood was inflamed, and covered with a thick yellow coat; thirty-six leeches to the inside of the thigh.

Mist. salin. c. liq. antim., every four hours.

28. Has had a little sleep; towards this morning he had another rigour. Complains of an indescribable uneasiness and sinking, increased on pressure, and on taking a deep inspiration. At the pit of the stomach, there is less heat of skin; pulse 136, soft; bowels open; the leg and thigh are considerably easier; there is, however, great pain and tenderness *on pressure*, above the wound, extending to the knee, with an enlargement and slight consolidation in the course of the vein; the red lines above and below the knee, and the heat of the limb, are much diminished; on making pressure at the upper part of the wound there is slight escape of yellow pus. Continue the mixture; three grains of calomel, and one of opium, at bed time, and to be repeated in the morning.

29. Has had several hours' continued sleep during the night, and his countenance is much improved, and he feels much better; the leg and thigh are less painful, and the pain and uneasiness at the pit of the stomach have nearly left him. He had one rigour early this morning; pulse 108, soft; tongue moist, coated; bowels not open. There is still heat and redness of the leg around and below the wound; red lines extend from above it to the thigh, and the pain and tenderness *on pressure* still continue. Saline mixture, with a drachm of sulphate of magnesia, three times a day; the calomel and opium to be repeated.

July 1. Yesterday he had a return of pain and sinking at the pit of the stomach, with dry tongue, hot skin, and frequent pulse, 120; he is, however, much better today, and the pulse is much reduced in frequency, being now 80; the tongue moist; the bowels are very relaxed.

Pulv. ipecac. c. gr. v. *ter die.*

The redness, pain, and tenderness of the leg are much diminished.

2. Has had no sleep during the night, on account of severe shooting pain in the joints and limbs; his countenance is much altered, and the features shrunk; tongue dry, and of a deep red colour; pulse 108, soft. The leg is less tender and painful, and the erysipelatous blush around the wound is diminished; the ulcer is much diminished in size, and presents a healthy appearance. The last two or three days he has complained of pain in the left forearm, accompanied with inflammatory redness and slight swelling; to day the whole forearm, from the wrist to the elbow, is swelled, tender, and painful; the left leg, just above the outer ancle, presents similar appearances, though in a less degree. The last day or two he has had slight cough and expectoration; the respiration short, but he has no pain on taking a deep inspiration, and the uneasy sensations at the pit of the stomach have left him. The head feels hot, and the vessels of the conjunctiva are injected. Ten leeches to the temples; a blister to the nape of the neck.

3. He has been very restless and wandering during the night; his pulse is feeble, irregular, and intermitting, tongue dry, and covered with a brown crust, and he lies in a state of great stupor. The skin is become of a yellow colour; the conjunctiva is less red; but there is considerable effusion into it; and raising it, the cornea of both eyes presents a singular appearance, being of a dirty white colour, which cannot be wiped off, and rendering the whole membrane cloudy, and giving to it an appearance similar to that which is observed in the eyes of persons recently dead.

Calomel, two grains;
Opium, half a grain; to be taken every four hours.

4. Has been delirious during the night; the conjunctiva is more loaded with effusion, and both corneæ are *quite opaque* and dry. He became more feeble, and expired in the evening.

On examination, the vein from above the wound, to its junction with the popliteal vein, was found inflamed, thickened, partially filled with pus and adherent lymph. The veins above this were healthy. In the lung was an abscess containing about a spoonful of pus. The other organs healthy. The cellular membrane of the left forearm infiltrated with pus, extending also beneath the fascia, and deep between the muscles. Partial formation of matter in the left leg.

On Thursday, July 9th, Mr. Lawrence removed a portion of the upper eyelid with the bulbs of the cilia, in two cases of trichiasis, producing a vascular and opaque state of the cornea, and nearly complete loss of vision; and performed the needle operation in a case of cataract in a child, aged four years. He also removed two tumours, the size of hens' eggs, from the patellæ. The patient, a house-maid, had had them for three years; they were occasioned by kneeling in scrubbing, &c., but on account of their size, had lately prevented her working: they were neither inflamed nor painful. They consisted of the bursa considerably thickened, and adherent to the skin covering it, but easily separable from the subjacent parts, and contained a glairy yellowish fluid: to their interior were attached several long vermiform bodies, appearing to consist of lymph thrown out by the inflamed membrane. A portion of skin was removed with the tumour; the edges of the wound were approximated by adhesive straps, over which was laid a cold damp cloth. The patient is now (July 14) doing very well. She was bled to 16 ounces the day before the operation.

LACERATION OF THE SCALP, FOLLOWED BY EXTENSIVE ABSCESS OF THE BRAIN;

Ulcerated opening in the Brain, and corresponding part of the Dura Mater, and collection of matter beneath the Cranium; application of the Trephine, and Death.

On Saturday, July 12th, Mr. Vincent performed the operation of trephine on a child aged four years. He was received into the Hospital about six weeks ago, with extensive laceration of the scalp on the *right* side; suppuration and sloughing followed, and a large portion of the cranium became exposed. The child's strength was reduced, but he continued in a favourable state until six or seven days ago, when he was seized with convulsions, which lasted about two hours. On the following day the mouth was drawn on one side; the patient was oppressed, and unwilling to be disturbed. These symptoms have gradually increased in severity, and for the last few days the *right* side of the face has been paralysed; the pupils dilated, and there has been a state of insensibility and continued drowsiness, with great fretfulness on being disturbed. There was no preternatural heat of skin; pulse frequent; tongue natural. Mr. Vincent was of opinion, that matter had formed between the skull and dura mater. It should be observed, that a large portion of the exposed bone appeared deprived of its vitality. He accordingly applied the trephine on the central portion of the denuded bone. On removing it, about a teaspoonful of thick yellow pus flowed out; the dura mater was found coated with thick adherent lymph, as was also the opposed surface of the removed bone. No bleeding took place from the bone on sawing it through. The cavity from which the matter issued seemed behind the opening made in the skull, as a probe could be passed in this direction for a short distance. The state of paralysis did not appear much relieved; he continued in much the same state as before the operation, until Monday night, when he was seized with convulsions and screaming, which continued two or three hours, and he then died.

Examination.

On removing the skull-cap, the small cavity from whence the matter issued was found a little behind the perforation made on the cranium. The dura mater was in this situation thickened, and in its centre was discovered a small ulcerated opening, sufficiently large to admit a small silver probe. On removing the dura mater, the superior part of the right hemisphere of the brain was observed to be flattened, and possessed evident fluctuation; in its centre was a small ulcerated opening, through which, on pressure, matter flowed out, and was found to communicate with a large abscess of the brain. This opening corresponded and formed a direct communication with the ulcerated opening in the dura mater, and thus explained how the matter had found its way beneath the bone. The abscess occupied the superior part of the posterior and middle lobes of the cerebrum, and formed a direct communication with the right lateral ventricle, which was filled with pus, and its lining membrane covered with lymph. It contained about three ounces of thick matter, of a yellowish green colour, and intolerable fœtor. The cerebral substance surrounding it was much consolidated, of a dark-grey colour, and formed a kind of cyst. The arachnoid at the base of the brain was opaque, and covered with lymph. The rest of the brain was natural; the other viscera healthy.

INTERESTING POST MORTEM EXAMINATION.

[*From a Correspondent.*]

Died, of a rapid decline, at his house in London, in the beginning of the present year, Dr. James Blarney, the most celebrated medical journalist between Billingsgate and Temple Bar. For some time previous to his death, he expectorated a large quantity of frothy mucus, tinged with bile, which led to a belief that a communication had taken place between the liver and the lungs. On dissection, however, no such communication was found to exist. The body was examined by that very accurate and accomplished anatomist, Mr. Herbert Mayo, surgeon and lecturer on anatomy, Great Windmill Street; and we cannot do better than give this gentleman's account of the post mortem appearances in his own words. "On sawing through the skull the bones were found to be remarkably thick; there was no diploe, but the whole walls of the cranium one solid mass of bone. The crista galli was of very large dimensions; the anterior lobes of the brain were entirely wanting; but the cerebellum was about three times the ordinary size. In the chest, the heart was situated in the right side of the body; but on the wrong side, in the language of anatomy; a transposition not so uncommon as some people imagine. The lungs were much wasted, and contained a great collection of a frothy puriform fluid. In the abdomen the stomach contained a mass of undigested paper, with about a pint and a half of a pulpy substance, which appeared to consist chiefly of butter-milk and potatoes. The liver was smaller than usual, and exceedingly white. An epigram, on Mr. Lawrence, was found sticking in the ductus communis choledochus. The ductus hepaticus was distended to an enormous size, by a quarterly periscope; and the rectum contained three or four fasciculi. The entire body had the appearance of a shapeless, malignant fungus."

CASE OF POISONING BY OXALIC ACID.

To the Editor of The Lancet.

Sir,—On the first of July, I was sent for to attend John S.——, who had taken poison. On examining a basin in his room, I detected oxalic acid, of which he had taken an ounce twenty minutes before, dissolved in half a pint of cold water; he complained of excessive pain, heat, and oppression, in the epigastric region; a dry and burning taste in the mouth and fauces; his pulse hard and contracted; his forehead bedewed with perspiration; he had vomited about a pint of mucus tinged slightly with blood; two scruples of sulphate of zinc, dissolved in a tea-cupful of warm water, were immediately given, and copious draughts of carbonate of magnesia and warm water. Vomiting was very quickly excited, and sulphate of zinc was repeated, with the magnesia and water, until it was supposed all the poison was removed; the persons in attendance were directed to give as much magnesia and water as possible, till I saw him again; two hours after, he appeared much better; complained of pain and soreness at the pit of the stomach, and severe pain in the region of the kidneys; his bowels had not acted; ℈ij. pulv. julapii. and gr. viij. hydrarg. submurias, were given at four o'clock. At eight, P.M., he still complained of much pain, and had severe spasms of the legs, and pains resembling colic: had passed but little water, and had no motion. An injection of ʒii. ol. ricini ʒij. magnes. sulphas, in a pint and a half of gruel, was immediately given, which had the effect of procuring a trifling evacuation during the night. At eight, the following morning, he took one drop of croton oil, made into pills, with twenty grains of jalap, which procured several free motions; from this period, the severer symptoms abated, and towards evening he was comparatively well; he has now completely recovered, and follows his usual occupation of a coachman.

William Lovegrove.

13, Upper Baker Street.

ABUSES IN ST. THOMAS'S HOSPITAL.

"Facts are stubborn things."

To the Editor of The Lancet.

Sir,—I hope, shortly, to be enabled to forward you a tabular view of the portion of time devoted by the surgeons and physicians of St. Thomas's Hospital, in the discharge of their respective duties; and by thus, as it were, "holding the mirror up to nature," your numerous readers will be able to appreciate the relative value of these pure, disinterested, indefatigable, and science-loving gentry. In the mean-time, as I perceive that *facts* are loudly called for, I adduce the following, and I authenticate it by inclosing my name to you privately. On the last admission day of Dr. Scott, he did not attend, but deputed Mr. Richard Whitfield, junior, as his substitute. On the following Saturday, one of the ordinary days of attendance, the doctor did "go his round;" but, although about thirty new patients had been admitted, he occupied but FORTY MINUTES in taking the entire circuit of the Hospital. The doctor, they say, is a learned man, and a clever man; he really MUST be endowed with wonderful faculties and facilities in the detection of disease.

I am, Sir,
Your obliged friend,
An Aggrieved Pupil.

July 14.

SUBSCRIPTIONS

FOR THE DISTRESSED MEDICAL GENTLEMAN AND FAMILY.

	£.	*s.*	*d.*
Amount already advertised..	56	5	0
John Howell, Esq. Regent-st.	1	1	0
Dr. Turner	1	1	0
B. B. Cooper, Esq.	1	1	0
Dr. Warren	1	1	0
George Wilkins, Esq.	1	1	0
John Nussey, Esq.	1	0	0
T. Wakefield, Esq.	1	0	0
W. Symes, Esq., Judd-st. ..	1	0	0
J. H. Green, Esq...........	2	0	0
John Scott, Esq.	1	0	0
R. C. Headington, Esq.	1	1	0
Edwin Martin Van Butchell	1	1	0

THE LANCET.

Vol. II.] LONDON, SATURDAY, JULY 26. [1827-8.

LECTURES
ON THE
THEORY AND PRACTICE OF MIDWIFERY.
DELIVERED AT GUY'S HOSPITAL, BY
DR. BLUNDELL.

Lecture XXXII.

The Lecture of yesterday morning, Gentlemen, was, I think, closed with an enumeration of the leading remedies of convulsions; but we must not forget to remark, that there are other means of subordinate importance, of which we ought not to lose sight in the treatment of this formidable malady. *Leeches* to the temples are generally innocent, and if we apply 15 or 20, they may, perhaps, sometimes be productive of considerable benefit. A fit of convulsions, with *cupping-glasses* upon the patient, would be very incommodious; if you choose, however, cupping may be tried between the paroxysms. If the disease be obstinate or pressing, the head may be shaved, more especially if the scalp be hot; but an operation of this kind need not be wantonly recommended. Of blisters to the legs I have made but little use; in the opinion of some, the practice is of real efficacy, and, therefore, should not be forgotten. *Rubefacients*, especially of *mustard*, to the feet, and more particularly where the woman is comatose, should not be neglected. The *warm bath* I should more frequently recommend, if it could be employed in private practice, as commodiously as in puerperal hospitals. By Denman it is, I think, remarked, that some women have remained free from fits during immersion only, and that they have actually been delivered in the water. *Nervous medicines*, as castor, camphor, æther, valerian, opium, or the like, are not to be overlooked. If opium determine to the head, it will probably do mischief; if it open the cutaneous pores, and diffusively support the circulation, advantage may be expected from it. Dr. Hamilton has strongly recommended camphor. If the tongue be thrust at intervals between the teeth, it should be secured by interposing a cork enclosed in cloth, as recommended by Burns.

Of the Prevention of Convulsions, and Complicated Labours, with Tumours in the Pelvis.

The convulsive paroxysms are sometimes making their attack without any very obvious premonitory symptoms, and yet in other cases, and more especially as observed before, when the disease assails the patient during pregnancy, these precursory indications may be now and then observed. Shudderings of the muscles generally, flushings, and fulness of the face, throbbing of the carotids, heat of the scalp, very severe and splitting pains of the head, and a sensation, perhaps, as if the cerebral mass were too large for its receptacle; these, with weight in the head, impeded utterance, altered vision, numbnesses, or the like, are some of the more striking symptoms by which the fits are preceded.

When these symptoms occur, and you are led to expect that the patient will be seized with convulsions, it comes to be an important consideration, whether there are any *preventive means* by which the fit may be intercepted? *Bleeding*, I have observed already, is one of the most powerful antispasmodic remedies when the fits are begun, and it deserves, therefore, a fair trial as a preventive. Blood may be taken from the nape of the neck, from the external jugular vein, or from the arm to the amount of 12, 14, or 16 ounces, more or less, according to the symptoms, it not being necessary to bleed so copiously in this preventive treatment, as where it is your object to subdue an attack which is already commenced. The readiest mode, no doubt, of removing the blood, is by means of the lancet, and in ordinary cases this may be preferred; but if you are disposed to take the blood from the nape of the neck, cupping glasses are to be employed, or a large number of leeches may be applied to the temples. The object of this bleeding is not merely to diminish plethora, but to reduce the action of the vessels of the head; the carotid arteries, I mean, and the vertebrals; and I incline to the persuasion, that the action of the vessels is reduced more effectually by a given quantity of blood abstracted with leeches, than it would be by the same quantity of blood abstracted by means of the lancet or the cupping glass.

Of great importance, also, it is, where you expect an attack of convulsions, that you clear thoroughly the alimentary tube. After bleeding, ipecacuanha, I conceive, or any other mild emetic, may be given with advantage; and more especially if you believe there is any offensive accumulation in the bowels, by means of purgatives or injections, you should thoroughly cleanse the canal. Castor oil, senna and salts, rhubarb, or calomel, may be given, and if you wish the medicine to operate with promptitude, salts and senna. Twofold is the advantage of this purification of the tube by means of purgatives; you cool the system somewhat, more particularly if you employ the saline preparations, and this tends to reduce the vascular action; add to which, that by clearing the tube you are, perhaps, carrying out of the system something that is irritative, and calculated to keep up the vascular movement, together with the determination of blood on the head. Every one who, like myself, has experienced a fit of dyspepsia, must know, that by it the severest headach may be produced, and every one who has made the diseases of children the subject of his attention, must be aware how close is the connexion between a disordered state of the bowels and the state of the head. After clearing thoroughly the alimentary canal, and abstracting that portion of blood which you may deem expedient, you may put your patient into a warm bath, a remedy more easily managed, where the patient has not yet been attacked with a fit. Get a large vessel, let the water be heated to 97° of Farenheit's thermometer, (the cold and warm water being well mixed with each other,) and there let the patient remain ten, fifteen, or twenty minutes, according to the soothing effect produced. Experience has shown the use of warm baths in convulsions, whether of women or young children; nor is theory wanting to their recommendation, for the bath seems well calculated to relieve the head, inasmuch as it operates as a diffusive vascular stimulus, and produces perspiration.

For the prevention of convulsions, these, then, are the remedies on which I should myself mainly rely; the moderate abstraction of blood, the clearance of the alimentary tube, and the putting the patient under the bland and soothing influences of the warm bath. Nervous medicines are advised, and must not be forgotten, though Denman says, and I think, truly, that they are rather given from custom, perhaps, than in the expectation of any solid advantage to be derived from them. Opium and camphor have been recommended; camphor strongly. Of opium I have given the opinion which I entertain in the present state of my knowledge; if it equalize the circulation, benefit may be expected; if it stimulate the brain topically—injury.

If a woman have had two or three attacks at some former period, so that the premonitory symptoms are more than usually alarming; it might be worth considering, whether, in a case so pressing, delivery ought to be accelerated. Of turning the child by force, you must not even think; violence, in midwifery, is the unpardonable sin which may not be forgiven; but if you can carry the fingers to the mouth and neck of the womb, so as to touch the membranes, these may be punctured with a sound bluntly pointed, and in four-and-twenty, or six-and-thirty, hours afterwards, the ovum would most probably be expelled. My own opinion with respect to delivery, in the way of *preventive* treatment, is this: if bleedings, purgings, and the warm-bath, subdue the symptoms, do not, as a general practice, interfere with the uterus; but if you have a case where the ordinary means fail, and where the convulsive attack is in a high degree probable, then it becomes justifiable to puncture the membranes, and discharging the liquor, an operation not perhaps without its evils, but still very simple, and, as far as the woman is concerned, safe.

When the management of this disease was less understood than it is at present, and more especially when it was customary to deliver by force—*di meliora*,—under convulsions, death, both of the mother and child were by no means infrequent, whence frequent morbid dissections were made. Now, it is well worth your notice, that, in the great majority of those fatal cases which have been submitted to inspection, there has been no observable effusion of blood, whether upon the surface of the brain, or in its substance. Effusions of water I believe, from my own observations, are in these cases more common; and if a woman have a repetition of fits, I should expect to find water on the surface of the brain, between the meninges, not to omit the ventricles of the brain, and the spinal theca. In the general, women seem to die at a time when there is simply a *congestion* of blood, which remains in the cerebral vessels, or with congestion and aqueous effusion conjoined; and very satisfactory it is to know this. If a large quantity of blood is poured into the brain, or upon it, in general it is all over with the patient; now and then, perhaps, by spontaneous process, the patient may recover, but I am convinced that *medical* treatment can then avail but little; if, however, the blood be still contained, as it usually is, in the vessels; the bleeding relieving this surcharge, you may remove that pressure which is, I conceive, a more immediate cause of the disease, and thus perhaps you may save the patient. Denman says, that in most of the cases which he has met with, he found the heart unusually flaccid, and without a single drop of blood in the auricle or ventricles; adding, too, that in other cases, many large livid spots have been seen on the surface of the body. A case was reported to him by Hewson, in which, after death, much blood was found upon the brain; and another case was reported by Hooper, in which the patient died in eight hours after the fit, the effused blood weighing, I think, three or four ounces: I speak from recollection.

Having given you the treatment, and the characteristic history of this disease, I shall not enter largely into its causes; and the rather, because disquisitions of this kind are usually involved in night and chaos, but a few remarks I will venture. Should you ask me, then, in what manner these convulsions are produced, I should reply, that the more probable and immediate cause of them is a pressure on the brain, and perhaps on the spinal marrow also. This pressure sometimes results from the effusion of blood, still more frequently from effused water, and, most frequently of all, from mere congestion. If you were to ask me how is it that these congestions of blood are produced, I should reply, not in most instances by general plethora, but rather from an increased action of the cerebral vascular system, the carotid arteries, and perhaps the vertebral; indeed, in the adult, if we examine the carotids, we may sometimes see the pulse beating and jumping in the neck. Whether men are but children of a larger growth, I do not stay to inquire, but I am sure that *women* are—at least in constitution. Now, that the convulsive and hydrocephalic affections of young children are connected with an increased action of the cerebral vessels, is certain. In young children, by placing a finger on the fontanel, you may examine the cerebral circulation, more readily than the circulation in the wrist. Now where there is a disposition to convulsions, or hydrocephalus in infancy, on putting your fingers upon the fontanels, you will often find that the brain is beating most strongly; nor is it necessary to touch it for this purpose; for if we take off the cap when the vessels are in action, the pulsatory play of the brain may be seen distinctly by the eye. An increased action of the vessels, produces an accumulation of blood in the genitals, in the wattles of birds, and in the breasts of women during suckling; and these points considered, it is not, I think, improbable, that in these convulsions and convulsive propensities of women, a cerebral congestion, with pressure and irregular circulation, and an increased action of the carotid and vertebral arteries, have a large share in producing the disease. In support of these opinions, respecting the more immediate nature of puerperal convulsions, the following symptoms may be also stated: the flushing of the face, the throbbing of the carotids, the enlargement of the features, the heat of the scalp, not to mention other symptoms which are premonitory of the disease, and which seem to indicate the afflux of blood upon the head. Hence, too, the help derived from large bleedings, especially from the cephalic vessels.

In concluding my remarks on the causes of convulsions, I may add an observation which I once accidentally made on the dog, and which seems to me well-fitted to illustrate the cause of those affections. Anxious to know, in the dog, what are the utmost powers of circulation by anastomosis, for this purpose I contrived an instrument, by which, in this animal, I could close or open the thoracic aorta at pleasure, when I found, among other observations, the following facts worth notice:—If I bled the dog before I tied the aorta, he lived for some hours; but if I secured the artery without a previous bleeding, he had an attack of convulsions resembling very much the puerperal convulsions of women, and this attack could be relieved or renewed by opening or closing the aorta. When I opened the dogs, I discovered, on the surface of the brain, a few small clots of effused blood not much bigger than a pea. And the explanation of the phenomenon was this: when the aorta was tied, it collapsed below the ligature, and emptied itself into the *vena cava*, then the blood came in large quantities from the cava through the right side of the heart, and the lungs into the left side of the heart, and the aorta, so as to reach the ligature by which its further progress was intercepted, so that it could not make its entrance into the parts below, or behind the thorax. As in convulsions, therefore, so here the blood accumulated in the upper or anterior parts of the system, and convulsions and death were the result.

The prognosis of the convulsions is rather favourable than otherwise; certainly it is a most alarming disease, and, if blood be effused on the brain, death is very probable, not to say desirable; if, however, you are early in your operations, and treat it actively upon the principles I have laid down, I think you may generally subdue it.

Of Apoplexy and Sudden Death.

In the end of gestation, patients are sometimes attacked with apoplexy, in which condition they may lie for hours, or days, recovering gradually afterwards, or ultimately sinking. Under apoplectic attacks, I believe, labour does not so readily come on as under the convulsive attacks; nevertheless, I would advise you to examine the os uteri occasionally, and to take care that the child be not born unperceived. In its nature, though there are no spasms, I look upon this disease as strictly, as analogous to the convulsions of which I have been speaking, and I would, therefore, treat it upon the same principle. I suppose it is produced, in good measure, by congestion of blood in the head. Sudden deaths sometimes occur during delivery; their cause may not be always intelligible, even on dissection: apoplexy—rupture of the heart, or large vessels—and bleeding into the womb, are to be suspected.

Of Labours complicated with Tumours in the Pelvis.

It does not frequently happen, that delivery is complicated with large tumours in the pelvis, an accident which is frequently fatal. We do, however, sometimes find that these tumours concur with delivery; and when met with they may be commodiously divided into two kinds, those I mean which are *recto-vaginal*, being placed between the rectum and vagina, as the term implies, and those again which are otherwise situated. It sometimes happens, that a large exostosis grows upon the sacrum, an accident which is not common, though occasionally large quantities of bone are formed upon this part. A case of this kind is to be managed precisely upon the same principles as those distortions, or contractions, of the pelvis which we considered under the head of laborious labour, and I dismiss them, therefore, without further remark. In other cases, we find that a *calculus* is lying in the bladder, and this, perhaps, of no small size. Mr. Tipping, of Tooting, once showed me a urinary calculus considerably larger than a goose-egg. Urinary calculi, concurrent with delivery, are, however, by no means of frequent occurrence; if known before delivery, they ought to be taken away, as likely to obstruct the delivery. We know that calculi may be removed either by cutting into the front or back of the neck of the bladder, or by dividing the urethra; but, in cases of this kind, removal by mere dilatation would be desirable. And here I may be permitted to remark, that this practice, now generally received, of removing the calculus by dilatation, has always been recommended from this chair; it was strongly advised by my predecessor, Dr. Haighton, and year after year it has been as strongly recommended by myself. Why did not some of you, who are surgeons, take the hint, and get the honour of introducing the operation into use. Sir Astley Cooper, in whose mind, I believe, the idea was of native growth, though anticipated, needed no addition to his large and well-earned fame. It has always appeared to me, that the brevity of the female urethra, and the exceeding laxity of it, were extremely favourable to dilatations of this kind, nor has the event falsified the opinion. But what is to be done if the calculus remain undiscovered in the bladder till parturition begins? Why, if the calculus be small, we may allow the head to pass, the accoucheur not meddling, as meddlesome midwifery is bad; but if the calculus be large, and likely to obstruct the passage of the head, then it would be advisable (if practicable) to urge the stone away from the brim of the pelvis, in the way here demonstrated.

If, again, a calculus obstructing delivery could not be got rid of in this way, it would then, I conceive, become necessary to open the head or the bladder, or the urethra, and of these practices, probably, the most advisable would be the removal of the calculus.

It sometimes happens, again, that you have tumours growing to the *sacro-sciatic ligaments*, and Dr. Drew has recorded two cases of this sort, for which I am indebted to a very able obstetric writer, I mean Burns. In one of these cases a large tumour grew on the sciatic ligaments, completely obstructing the outlet of the pelvis. In this case, new to the accoucheur, nothing was done, and both the mother and child died. In the other case there was a tumour on the sacro-sciatic ligaments, weighing about two pounds and a half, and Dr. Drew, considering the tragical event of the former, thought it his duty to extirpate by cautious dissection, when both the child and mother were saved. In these cases, then, the proper practice is obvious. And thus much, then, respecting the tumours in the pelvis, of rarer occurrence, arising from exostosis of the sacrum, calculus of the urinary bladder, or large indurated growths upon the sacro-sciatic ligaments.

But I must now observe to you, that there is another tumour in the pelvis, certainly more common in its occurrence, and perhaps more dangerous in its effects, and this is the recto-vaginal, the tumour which takes its place between the vagina and the rectum, and which may arise from various causes. Between the vagina and the rectum, water will sometimes accumulate, (as in cases which I have examined in the other hospital) forming large swellings there; these pretty readily yield under pressure. Sometimes, again, the intestines become interposed between the vagina and the rectum; and sometimes, though not frequently, the lymphatic glands, I suspect, enlarge at this part. Most commonly, however, nor let this be forgotten, when these recto-vaginal tumours form at all, they form in consequence of an enlargement of the ovarium; in nine cases of ten the enlargement is of this kind. These ovarian enlargements are not uncommonly the result of incipient dropsy; they may also be occasioned by scirrhus, or by a formation within the ovary of parts of the fœtus, as teeth, bones, pulp, quantities of hair, or the like. Not to dwell on these niceties, however, it may be observed, that in a view to practice, ovarian tumours may be divided into two varieties, the solid, I mean, and those which contain pulp, or water; and it is said, that with the ovary a fold of intestine may descend, so as to form a compound enlargement, partly ovarian, and partly gaseous and intestinal. Well, I will suppose that you are called to a case of recto-vaginal tumour; and that, upon making your examination, you find the outlet of the pelvis closed, the vagina lying before the tumour, and the rectum behind it, what is to be done here? If you are called to the labour early, before the child's head is forced down into the upper part of the pelvis, as those tumours do not, I think, in general, adhere firmly, or, indeed, do not adhere at all by inflammatory cohesion, you may sometimes succeed by urging them above the brim of the pelvis; and of all the modes to be resorted to, this, when practicable, is the best. But what if this attempt fail? nor is failure improbable. Why, if the tumour be yielding, and its bulk be small, give a fair trial to those natural efforts, which the good accoucheur never hastily distrusts, and the head perhaps may work its way through the pelvis, the tumour collapsing or bursting, or gradually ascending above the brim. Again, if you think that there is no reasonable hope that the head will work a way for itself, there is yet a third practice to which you may have recourse, I mean the emptying of the tumour. If the tumour be solid, of course the practice is inadmissible; but if it is filled with gelatinous matter, or with water, in such cases an evacuation of it may be effected. To open the tumour from the rectum, we have been advised; but I conceive the vaginal opening is preferable, though I know the rectum will bear a good deal of violence without fatal result. It has been recommended too to lay the tumour open by the trochar and canula, and if water is pretty certain, why you may proceed in this manner—introducing the instrument at the most depending part of the tumour, and recollecting that a fold of intestine may lie in the way, should you meet with water, then you may readily evacuate it, and should the substance which escapes be of viscid consistency, by little and little you may enlarge the opening with a scalpel, so as to give a broader vent. Should it be doubted whether the swelling be solid, or filled with water or viscid matter, you may cautiously cut down with the scalpel till the point is decided.

Here, then, are the three leading practices which the recto-vaginal tumours admit; the pushing the tumour above the brim of the pelvis, the suffering the head to work its way spontaneously, and the opening of the tumour, whether by puncture or incision. The practice of laying open the head in recto-vaginal tumours, I believe to be bad, because, after this is accomplished, if the tumour be moderately large, you may still be unable to get it away. We have been advised further, and this measure may be sometimes necessary, to lay open the head, and the tumour too. In general, if the tumour is encysted, I should hope, that to lay open its cavity, would supersede the necessity of the use of that formidable instrument the perforator. The application of the forceps in these cases, is an excellent topic of obstetric chit-chat; but unless the tumour be exceedingly small, you may scarcely hope to accomplish the delivery by the use of this instrument. If you want to kill your patient, turn the child by all means; cram your hand up into the vagina, lacerate the womb, haul down the legs, tear the head off the body, and then perform the Cæsarian operation to extricate the head from the womb. This is coarse language, but the practice is coarser.

It has been advised in some of those cases, to perform the Cæsarian operation; and I do believe, that in some instances of recto-vaginal tumour, the Cæsarian operation, dangerous as it is, might be the safest proceeding. Still, however, I closely adhere to the general principle of British midwifery, that the Cæsarian operation, in the present dangerous modes of performing it, at least, ought never to be attempted, if delivery, however difficult, may be accomplished by the natural passage; because, unless we adhered to this rule, there would, I fear, be no end to the cases in which the operation would be needlessly performed. By Dr. Davis it has been judiciously observed, that if the abdomen were laid open above the pubes, the tumour might, perhaps, be removed from the abdominal cavity, so as to make room for the passage of the child through the pelvis, and to supersede the division of the uterus. For myself, I conceive, that in some cases, perhaps, the tumour might be advantageously dissected away, by laying open the back of the vagina. Two advantages would result from a measure of this kind—the clearance of the pelvic cavity, I mean, and the liberation of the body from a diseased mass, which, in the progress of its growth, might afterwards destroy the patient. These practices, however, require much previous meditation. The success of Drew's cases is encouraging. Do not lose sight of this hint, remember the dilatation of the urethra. In surgery we must never despair. Yet, beware of rashness.

In fine, then, the principal practices admissible in these cases of pelvic tumour, concurrent with parturition, are the following: the urging of the tumour above the brim of the pelvis, if indeed this can be done with gentleness; the giving a few trials to the natural efforts, and the reduction of the bulk of the intumescence by puncture or incision. Other practices of more dubious utility to be recollected, however, where the former fail us, are those of turning, applying the forceps, laying open the head, in conjunction with puncture of the tumour, the performance of the Cæsarian operation. Extirpation of the tumour, by way of the vagina, may, perhaps, in an improved state of abdominal surgery, prove of valuable use; but till facts have accumulated, it is better to refrain. To conclude.

As the case under consideration is very dangerous, and of vast interest, and as it is not improbable that you may have to contend with it in practice, I have got together a table, in which the result of the different methods of treatment is concisely stated, and which table is the following. One case I know of, in which the tumour was pushed above the brim of the pelvis, both the mother and child recovered. Four cases I know of, in which the tumour was laid open by puncture or incision; in the first of these, the mother recovered with difficulty; in the second, imperfectly; in the third and fourth cases, she died; in one of the cases, about six months after the operation was performed, three of the four children were saved; of eight lives, therefore, five were preserved, and three were lost. Eight cases are come to my knowledge, in which embryotomy was adopted, (this operation, unfortunately, being too easily accomplishable,) in these cases, two of the mothers recovered, one of them imperfectly, and five of them died; of course all the children were lost; of seventeen lives, therefore, three only were preserved, and fourteen were lost, for one was a case of twins. Of turning, I have five recorded cases; in four of them the mothers died, in *all the children*; of ten lives, therefore, one only was preserved, and nine were lost. Of puncture and perforation combined, that is, puncture of the tumour, and perforation of the head, three cases are known to me; in one of these, the mother recovered; in the second, she died; in the third, she sank eighteen months after the operation; all the children were lost; of six lives, one only was preserved. In the second volume of the *Medico-Chirurgical Transactions*, there is an excellent paper on recto-vaginal tumour, by Parke, of Liverpool; and, in the tenth volume of the same work, there is another still more excellent from the pen of Dr. Merriman; and to these papers I am indebted for many of the preceding facts. On reviewing these cases, you draw your own inferences; but we may, I think, safely conclude from them, that unless the tumour can be urged above the brim, to open it is the most desirable practice, unless, indeed, it can be extirpated.

LECTURES ON ANIMAL CHEMISTRY,

BY

PROFESSOR BRANDE.

Delivered at the Royal Institution of Great Britain.

Lecture LI.

On Urine, on Sand or Gravel, and the Composition of Urinary Calculi.

Gentlemen,—The urine is a secretion which takes place from arterial blood in the kidneys, and which differs from all other secretions, in being, in the healthy state of the body, almost always of an acid nature. There do appear to be occasional exceptions to the rule of its being acid, but I believe that healthy urine will generally be found to contain excess of acid. This circumstance has induced some theoretical physicians to imagine, that the secretions of the human body may be presided over by certain electrical energies of the nerves; and inasmuch as the bile is an alkaline secretion, it is said to be presided over by a negative electrical power, and the urine, being an acid secretion, by a positive power; but we know nothing of the electrical nature of the nervous agencies, nor would such an explanation account for the peculiarities of the secretions named.

It becomes very difficult to give any account of the contents of the urine, for two reasons; first, because they are always very complex; and, secondly, because they are very liable to considerable fluctuation; so that you have the same substances presenting themselves in very varying proportions, and certain substances at one time, not to be found in it at another. At one time, the urine is little else than clear water; and, at other times, it may be a strong alkaline or acid solution. Berzelius has published an analysis of the urine, which, he states, presents a view of the average composition of the human urine; but I must warn you against adopting hastily this, or any accurate analysis as anything like a standard of the composition of this fluid; and I do this, because I observe that physicians and writers on medicine copy the analysis, as if it were strictly the representation of the contents of their urine. This table shows you the results of the analysis of Berzelius. In 1000 parts of healthy urine, he found that there were of

Water	933.00
Urea	30.10
Sulphate of potassa	3.71
Sulphate of soda	3.16
Phosphate of soda	2.94
Muriate of soda	4.45
Phosphate of ammonia	1.65
Muriate of ammonia	1.50
Free acetic acid Lactate of ammonia Animal matter soluble in alcohol Urea not separable from the preceding	17.14
Earthy phosphates, with a trace of fluate of lime	1.00
Uric acid	1.00
Mucus of the bladder	0.32
Silica	0.03
	1000.00

Now, supposing these substances to be always present, which, in fact, they are not, the urine is never voided twice alike, and therefore little dependence is to be put upon these minute analyses. I shall endeavour to give you such an account of the urine, as appears to me to be more practically useful. The specific gravity of the urine varies from 1005 to 1040, perhaps it is sometimes below 1005; but when it is as high as 1040, it is a diseased secretion, and either contains much saccharine matter, such as is called diabetic urine, or is much loaded with animal matter, as it is in the cases of indigestion, and disorders of the liver. About 1020 is the average specific gravity of the urine; it contains carbonic, phosphoric, and uric acids, in a free state; phosphates of lime, soda, ammonia, and magnesia; common salt, sulphate of soda, albumen, and urea. Now, with regard to the water, we need not stop to prove its existence, because it is the menstruum by which the various substances are dissolved. That free acids exist in the urine, is shown by testing it with any of the usual tests for the acids. One of the acids it contains is the carbonic, and this you may prove, by putting some of the fluid into a retort, or under the receiver of the air-pump, and during exhaustion, you will find several bubbles of air escape. That it contains phosphoric acid appears to be evident, from various experiments; but if you pour lime-water into urine, a phosphate of lime is formed. Uric acid is also one of the free acids of the urine; and, in order to prove that, you may evaporate it, and during the evaporation a red powder will fall down, which is uric acid. This substance exists in considerable quantities in some calculi, and is easily recognised by nitric acid. If you heat a calculus, and apply nitric acid to it, you will have a red powder formed, which is very indicative of the presence of uric acid, so much so, that it cannot be mistaken. Dr. Prout has given much valuable information respecting this acid, and its principal characters are these: it exists in its pure state in the form of a white crystalline powder; it is very difficultly soluble in water, and is therefore found in the urine, but in small quantities, in its free state. It combines with bases, and forms a class of salts to which the term *urates* has been given, which have not been much examined. It was originally called by Scheele *lithic* acid, because it constitutes an abundant ingredient in urinary calculi. If we combine it with ammonia, it appears to form a salt, the *urate of ammonia*, capable of being dissolved in a small quantity of urine. So much then for the acids which exist in a free state in the urine; the carbonic, the phosphoric, and the uric.

If you pour ammonia into urine, you obtain a precipitate of phosphate of lime; and if you evaporate the urine carefully, you will get a variety of crystalline salts, among which you may recognise phosphate of ammonia, soda, and always phosphate of magnesia, and common salt; and during this evaporation, a further precipitate takes place, which is found to be a compound of phosphoric acid, magnesia and ammonia, called the ammoniaco-magnesian phosphate, an abundant ingredient in certain calculi. The solution of barytes dropped into urine occasions an abundant precipitate, which is phosphate of barytes; but Berzelius detected it in a minute portion of sulphate of barytes, and he considered that the urine contained sulphuric acid, which might have existed in very minute quantity, combined with soda or potassa.

That the urine contains *albumen*, is very evident, by setting aside urine which has been voided in certain cases of diseased liver and indigestion; there is in such cases an abundant sediment of white matter, which is albumen, and not earthy salts, as it has been supposed. The quantity of albumen is very variable, and it appears to be in such cases secreted from the kidneys, and not derived from the mucus which lubricates the interior of the bladder.

Urea.—If the free acids, and the saline bodies mentioned were dissolved in water, the solution would not form any thing like urine, which is found to derive its peculiarity from a distinct animal principle, different from any before described, called *urea.* In order to obtain urea for the purposes of experiment, you must evaporate urine to the consistence of honey, which concretes into a saline mass on cooling, and by digesting this in alcohol, you get urea, which may be crystallised. It is found to be composed of oxygen, nitrogen, carbon, and hydrogen. It is very prone to putrefaction, and forms, during its putrefaction, a great abundance of ammonia; and the reason why urine so speedily changes in hot weather is, that the urea decomposes and liberates ammonia, which, uniting with the free acids, forms carbonate, phosphate, and urate of ammonia, and we find that in a few hours the whole composition of the fluid is upset, and that it contains very different bodies from which it did when first voided. Hence, too, another reason for our receiving with caution the accounts given of the analysis of urine. Here is a specimen of urea, beautifully white and crystallised, which was given me by Dr. Prout; but it is very difficult to obtain in such a state of purity. Urea combines with the nitric acid; and if into a solution of urea you drop a little nitric acid, you get a number of crystalline flakes precipitated, called *nitrate of urea*; and in some particular forms of disease, you get the urine so overloaded with urea, as to obtain from it nitrate of urea, by adding nitric acid, without any further trouble.

Such, then, are the substances which appear to exist in healthy urine in very variable quantities, some of them being occasionally, almost, if not entirely, absent. It is sometimes destitute of uric acid, or nearly so; and sometimes of urea. The urine voided by persons suffering from hysteric affections, is often little else than water; and in many cases of disease, you will find that one or the other of the ingredients named will be wanting.

Chemical physicians have made a great many experiments on the urine in different states of disease, but without throwing much light on the disease or the urine; but there is one form of disease called *diabetes,* which requires attention here, in which a large quantity of saccharine matter is formed in the urine, which furnishes on evaporation a quantity of matter not unlike common sugar. Between the urine of graminivorous and carnivorous animals, we find an essential difference; in graminivorous animals, uric acid is seldom present; hence it has been inferred, that uric acid owes its origin to animal food, and that, therefore, when it is known to exist in such abundance as to deposit calculi, it has been advised that we should limit the quantity of animal food, and this is true to a certain extent; but the parrot voids uric acid in its urine, and the urine of some snakes, especially the *boa constrictor*, which swallows large quantities of animal food, contains uric acid and urate of ammonia; and here you observe, that it is manifestly a secretion, not a refuse of the food that this animal voids, but a secretion from the intestinal canal, since snakes have no urinary bladder.

Of the substances I have mentioned as existing in the healthy state of the urine, there are some which occasionally make their appearance in excess, and then the urine assumes what may be termed a morbid state. The urine ought to remain transparent on cooling; but sometimes it begins to deposit various matters soon after secretion, and in some cases even in the bladder, and voided with the urine, and this disease is generally called *sand* or *gravel*; and, as far as chemistry is concerned, we may divide it into *white* and *red sand.* In the treatment of calculous deposits, it is important to bear in mind this distinction, because they have been too indiscriminately treated with great disadvantage to the patient. The *white sand,* which makes its appearance in the urine at the time it is voided, or soon after, sometimes has a white sediment, or a crystalline film upon the surface of the urine, which is constituted chiefly of phosphate of lime and ammoniaco-magnesian phosphate; generally the latter predominates, and you find that it may be produced in the urine by a variety of causes, and may at any time produce it by taking large doses of alkaline medicines: if you take carbonate of soda, or carbonate of potash, in large doses two or three times, the urine will deposit this sediment; and it is liable to be produced, as far as I have observed, by feeding too largely upon an amylaceous diet. Now magnesia will produce it very abundantly, and I mention this, because persons taking magnesia, and observing this sediment in the urine, have said that the magnesia has the power of curing the red gravel, whereas it has nothing to do with it, except that of rendering the urine alkaline. Now the ammoniaco-magnesian phosphate, and the phosphate of lime, are held in solution by the uric acid; and whenever you diminish the acid, or take away the solvent which holds these bodies in solution, the urine will have a tendency to deposit this white sand. I do not mean to say, that this deposit is important when only occasionally observed; but when the urine for a long time together deposits white sand, it should be strictly attended to, as it is likely to be a forerunner of calculus; and it is impossible to press upon you the necessity of attending to this disease too much in its early state, for it is then generally manageable; but it unfortunately happens, that these changes are not attended to until the pain which the calculus produces calls the attention seriously to it. Now inasmuch as this white sand is deposited in consequence of a want of acid in the urine, you will find that acids and other remedies which tend to increase the acidity of the urine, will be very efficacious in checking and putting a stop to this production; and it is a curious fact, that acids and alkalies will go off by the kidneys, and produce the same changes on the secretion of the kidneys, as if they entered into the composition of this secretion, which is not the case; they only change the secretion of the kidneys. With this fact before you, you have only to administer such acids as are calculated to diminish the formation of the white sand, and this may be done by an acrid diet, and you will direct the patient to drink claret in preference to port wine, and the light French wines in preference to Sherry and Madeira; to take salads, and to avoid all the common kinds of amylaceous food. Carbonic acid, when the stomach will not bear other acids, will prove very efficacious, and a pint of water impregnated with carbonic acid, taken twice in the day, will be very serviceable in many cases. In some cases it will be necessary to throw aside the chemical treatment altogether, and to treat the patient according to more general rules of medical practice; to regulate the secretions of the bowels and stomach and liver, and so on.

Red Sand.—There is a kind of sand voided very frequently, which we shall call red sand; it is chiefly uric acid, and it appears like brick dust, of various shades of colour, but generally red, or orange, and when this is the case, you may be sure that uric acid is in excess, and this disease is of a more alarming description than the other, because of its greater tendency to concrete in the bladder. The treatment to adopt in this case is, to use the alkalies, or the alkaline carbonates, and the latter are to be preferred, because they are equally efficacious as the caustic alkalies, and less liable to injure the stomach. Magnesia is also successful in producing relief, but it should be used with caution; and I have known persons take a teaspoonful of it night and morning for months, and thereby cause a great accumulation of earthy matter in the intestinal canal, much to the injury of their general health. Ammonia may also be advised; and, both in this form of sand and in the other, you would find the greatest benefit by giving plentifully of diluent drinks, in order to enable the urine to retain a greater quantity of matter in solution than it otherwise could do.

Calculi.—When sand accumulates in the bladder, and is neglected, it concretes, and forms urinary calculi, of which you here see three, which are so small as to have been voided by the urethra. Here are several calculi, which have been formed in the kidney, and which passed by the ureters into the bladder, but these concretions sometimes lodge in the bladder, go on increasing in size, and at length require a surgical operation for their removal. To give you a notion to what extent these things sometimes grow, you see here calculi, taken from the human subject of immense size. You generally find, upon making a transverse section of a calculus, a central nucleus, around which depositions of earthy matter appear to have been made in successive layers, so as to have a laminated appearance, and indeed they very easily break into layers, as this specimen shows you, when there is a number of successive strata, or deposits, around a central nucleus. These calculi are soluble in the alkalies; with nitric acid they furnish a red compound, which I have already adverted to, and, in short, they are chiefly composed of uric acid. Now, this is only one form of calculus, and you will observe what the history of its formation is; the urine has acquired a tendency to deposit an unhealthy quantity of uric acid, which has accumulated in the kidney, and afterwards passed into the bladder; the urine passing over it, and being supersaturated, as it appears, with uric acid, has deposited, gradually, a great quantity upon it in successive layers. This is one of the varieties of calculus which we call *uric acid calculus.*

The *phosphate of lime* calculus is comparatively rare; it is of a pale-brown, or grey colour, laminated in its appearance, and dissolves in the acids, but not very readily however, and is precipitated by ammonia in the state of phosphate of lime. It is a singular thing, that the calculi from the prostrate gland are always composed of the phosphate of lime, or bone earth.

Why, then, a third species of calculus is the *ammoniaco-magnesian phosphate,* and this is very common; its history is important, because of the natural tendency of the urine to deposit this matter upon extraneous substances, so that, suppose you have a small fragment of uric acid in the bladder, and that the urine then ceases to deposit uric acid, and acquires its healthy character, that nucleus will not be redissolved in the urine, but the urine, trickling over it, will deposit the ammoniaco-magnesian phosphate. Thus, you find, if a piece of bougie gets into the bladder, or any other extraneous substance, it soon becomes coated with this substance. It sometimes happens, that in consequence of some disease of the prostrate gland, the bladder is unable to evacuate all the urine, so that there remains a little pool of urine in the bladder, in which the sabulous matter accumulates, and deposits a nucleus, which continues to receive fresh additions of deposit. This ammoniaco-magnesian phosphate calculus, is distinguished by its crystalline texture; by its solubility in the acids; by its exhaling ammonia when heated; and by its leaving an acid phosphate of magnesia.

There is a calculus composed of a mixture of the two last-mentioned substances, which is called the *fusible calculus.* These substances exist naturally in the urine, and you are to attribute their deposition to some fault in the state of that fluid; but there are other calculi, which are exclusively the products of disease, composed of materials not found in the healthy urine, such is the *mulberry* calculus, as it is called, from its tint; it is composed of *oxalate of lime,* and whenever this substance can be detected in the urine, calculi are very prone to form. When it forms in the kidney, and falls down into the bladder, it looks like a hemp seed, having a smooth polished surface; and you may distinguish it from the others by heating it a little with a blow-pipe, when it blackens and swells up, and melts away, leaving a little white infusible residue, which is quick-lime.

The practical application of the diagnosis of these calculi is, that when patients have voided a calculus of oxalate of lime, they are not liable to have a return of the complaint, and I have known eight or ten cases of this kind; whereas, if they void uric acid calculi, they will be liable to repeated attacks of the same disease.

There is a peculiar substance sometimes voided with the urine, which Dr. Wollaston has called *cystic oxide*; it is very soluble in the urine, so much so, that it is wonderful that it should ever concrete; it is of rare occurrence. These, then, are the substances which appear to constitute urinary calculi; some others have been described, such as carbonate of lime, urate of ammonia, silica, and some other substances, but not upon good authority.

Now, in concluding this subject, we may observe, that the treatment of urinary calculi, chemically, must be the same as that already pointed out for sand; but that the attention of the practitioner should be chiefly directed to the treatment of that affection, if he wishes to prevent the formation of stone; and, I believe we may state, that when a calculus is once formed in the bladder, it cannot be dissolved, and that the cases of apparent cures, which have received rewards even from Parliament, are without foundation. A stone may remain for a time quiet in the bladder, in consequence of being encrusted at one time with a less irritable coating than another; or it may sometimes fall between the fasciculi of the coats of the bladder, and thus remain quiet, which was the case in the patient treated by Mrs. Stevens, for which she was rewarded by the public; and in such cases the relief obtained is often attributed to the action of some solvent. The fact is, that solvents, as generally used, are liable to tend to the growth, rather than to the solution of the stone. The patient is apt to console himself with the idea, that all the alkaline matters he is voiding is coming from the stone, whereas it comes only from the bladder, being there deposited in excess from the urine, in consequence of his taking alkaline medicines; and sometimes there have been layers of alkaline and acid depositions upon stones, according as the medicine taken has been changed.

There remains for consideration two or three important proximate principles of animals, and also a general view of the functions of animals, and these we shall take up in the next lecture.

FOREIGN DEPARTMENT.

ON THE BILATERAL OPERATION FOR STONE, AS PERFORMED BY BARON DUPUYTREN.

The origin of the bilateral operation is involved in some degree of obscurity; Bromfield in England, and Chaussier and Beclard in France, were led by reflection on a passage in the twenty-sixth chapter of the seventh book of Celsus, to suggest this operation; and, from the words of Celsus, it is not improbable but that the bilateral operation as now performed, was the one which he described. Be this as it may, a point of no great importance, the merit of being the first to perform it on the living subject is now generally, and, we believe, correctly, ascribed to Baron Dupuytren. His mode of operating is as follows:—

The patient being placed as in the lateral operation, and the staff being introduced and given to an assistant, the operator, with the right knee resting on the ground, places the thumb of the left hand on the tuberosity of the right os ischii, and the fore-finger of the same hand at the base of the scrotum, and, in this way, puts on the stretch the skin of the perineum. With the other hand, the operator takes a straight scalpel, and introduces it on the right side of the perineum, ten or eleven lines from the raphe, and directs it to the left side, describing a slight curve. The centre of the incision should be from six to seven lines in front of the anus in children, and nine to twelve in adults. The parts divided in the first steps of the operation, are thin subcutaneous cellular tissue, perineal fascia, ejaculatores urinæ, and a few fibres of the transverse muscles.

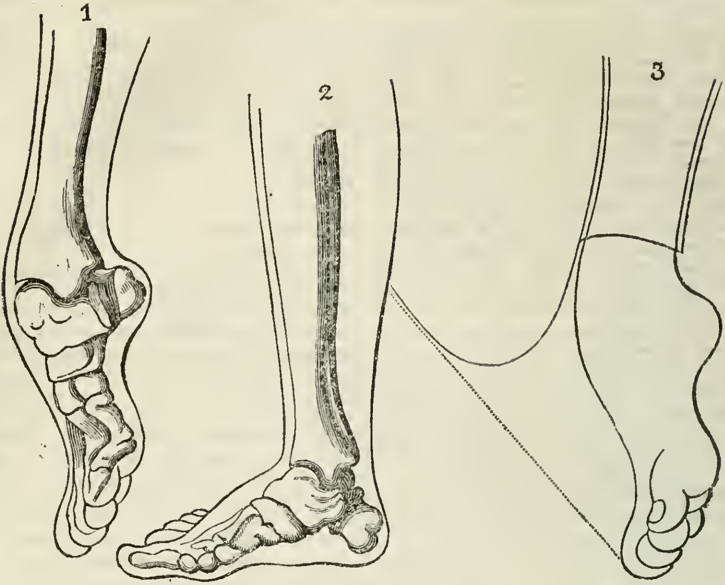
The first part of the operation being finished, the surgeon introduces into the centre of the wound the extremity of the left forefinger, for the purpose of feeling the membranous portion of the urethra and the staff. Then the nail introduced into the groove of the instrument, serves as a guide to the scalpel, the cutting edge of which directed at first backwards, divides this portion of the canal, and then returned, prolongs the incision towards the superior part. As in the motion thus communicated to the knife, its escape from the groove of the staff might take place, Baron Dupuytren advises a double-edged scalpel to be used, although he generally employs a common scalpel himself.

When the urethra has been divided to the extent of six or eight times, the nail being still kept in its situation, the lithotome is introduced. The operator then takes with the left hand the staff, and slightly depresses the handle, whilst the lithotome is pushed forwards, the concavity being turned upwards. When the lithotome reaches the extremity of the groove, it must then be disengaged from the groove, and the staff withdrawn. It is then turned, so that its concavity looks downwards. This turning of the instrument is necessary; for if it were opened whilst its concavity was turned upwards, the two blades would be perpendicular to the direction of the vessels, and these would then inevitably be wounded, an accident which will not occur if the concavity be downwards, as both blades will be then parallel to the rami of the ischia. The lithotome being in this situation is opened at No. 14 for children, and No. 15 for adults, and is then withdrawn with great precaution. When the operator finds, from the resistance being overcome, that the neck of the bladder and prostate are divided, he ceases to press on the part which communicates with the blades, by which they return into their sheath. It is the double incision which constitutes the great advantage of the bilateral over the lateral operation, as performed in England. The fore-finger of the left hand is then introduced into the wound, and a blunt gorget, with the concavity upwards, is passed into the bladder when necessary, by means of which the forceps are introduced into the bladder, and the stone withdrawn.

Baron Dupuytren has performed this operation twenty-six times, with the loss of one case.

ARTIFICIAL ANUS—NEW MODE OF TREATMENT.

M. Roux performed, some time ago, in Paris, a new operation for the relief of artificial anus. A woman, 26 years of age, after a difficult labour, in which the use of instruments were required, became afflicted with an artificial anus, which was situated in the small intestines, and opened into the superior part of the vagina; the aliment, in a half-digested state, escaped through the opening. The patient's general health was very much affected by the complaint, on which account, M. Roux decided on performing an operation somewhat new, as applied to the relief of artificial anus. He made an opening into the abdomen, between the umbilicus and pubes, for the purpose of finding the perforated intestine, but having neglected to introduce a catheter, or long probe, through the external opening of the artificial anus, it was with considerable difficulty he succeeded in reaching the diseased intestine. M. Roux laid hold of what he conceived to be the superior, but which, in reality, was the lower portion of the gut, and divided it; he then took the sigmoid flexure of the colon, which, from its empty state, appeared like small intestine, and invaginated it into the extremity of the gut previously divided. Sutures were applied for the purpose of keeping the ends of the gut together. The patient died 36 hours after the operation, and the examination showed the mistakes which had been committed; if the patient had survived, the operation would have been useless, for the fœcal matter passed by the superior extremity of the small intestine into the colon, would have taken in this portion of the intestinal canal a wrong direction, and have escaped into the vagina by the lower end of the small intestine, which had never been touched. We had certainly not expected that a surgeon possessing so much operative skill as M. Roux is known to possess, would have committed these mistakes, or that *any* surgeon would have performed so hazardous an operation for the relief of a complaint which, in itself, is not destructive of life.



To the Editor of THE LANCET.

SIR,—I shall now proceed to explain the process by which I cured those deformities, an account of which you have already published; as it would be a sad waste of time to investigate or refute all the erroneous opinions that have been entertained on this subject, I shall confine myself to explain and account for the facts which I have already proved.

It is certain, that at one period the feet of these patients were all in a perfectly natural state; that, by degrees, they became deformed to the extent that has been shown, and the patients were believed, by all the professional men who were consulted, that the changes, by whatever means they were produced, were irremediable, and the patients must remain cripples. I now beg to ask if you, or any other gentleman in the profession, will undertake to demonstrate by what change of structure, arrangement, or other alteration of these limbs, they passed gradually, and became, to all appearance, permanently fixed in the deformed state? Or will any one explain by what means I returned those deformed limbs to their natural state, so effectually, that the patients resumed all their natural functions, and passed through the rest of their lives in a state of health, and, so far as their limbs were concerned, of happiness? As I do not believe that any one will undertake to give these explanations, I will endeavour to do it myself.

To assist in this I have, in the annexed figure 1, drawn a deformed foot, the same as that which is in the second of these cases, and within it I have drawn the bones of the foot in the relative positions they were in, while the foot was in that deformed state; by this figure you will see, that the head of the astragalus was moved from under the scaphoid cavity of the tibia, and placed in the front of the foot; the os calcis was placed close to the back of the tibia, and, being covered with the soft parts, gave the appearance of a very small heel, which the wise men of that time said was occasioned by malformation of the bone, and therefore, *must* be quite irremediable. In figure 2, I have repeated the sketch of the same foot that was drawn after it was restored to its natural state, and within it I have drawn all the bones in the state they must have been in while the foot was in this its natural state, both before and after it was in the state of deformity that has been shown. As the facts were ascertained, I again ask by what means these repeated changes were effected? As I shall receive no answer, I proceed with *my* explanation, in which I shall be assisted by the history of the cases themselves.

The predisposing cause of the first was certainly palsy, which remained in existence for several months, and rendered the limb useless; the predisposing cause of the second seems, likewise, to have been palsy, although it was not so well defined as the first, and if it were palsy, continued but a short time, and then ceased, leaving the foot useless, under the influence of debility; but the third had no predisposing cause whatever. A healthy child was, by the direction of a professional man, who was in all probability misunderstood, deprived of the opportunity of using her legs, by placing her upon a crutch, till the limb became contracted, deformed, and incapable of being used; yet the effect in all was the same, and they were all cured by the same means. The same alteration took place in all: the legs and feet diminished in size till they became rigidly contracted, and then seemed to have acquired the maximum of diminution, if I may be allowed to use the term.

There were three deviations from the natural state of the parts in these limbs, which, though they were united to produce the deformity, must be considered, as they were treated, separately; first, a deviation from the natural arrangement of the bones; this was the basis of the deformity, although the bones were quite passive; second, a peculiarity in the capsular ligaments, which will be hereafter explained; and, third, a deranged action of the muscles, which was the direct cause of all the distortion.

If the account of the first case is examined, it will be seen, that when the patient stood as upright as possible, his heel was more than four inches from the ground, and in the other two cases the contraction, or, as I am disposed to call it, the retraction of the heel was quite as much: this was occasioned solely by the contraction or retraction of those muscles which form the calf of the leg. This was the sole and active cause of the whole defect in the limb, and the cure was effected first by producing so much extension of those muscles, as increased their length more than four inches, and their bulk was increased so much as to add one inch and a quarter to the bulk of the leg, when the circumference was measured round its largest part. No effect like this has, I believe, been produced by any other person in this country; but as something very like it has, from time immemorial, been practised in some other countries, and as the knowledge I had acquired of the success which had attended these practices first led me into that train of reasoning and experiment, which led me to discover and bring to its present state the practice of which I shall now give the details, I shall give some account of the ground upon which I proceeded. It has been, time immemorial, the superstitious practice of some religious persons in India, to deprive themselves of the use of some of their limbs for a series of years, in honour of their divinities, and when the term of their vows was expired, they restore those limbs to their natural uses, and they remain as if they had never been deprived of their natural powers. One authentic proof of this practice I have found in Captain Turner's account of his embassy to the Court of the Tesho Lama in Thibet. In speaking of one of the enthusiasts that have been mentioned, Captain Turner uses these words:—"The complete term of his first penance being expired, the next he undertook was, to hold his hands, locked in each other, over his head, the fingers of one hand dividing those of the other, for the same term of twelve years. When I first saw him at this place in 1783, he rode on a pye-balled tangum horse from Boutan, and wore a satin embroidered dress given him by Tesho Lama, of which he was not a little vain; he was robust and hale, and his complexion, contrasted with a long bushy black beard, appeared really florid. I do not suppose that he was then forty years of age. Two gosseins attended him, and assisted him in mounting and alighting from his horse; indeed he was indebted to them for the assistance of their hands upon every occasion; his own being fixed and immovable in the position in which he had fixed them, were of course useless.

"*The circulation of the blood seemed to have forsaken his arms; they were withered, void of sensation, and inflexible, yet he spoke to me with confidence of recovering the use of them, and mentioned his intention to take them down the following year, when the term of his penance would expire.*

"Other gosseins assured me, *though I could not help doubting the fact, that it is practicable to restore withered limbs, thus circumstanced, to perfect use.* This is effected, they say, though not without great labour and some pain, by means of long friction before a large fire, with a certain ointment which they compound."

Substitute the words legs and feet for arms and hands, and the language of Captain Turner will completely describe the legs and feet of the three patients whose cases I have described, *wasted, rigid, and incapable of any kind of motion.* Captain Turner *doubted the fact of its being possible to restore limbs that were so circumstanced, to perfect use;* but, as the course of my reading enabled me to know that this very practice had existed in India for a time that extended to periods more remote than any of which we have any historical knowledge, I believed that what these gosseins told Captain Turner was true: I assumed that the feet of my patients had, by some means, passed into the same state as the arms of this devotee; and as he, whenever he pleased to do so, could recal them to the same state of useful perfection as they were in when in their former state, I inferred that *I might* likewise be able to restore my patients to the use, as well as the natural form, of their legs: I had a bad opinion of the surgery, if it deserves the name, by which these people professed to make the alterations which they did produce, and resolved to depend upon my own resources in the attempts that I should make to cure these patients.

Before I attempt to explain these, I will endeavour to show the progress of those alterations which certainly took place in the progress of this man's arms, from their natural to the rigid and useless condition to which he reduced them. If I stand upright, and raise one arm into the air, pointing perpendicularly to the zenith, and bend the other downwards, pointing to the earth, after I have been in this situation some time, that arm which is raised in the air will become pale, and that which is pointed downwards will have acquired a much higher colour; this alteration is produced by the action of gravity. The circulation of the blood goes on as usual through the whole body, but the mere effect of gravity prevents *so much* from passing the arm which is raised, as passes through that which is dependent; the red particles of blood being the largest and heaviest, increase in the arm that is dependent, and the arm which is raised receives less blood upon the whole, and the quantity of blood which it does receive contains less of the red particles than the other arm. The consequence of this proceeding being continued by our devotee was, that the arms, being kept elevated and motionless for twelve years, received gradually, less and less of the circulating fluids, till it received no more than was necessary to support the life of the parts; the flesh wasted as the fluid diminished, till it could diminish no more, and the arms became rigid, motionless, and consequently useless; while the body, by the effects of the exercise which, it seems, the man continued to take, preserved its healthy condition, as Captain Turner represented, and the arms, not having suffered the effects of any disease, had no obstacle of that kind, which would prevent them from resuming their natural powers, provided any adequate means could be devised to give it to them. In hopes of effecting this, I applied to part of the knowledge I had received from Mr. Hunter. He said, "I do not know by what means the will is connected with those muscles which perform voluntary actions; but I have often known, that when that action has been lost, and a limb rendered useless, I have restored that limb to its natural action, by setting an assistant to force that limb, by working it with his hands in the same direction that it would move if it had its natural powers, and by continuing this extraneous action for a long time artificially, I have even seen the use of a limb restored, after it had, to all appearance, been quite lost."

Being armed with these authorities, I engaged in a course of experiments which enabled me to complete that mode of treatment which I will now endeavour to explain. Of the great number of persons with whom I have conversed upon these subjects, the very few who have believed it was possible to cure them, have supposed, that those cures were effected by great pressure. "What immense pressure you must have used to produce so much alteration in the position of the bones!!!" The simple answer is, that I used no pressure whatever; on the contrary, my most anxious care was always exerted to avoid making pressure of every kind, which, if it ever take place, must produce mischief, as you will perceive that the soft parts lying between the bones, any thing that is made to press upon them, must bruise them and produce inflammation and all its evil consequences. The process by which I did cure these cases may be thus described.

I placed upon the leg a plate of iron, tin, or other metal, as the circumstances of the case required; this was lined, or otherwise guarded, so as to prevent its edges, or any other part, from pressing upon any part of the leg. This contrivance, by whatever name it is called, was fixed to the leg by straps, bandages, or adhesive plaister, arranged in any manner that, at the moment, seemed to be necessary. Upon this plate I fixed a spring, whose length was equal to, and, when any circumstance required it, longer than the greatest length of the leg and foot; the curve of which was directly contrary to the bend that the foot had taken, and the range of whose action was, if it had been exerted to its fullest extent, such that it would have drawn the foot, at first, *to* its natural position, and afterward much beyond it. This may, perhaps, be understood by reference to the annexed figures, which represent the deformed foot and leg; the curved line A. A. represents the curved spring.

I assumed at first that the deformed state of the limb was produced by contraction, or retraction, of all the flexor muscles of the leg, and, in this case, a small degree of contraction in the plantar aponeurosis; by these means the action of the extensor muscles was first overcome, and afterwards lost. The leading idea that I adopted was to produce contrivances that should imitate the action of those muscles which had lost their power, and then, by applying them in a proper manner, overcome the too powerful contractile action of the flexors; if this was done, and the loss of power in the extensors was but temporary, the natural action of the whole limb would be restored; but, if the loss of power in the extensors was permanent, after the foot was restored to its natural form, it would still be necessary to support it by artificial means, to prevent it from relapsing, and enabling the patient to walk, though in a manner that would necessarily be imperfect.

This speculative idea has since been realised to its fullest extent. You will perceive, that if the foot, which is represented by these figures, had, by luxation of its ligaments, or loss of muscular power, fallen into that position, but had retained its flexibility, if the end of the curved spring had been bent down till it came near to the top of the foot, without touching it, and if it was then bound in that situation to the foot, its reaction would draw the foot up into its natural position; but, if it was *rigidly fixed in its deformed state*, the recoil of the spring would bring a strain upon the contracted muscles; this would produce, first, pain, then increased circulation, and, successively, inflammation, and, if the same strain was continued, proceed to mortification of the limb. This method of treatment, you will perceive, is a most powerful instrument, and requires to be managed by skilful hands, or great mischief will ensue.

This part of my process may be described in few words, but to practise it with success requires great and unwearied attention for a long time. I have always proceeded in this manner: first, to ascertain the degree of rigidity that exists in the contracted limb, and the degree of force that must be used to counteract it. Having determined these two points, with as much accuracy as the circumstances will allow, and prepared my springs accordingly, I apply and fix the upper part of the instrument on the leg; I then try, with my hands, how far I can raise the foot towards its natural position; I hold it firmly in that position, while I bend the end of the curved spring down towards the foot, and bind it by passing straps of adhesive plaister round the spring and round the foot, so that, when left at liberty, the reaction of the spring will draw the foot upwards towards its natural position, something more than I can draw it with my hands. The effect of this is, that the foot is drawn upwards, and the muscles, which are subjected to this action, are strained to a certain extent; it is in the nature of all muscles, that are drawn to their full extent, to endeavour to retract; in doing so, those muscles upon which I operate are checked by the springs, *totally if the spring is too strong*, but if it is of a *proper strength*, it will be overcome by the retraction of the muscle. But as no muscle can continue in one action long, and the elastic action of the spring is continual, it follows of course, that when the strength of the muscle gives way, the spring overcomes and draws the muscle to itself, and, having yielded until its tendency to retract predominates, it again overcomes the action of the spring, and they thus proceed alternately till the cure is complete. I hope that I shall be understood, as this is the best explanation I can give; my meaning is, that in healthy muscular action, action and reaction are equal and opposite to each other, but in these distorted feet, one of the actions is first diminished, till it is quite lost, and the foot becomes rigidly fixed. When the remedy is applied, and brought into action, the power of the extensors, which has been lost, is supplied by the artificial contrivance that has been described; it is increased gradually, till it overcomes the contraction of the gastrocnemii muscles, the bones are restored to their natural situation with respect to each other, and the patient is enabled to set his feet flat upon the ground; this may be called the first stage of the cure.

In all the cases of this kind that have been under my management, the cure has been effected, progressively and gradually, in the way that has been described; the parts have been kept continually in action from the beginning, but they were so managed, and the process was conducted so gradually, that in the whole course of my practice I never had occasion to use any means whatever to allay inflammation, or administer any opiate to procure sleep to the patient. The progress of the alteration in the gastrocnemii muscles took place nearly in this manner:—On the first application, the muscles were extended as much as they would admit; they were then in a state of tension; when the spring was put in action, more tension was produced; after a short time there was pain, increased circulation, and a tendency to inflammation. When this took place, the action of the spring was diminished till that tendency disappeared, and the spring again brought into action; this was so managed, that after it was once brought into action, the extending power never ceased till the patients were able to stand flat on their feet; this, in the three cases that have been related, occupied about eight months in each case; in that time the gastrocnemii muscles were lengthened more than four inches, and increased in bulk to the extent that has been described. I am not aware that any alteration in the structure of muscles has been, in any other cases, produced to this extent, by any means whatever.

This may be called the first stage of the cure. I shall now proceed to the second, in which the ligaments are principally concerned. It has been usually said, that the ligaments are inelastic; they are nearly, but not entirely so. It has been usually found, that when a joint is subjected to great violence, the capsular ligaments were ruptured, and the cavity of the joint laid open, as happened to a nobleman who, some years ago, was thrown from his phæton; both the joints of his ancles were ruptured in this manner to such an extent, that his feet were turned up against the outside of his legs. By a less degree of violence the capsular ligaments will be luxated, or strained to a degree that produces much inflammation and great swelling in the whole joint, and I believe every surgeon is aware of the trouble and difficulty there is in restoring joints that have been so injured, to their natural tone and action; the alteration which takes place in the capsular ligaments in such cases, are different from those which took place in the cases that are now under consideration.

It is well known that the capsular ligaments in joints are so proportioned to the joints of which they form a part, that they will allow the motion of the joint to the full extent of its natural action, but no more. If you look at the annexed figures, however, you will perceive that as the gastrocnemii muscles retracted, they drew the os calcis upwards, and at the same time forced the circular head of the astragalus forwards till it became the most projecting part on the front of the foot. As all the patients were in a state of great debility, and the alteration in the forms of their feet took place so very gradually, that the astragalus, in moving forwards, stretched the capsular ligament and carried it before itself to the full extent that the distortion of the foot occasioned it to go. The debilitated state in which the patients were, was so far favourable, that it allowed this extension of the capsular ligaments to take place to this very great extent, without producing any pain, for the patients all declared that they never suffered any pain in their feet while their distortions were coming on: when, by the treatment that has been described, I forced the gastrocnemii muscles to extend till they had regained their natural length and resumed their natural position, I necessarily and unavoidably forced the circular head of the astragalus back into its natural situation, under the scaphoid cavity of the tibia: in proportion as this was effected, the portion of the capsular ligament which had suffered extension, by projection of the astragalus, now sunk again into its natural situation; the consequence of this was, that the capsular ligament, instead of being duly proportioned to the bones of the leg and foot so as to restrain them to the natural extent of their motion, in consequence of the additional length which they had gained when the distortion was produced, did not restrain the action of the foot in any manner, but when the patient attempted to move, allowed the foot to return at once to its original state of deformity. The same effect took place in the muscles, and from the same cause: when the foot passed into the deformed state, the extensor muscles of the foot, which pass from the leg over the foot to the toes, increased in length, at the same time that they lost their power; were equal in length to the foot in its most extended state, and when the foot was returned to its natural form and position, the muscles had no power whatever, either to keep it in that position, or to enable the patient to walk, or to use the foot in any other manner; so that what was gained up to this moment was to enable the patient to stand flat upon her foot, but not to walk or move upon it. The integuments, like the muscles, had increased in proportion as the distortion increased, and followed the same course in every respect; so that when I took the foot into my hand and could, without difficulty, place it on its natural position, the ligaments, the muscles and integuments, being of too great length, and redundant in quantity, formed themselves into wrinkles on the top of the foot, of which the patient could make no positive use whatever.

This being the case, the next process in the cure was to restore the ligaments, muscles, and integuments, to their natural proportions, relative to the bones of the foot, now that *they were restored* to their natural form and position relative to each other; this was effected by means which I will endeavour to describe.

It is well known that the soft part of animals will waste or be absorbed, if pressure is constantly kept up upon them; I therefore endeavoured to try if I could produce continued pressure upon this foot, in such a manner as might cause the absorption that I wished should take place; to do this, I contrived an instrument which, when placed upon the foot, prevented it from passing in any way from the position in which it was, when the patient stood upright upon it; when this was done, I made compresses of soft materials, but of so much firmness, that they would keep the form I had given to them; these compresses were made of forms that would allow them to press the soft parts close to the bones; these soft parts were guarded with a sedative plaister, to prevent any irritation of the skin; the compresses were then carefully applied in their proper situations, and, over the whole, a tight bandage in the nature of a laced stocking, which was always laced as tight as possible.

I have already said, that if pressure was made upon the bones with a view to produce any alteration in them, it must be useless, because it was not proportioned to the nature of the defect, and it must be mischievous, because the soft parts would be injured by compression between the hard bones on one side, and the hard instrument on the other; but when the case was reduced to the state that is now described, it was neither necessary, nor intended to produce any alteration whatever in the form or position of the bones; the intention was to compress the soft parts upon the bones, so as, by absorption of their redundant quantity, to bring the bones, ligaments, muscles, and integuments, into just proportion to each other, so as to give them the only chance of resuming their natural actions, if it was possible that should take place.

I have always found that this compression, when carefully applied, produced the effect that was intended; the firm, though soft compresses, confined the soft parts in contact with the bones, so as to give the muscles, &c., the form that was intended, and would necessarily produce the absorption that was desired, so soon as the circumstances of the patient's constitution would admit the additional compresses that were added, till they brought the leg and foot to a round form, which is the best for receiving regular compression from a laced bandage, the effect will certainly take place. An opinion prevails, that compression produced by such bandages will be injurious, by impeding the circulation; this is an error; a ligature, as the bandage by which the arm is bound up previous to bleeding, does impede the circulation, because it closes the arteries, and prevents the passage of any blood through them; a laced bandage, however, which passes down the whole, or a considerable part of the leg, foot, or any other part, if it is carefully guarded by compresses in the way that has been described, the bulk of the whole will be diminished; the diameters of all the vessels are diminished in the same proportion, which is the effect that is intended to be produced, until the cure is completely obtained.

When the patient has been brought to this state, he is able to walk without other inconvenience than a certain degree of lameness, similar to what is seen in men who walk upon a wooden leg, and for a reason that is, in one respect, similar; the wooden-legged man has no muscles, flexors, or extensors; he supports his body by the wooden prop that is placed under him, and he moves from one place to another by shifting his support as it becomes necessary by using the remains of the muscles of his thigh, which indeed are the only muscles that he has, which are applicable to this purpose. The extensor muscles of the foot and thigh of our patient are perfectly useless, in consequence of the situation in which it is now placed; *he* moves himself about by acting with the flexor muscles of the thigh only. If the compression that has been mentioned is properly kept up, and all the other parts of the treatment that has been mentioned are steadily and constantly followed, absorption of all the redundant quantity of ligaments, muscles, and integument, will take place, till the extensor muscles become justly proportioned to the flexors, and then the very beautiful principle which I have the highest gratification in saying I received from Mr. Hunter, may be brought into use with most beneficial effect.

Mr. Hunter said, "that when muscles had, to appearance, lost all their power of voluntary action, he had often restored that power, by forcing them, for a length of time, to act by means of an assistant, in the same way that they would act if they had their natural power." You will perceive that the way in which I have applied the action of springs, in these cases, to produce extension of the gastrocnemei muscles, is one very effectual application of Mr. Hunter's principles, and the way in which I apply it in this last stage of the cure, is another. I direct my patient to walk deliberately and firmly, lifting the foot that has been deranged, and keeping it raised from the ground for some time; it is then to be set deliberately down; the other leg is then to be moved, and so on, until the natural action is restored. Sometimes, when it is necessary, I examine my patient, to discover if any muscle is particularly defective in its action, and by appropriate motions which I give to it with my own hands, and, when necessary, by other means, I have always succeeded in restoring the power of acting and moving in the natural manner at last.

Having given what I know to be a correct, and hope will prove to be an intelligible, although it may be a tedious, account of the means by which I cured those cases, I beg to recapitulate that they consist of two distinct processes, or operations; first, that by which I produced extension of the gastrocnemei muscles to the extent that I have described; the retraction of these muscles was, in these cases, the cause of all the distortion; in other cases, where the feet are turned in other directions, as in those which I first communicated, where the feet were turned inwards, other muscles are concerned in producing the distortion, but the principles of treating all must be the same; viz. to produce springs, whose forms are proportioned to the forms of the distortions that exist, and that the person who manages the cure, should perfectly comprehend what is to be done, and possess skill to do it properly, circumstances which ought to place the treatment of those cases entirely in the hands of gentlemen who practise surgery. I have never had occasion to use, in any case, a twentieth part of the power that may be produced in this way; the principal danger consists in using too much power; the next, in not having the skill that is necessary to make use of it: of this I could give one instance, where destruction was nearly brought upon a patient, by the ignorance of a person who undertook to do what he well knew that he was not competent to perform; this is the same person who was described by Dr. Neale to his friend Captain Darley, as the wrong Sheldrake, and whom, in your notice to correspondents, you have described as *Sheldrake, a truss-maker*. As the spirit of reformation seems to be abroad, it would be well if the Royal College of Surgeons took some effectual measures to deter such persons from doing mischief, either by assuming the characters of others, or acting in their own.

This first process is but little liable to fail, and indeed never will fail, if proper cases are selected for the treatment, and due care and skill are employed in the practice, and it will generally be found that this first process will produce its effect in a reasonable time—I say *reasonable time*, when it is considered how much is to be done: in the three cases that have been described, the whole elongation of the gastrocnemei muscles, more than four inches in each case, was produced in about eight months.

In the second process, which consists in reducing the ligaments, muscles, and integuments, to a due proportion to each other, and to the bones, as well as to restore the full natural powers of the whole, requires more time and trouble, with the additional disadvantage, that the progress of this part of the cure is more slow, and less visible to the bystanders; they cannot so easily understand the alterations that are actually going on, because neither the alterations nor the effects are so visible as they were in the first stage of the cure.

It will be proper to observe, that in the first case that has been related, palsy had existed for many months; and after that was in a great measure removed, the peculiar flaccidity of muscles which remains after palsy has ceased, continued in full force; to this was added mismanagement of every kind for several years, so that this unfortunate patient was depressed into a melancholy state of constitutional debility. In the second case palsy is said to have existed, but for so short a time, that no proof could be had that it really existed at all; it appeared to me, that the patient had, originally, a delicate constitution; some unknown accident deranged one of her feet, which rendered her less capable of taking exercise than she had been before; this produced other irregularities, which, reverberating from one to another, at last brought her into the miserable state she was in, when I first saw her. The third case differed from the two former; as the patient was a very strong and healthy girl, active, and as willing to be so as any girl of her rank in life; in consequence of a very trifling accident, she was unwisely recommended *not to use her foot at all, till it was quite well*. In consequence, she discontinued her active life, by substituting a crutch for that leg which had been imprudently condemned to a state of inactivity; this she did effectually; she evidently had a strong constitution, with as high a state of health as I have ever seen in any person whatever; even the foot, which had been deprived of its powers by keeping it suspended, useless, was only diminished in size, and rendered rigid and motionless, without being less healthy than any of the other members. Notwithstanding this difference in the condition of the patients, they were brought through the first stage of the cure in nearly the same portion of time. In the second stage the cure was different in each case, in proportion to the different degrees of constitutional debility under which the different patients laboured; the first required longer time and more attention than either of the others, because the palsy, and its consequences, added to what might have been natural delicacy of constitution, rendered him less susceptible than either of the others, to the changes that were necessary to complete his cure; the second only labouring under indifferent health, without any disease, was cured in less time; and the third patient, who, through her whole life enjoyed a high state of health down to the time that she came into my hands, was cured in less time than either of the others, although she was older than they were; and the distortion of the foot, that was equal to either of them, was cured in much less time. This difference of the time that must be employed to cure these, being proportioned to the strength of the patient's constitution, and the state of their health at the time, may be better explained by what takes place in those children whose feet are deformed before the birth; of these, many hundred cases have passed through my hands; and by the result of experience, which I have, by these means, obtained, I am enabled to state the following facts:—

In children, whose feet were deformed before the birth, I have seen every variety, both of the degree of distortion and strength, or debility of constitution; and whether the cures were undertaken immediately after the birth, or at a later period, the variations between the different classes of patients were proportioned to the state of their health. When children are born with great constitutional weakness, and have their feet distorted either little or much, I have always been able to restore them to their natural form, by using a small power, and for a moderate portion of time; but, in these cases, the after treatment, as I shall call it, has always been, and will always be, more tedious and vexatious to the mere bystander, because the alterations are not *visible*, and the anxious parent can only have the assurance of the operator that it is in a fair way, and ultimately will do well. I have, in some of these cases, had occasion to attend them for years before they were quite well.

When the children are born with good constitutions, high health, bodies strongly formed, large, perhaps, and with their feet rigidly fixed in their deformed state, the case is very different; the deformed condition of such feet can only be overcome by gentle means, long continued, and with great caution. The strength of the bodies of such patients renders them peculiarly liable to inflammation, if a strong power is applied; it was a case of this kind, which I have already alluded to, that destructive inflammation was brought upon a patient by the use of much power by a very ignorant person. The operator was the wrong Sheldrake, as Dr. Neale called him.

To treat cases, of the species that I am now describing, successfully, when the malformation is great, the contraction is rigid, and the patient evidently of great strength in proportion to his age and size, a very small power should be employed very gently at first; it should not be suffered to remain more than twenty-four hours in the same situation, it should then be removed, and changed so that it shall act in a different direction and different degree. By proceeding carefully in this manner, after some time the distortion will yield gradually and gently, and after some time the contraction will yield, and by perseverence in this mode of proceeding, be finally eradicated.

There is a very great distinction to be made between these cases, where strength of constitution is the leading characteristic, and those in which the principal characteristic is debility: in the latter, the reduction, by what I have called the first process, is very easily made, but the after treatment is very tedious; but in the former, the reduction is necessarily tedious, and the after treatment quite the reverse. I have known many of these cases where the distortion has been very great and rigid, and where the patient had high health and great bodily strength, after a long and great exertion to reduce a foot into its natural form, for a few months, and sometimes a less time, confinement has given to the patient the full use, and permanent form of his legs, and he has never had a relapse of the former distortion.

I am now entitled to conclude, from what has been said, that in every case, whatever may be the degree of distortion, if it does not originate in some constitutional disease, or is not co-existent with any local disease in the same part, and where it can be easily ascertained that the apparent loss of power, and change of form, have been produced by the cessation of action, may, whatever is the extent of the infirmity, be restored to the form and use of their limbs, by steadily pursuing the plans that have been now explained, and which I have always found successful in my very long and extensive practice. This can only be done, however, when the well-educated and skilful practitioners of surgery will take the management of these cases into their own hands; when this is done, the persons who labour under these misfortunes will no longer be the dupes of a set of persons to whom they have long been a prey: these persons were once generally known as truss-makers and shape-menders, but now, by an exertion of impudence, call themselves surgical mechanicians and mechanical surgeons, a title which, if the Royal College of Surgeons suffers to exist before their faces, will bring upon themselves merited disgrace.

I will, if you approve, in my next, send an account of some cases which, in their general appearance, resemble those which have now been mentioned, but differ from them in being *absolutely incurable*; this being the case, it appears to be important that the means of distinguishing them should be known.

I am, Sir, yours, &c.

T. Sheldrake.

No 73, Great Titchfield Street,
Portland Place.

OPERATION OF LITHOTOMY.—REMOVAL OF A CALCULUS WEIGHING FOUR OUNCES.

Mr. Hodson, of Lewes, performed the operation of lithotomy on the 28th ultimo, and extracted a calculus, weighing *four ounces*. The patient, a middle-aged man, has done well. The *double-edged gorget* was used on this occasion.

THE LANCET.

London, Saturday, July 26, 1828.

It would be well, perhaps, for the interests of humanity, if a Coroner's Inquest were held in every case of death occurring in public hospitals, or workhouses, as well as in all instances of death occurring within the walls of prisons. The law requires that Inquests shall be held in the latter cases; and upon what principle? It enjoins inquiry upon a principle of benevolence, that it may be ascertained whether inhumanity, or negligence, has occasioned or accelerated the death of men, whose condition is, for the most part, destitute and friendless, and who are therefore peculiarly exposed to the liability of being neglected and maltreated. We are aware that the bare suggestion of an analogy between the situation of those whose offences or misfortunes may have exposed them to die from neglect in goals, and that of patients whose poverty or misfortune may have occasioned their death, from a similar cause, in our public hospitals, will be received, in particular quarters, with a show of virtuous indignation. Persons of a delicate sensibility may be shocked at the imputation which such a suggestion appears to cast on the management of our public hospitals, and may refuse to believe in the existence of irregularities at institutions, where they have always understood that the poor are treated with as much care and attention as their betters. But we would rather deal with facts, than with feelings; and the evidence of facts demonstrates, that cases in which patients are destroyed by the ignorance, negligence, or misconduct of hospital functionaries, are of sufficiently frequent occurrence to warrant us in suggesting the expediency of holding a Coroner's Inquest in every case of death occurring within the walls of a hospital. If the death of a patient be clearly attrilebutab either to negligence or want of skill on the part of a hospital surgeon, or to the misconduct of any other functionary, justice and humanity alike demand that the fact should be put upon record.

But we are told by those, whose interest it is that we should believe in their purity and benevolence, that the manner in which our public hospitals are conducted renders all scrutiny and inquiry unnecessary; that the funds of those institutions are scrupulously appropriated to the objects to which they ought to be devoted, and that the functionaries connected with these establishments are all distinguished for the disinterested zeal with which they strive to administer to the wants of their suffering fellow-creatures. Now we delight in fine sentiments as much as any of our neighbours or contemporaries can possibly delight in them, but we are nevertheless of opinion, that the feelings of men, considered without reference to their interests, afford a very indifferent security for the purity of their conduct. Heaven help the destitute sick, say we, if they had no better security against neglect or maltreatment, than the disinterested satisfaction which hospital functionaries derive from administering to their necessities! It happens, fortunately for that portion of the community which is compelled to seek relief in our hospitals, that the interest of hospital functionaries conspires with their duty; but let it be recollected, that this coincidence of interest and duty would, in a great degree, cease, if the incapacity or misconduct of those functionaries could be effectually concealed from the public eye.

The law of this country, as we have seen, wisely presumes that, in cases where men most need the humane offices of their fellow-creatures, those humane offices are most likely to be denied; and it therefore provides, that when men die in captivity, an inquiry shall be made into the causes of their decease. The best security against negligence or misconduct, in all cases, is the certainty that such negligence or misconduct will be visited with exposure, and, if necessary, with punishment. The publication of Hospital Reports, which originated with this Journal, and which the profession may now regard as one of their indefeasible rights, affords, undoubtedly, one great security against the negligence or misconduct of hospital functionaries; and, if the practice of holding Inquests on the bodies of all persons dying in hospitals were adopted, the security to be derived from publicity would be complete.

Let any man who is not prepared to defend all the instances of abuse or negligence that occur in our charitable institutions, read the case reported in Number 253 of this Journal, (The Lancet, p. 444,) let him reflect that cases similar in atrocity to this are constantly occurring in our public hospitals, and let him then say whether the suggestion above made be wholly unnecessary or uncalled for. In the case to which we refer, a boy, having been knocked down in the road by a horse and cart, received a cut in the head, and was carried to St. Bartholomew's Hospital. On his admission, he was labouring under symptoms of concussion; a dose of calomel and jalap was ordered for him, and on the following day he became sensible; but as his bowels had not acted, the calomel and jalap were repeated. As his bowels were still torpid, an enema was ordered towards the middle of the day; the boy continued sensible during the remainder of the day, but appeared to be in great agony, and expired about a quarter past eleven the same night. On the *post mortem* examination, it appeared that there was a slight fracture of the base of the cranium, with some effusion of blood beneath the dura mater, and this Mr. Vincent supposed to be sufficient to account for the sudden death of the boy. But Mr. Caswell, the house-surgeon, on proceeding to examine the abdomen, after Mr. Vincent, the Hospital surgeon, had left the dead-house, discovered a quantity of light-brown fluid floating in the cavity of the peritoneum, which peritoneum also exhibited marks of inflammation. This led Mr. Stanley to trace the intestines to the rectum, when he discovered *a hole in the anterior part of the rectum, leading into the cavity of the peritoneum.* It was immediately suggested by Mr. Caswell, the house-surgeon, that the gut had been perforated by the pipe of the syringe, and, upon further investigation it was discovered, that the light-brown fluid in the peritoneum was *oil,* and that the pipe of the syringe, which was of metal, and of a most unwarrantable length, namely, *seven* or *eight inches,* exactly corresponded with the perforation of the rectum. It was further ascertained that the nurse who gave the enema, remarked in the morning that she had never experienced so much trouble in throwing up an injection, and it also appears that this woman has been subsequently discharged on account of drunkenness and other misconduct. Now the cause of this poor boy's death must be manifest to all professional men. The boy had partially recovered from the effects of the concussion on the day following the injury of the cranium; no severe symptoms were present, and the fracture was too slight to account satisfactorily for his sudden death. The fracture *might,* indeed, have produced death, but the forcible injection of an enema into the cavity of the peritoneum, was almost *sure* to destroy the patient. According to all medical probabilities, therefore, it is a false conclusion to ascribe this boy's death to the injury of the cranium, and not to the negligence—the subsequent discharge of the nurse justifies us, in all probability, in saying—the criminal negligence of the Hospital functionary. And this leads us to say a word or two on a point to which we have frequently called the attention of our readers, namely, the impossibility of adequately discharging the duties of the office of Coroner, without a thorough knowledge of medical science.

The Coroner's Inquest is, in respect to its object and tendency, one of the most useful institutions in this country; but its utility is greatly limited, and in many instances entirely defeated, by the inefficiency of the individuals who, for the most part, fill the office of Coroner. The fact is, that in almost all the cases which come before the Coroner, the question to be determined is of a medical, and not of a legal character. The statute of the 4th Edward I., which comprehends nearly all the law relating to the office of Coroner, is a short act of Parliament, which any man who runs may read and understand. Any man of ordinary understanding, who has read this statute, and who has served occasionally as juryman, or witnessed a few trials, so as to acquire some general information as to the common rules of evidence, is competent, as far as legal qualifications are concerned, to discharge the duties of the office of Coroner. But the medical qualifications which would enable a Coroner to discharge with efficiency the duties of his office, are of a far higher order, and can hardly be expected to be possessed by any man not a member of the medical profession. Questions constantly arise, in the course of inquisitions before the Coroner, which demand an intimate acquaintance on the part of that officer, with anatomy, pathology, chemistry, and therapeutics. The very *git* of these inquiries, in all cases of difficulty or doubt, involves a medical question, which can only be adequately determined by medical men. To determine whether the death of the deceased arose from natural or violent causes; to judge whether a particular injury is capable of producing the effects supposed to have resulted from it; to decide whether poison has or has not been taken, and to distinguish between cases in which a poisonous substance may have been administered with a guilty intent, and where it may be presumed to have been given as a therapeutic agent—such are the points on which a Coroner is perpetually called upon to inform and direct a Jury, and on which, without a medical education, it is impossible that he can himself arrive at sound and satisfactory conclusions. PARIS and FONBLANQUE, in their Medical Jurisprudence, feeling the necessity of medical information to a due discharge of the duties of the office of Coroner, recommend the addition of a medical assessor to assist that officer in the holding of Inquests. But this is advising the repair of an old building, when the cheaper and wiser course would be to pull it down, and erect a new edifice on its site. Why retain machinery, which is confessedly inadequate to the object it was intended to accomplish? If medical men are best qualified to discharge the duties of Coroners, why not appoint them in place of those low and incompetent persons into whose hands we find Mr. Justice Blackstone complaining that the office, in his time, too frequently fell?

Scarcely a week passes, without furnishing some striking instance of the imbecility and ignorance of Coroners. The following case, which we take, omitting irrelevant matter, from *The Times*, affords a fair specimen of the average judicial ability exhibited by the modern Dogberries who fill the office:—

"At an Inquest, held before Mr. STIRLING, on the body of Prudentia Mercer, the wife of a chemist and druggist;

Sarah Gibbs said, that she was called up at half-past twelve, to her mistress, who, she was told, had taken poison. She found her mistress quite dead. A bottle was missing from the shop; she made search for it on the following day, and found it in the closet under some dirty clothes. Mr. Mercer, her master, told witness that Mrs. Mercer had been in the habit of taking the stuff, that caused her death, in water, for a spasmodic complaint, by order of a medical gentleman, named Anderson.

Mary Jones corroborated this testimony. The phial found under the dirty clothes contained about a quarter of a tea-spoonful of the preparation; she delivered it to the beadle; thought Mr. and Mrs. Mercer were living on good terms; and that Mrs. Mercer did not enjoy very good health.

Thomas Scott knew Mr. and Mrs. Mercer intimately; to his knowledge the deceased had been in the habit of taking hydrocyanic acid for a pain in her stomach; he had administered some to her frequently, as had also Mr. Mercer, her husband. She generally took two or three drops, sometimes two or three times a day; had seen Mr. Mercer take some of the stuff up to his wife, and had seen her take it herself. He never entertained any doubt of her sanity, and believed that she had taken too much of the prussic acid, by mistake.

Mr. R. Gordon, surgeon, went to the deceased on being informed that she had taken poison; found her dead in bed; there was a strong smell of prussic acid in the room, and there were three or four drops of it in a cup on the mantle-piece.

Mr. Kelly, surgeon, was acquainted with the deceased; was aware that she was in the habit of taking prussic acid, and warned her not to do so, as it would tend to debilitate her. He drank some ale with the deceased in the evening, a few hours before her death; two pots of ale were drunk among four of them.

Eleanor Colley, servant at the Somerset Arms, deposed, that she took a pot of ale to Mr. Mercer's, in the evening; Mrs. Mercer took the ale from her, and witness observed a phial in her hand, which the deceased rolled in paper, and put into her pocket.

The Coroner addressed the Jury, and observed, that up to the evidence of the last witness, he had *some doubt* as to the administration of the prussic acid; but it was quite clear that she had taken it herself, *inasmuch as* she had been in the habit of taking small quantities of the poison to lull her spasms, therefore she must have known its dangerous effects; and if her husband, or any other person, had attempted to give her a larger quantity than she had been used to, she would, *of course*, have rejected it. It was quite clear, in his opinion, that she had taken it herself, and that she had taken too large a quantity. It was for the Jury to say, from the evidence, whether she was *sane* or *insane* at the time she took it. The Jury, after some consideration, found that the deceased had poisoned herself with Prussic acid, in a state of *temporary derangement!*"

A conclusion truly worthy of the sapient instructions under which the Jury are said to have returned their verdict. It is scarcely necessary to observe that, in this case, there was no conceivable ground for doubting that the deceased died from the effects of prussic acid; that there was no reason to doubt that she took it herself, although the reason assigned by the Coroner for that conclusion was most ridiculous; and that there was not a tittle of evidence to justify the Coroner in raising the question of her sanity, or, indeed, to warrant any other conclusion, than that she accidentally took too large a quantity of the medicine. To a medical Coroner, however, this case might well have suggested the propriety of making some stronger observations than those which are reported to have fallen from one of the witnesses, on the abuse of a medicine of such Herculean power as the hydrocyanic acid.

A Barristen of the Court of Chancery having been lately called upon by Dr. P—— to say grace before dinner, was unable to obey the summons in the usual form, but delivered himself of the following *extempore* prayer: "For the first and second courses let us all be truly thankful, and for all the courses that may follow, strengthen our appetites, O Lord!"

TINCTURE OF ERGOT OF RYE.

The subjoined is a formula for the preparation of the tincture of ergot of rye, used by a friend in extensive practice:

Ergot of rye, bruised, one ounce.

Boiling water, two ounces. Infuse for twenty-four hours, and add rectified spirit, one ounce and a half. Digest for ten days.

Half a drachm of this tincture is said to be equivalent to ten grains of the powder.

DR. MACKINTOSH'S EXPERIMENTS WITH THE TARTRATE OF ANTIMONY.

Experiment 1.—John Alexander; disease, syphilis. At twelve o'clock, the pulse beat 66, and of moderate strength; he had had no food for four hours; grs. vj. of tartrate of antimony were given in half an ounce of water. At half past twelve, there was no change in the pulse; slight nausea. At one o'clock, he vomited once; complains now of considerable nausea; pulse 70, rather stronger. At half past one, pulse 72, still fuller; complains of slight nausea, which soon afterward, however, went off; there was no tendency to perspiration, either during the operation of the medicine or after it. The matter vomited was small in quantity, and resembled thick viscid mucus, which adhered so firmly to the side of the vessel that some trouble was required in cleaning it out. No unpleasant effect followed this experiment.

Experiment 2.—Joseph Pemberton; induration and enlargement of the testicle, which was of a scirrhous hardness. Before the administration of the medicine the pulse was counted, and beat 75. At twelve o'clock, grs. xij. of tartrate of antimony were taken in ℥ss. of water, which did not produce vomiting till fifty-five minutes had elapsed. The quantity discharged was small, and consisted of yellow-looking mucus, so tenacious that it was difficult to separate it from the sides of the vessel; pulse 80; complains of considerable nausea, with giddiness, and pain at the pit of the stomach. At two o'clock, he complained still of great nausea; had vomited frequently small quantities of the same matter; the pain at the pit of the stomach had extended over the belly, and was increased by pressure; pulse 85, and very weak; it was found to be much weaker in the left arm than in the right, and what is very curious, it was observed by all present to be much slower. At three o'clock, nausea had continued, with occasional vomiting of a small quantity of the tenacious mucus; no drink has been allowed, except one mouthful of water; he complains now of very violent burning pain in the region of the stomach, which is increased on pressure; pulse 92, and very weak; a considerable quantity of mucus has, altogether, been vomited, although little was discharged at a time. At four o'clock, had a large stool; he had now given to him a tumbler of warm lemonade, and was ordered half an ounce of castor oil, and some tea afterwards. At seven o'clock, the pain and all the other symptoms had entirely subsided, and he afterwards passed a good night, during which he had three copious evacuations and one scanty stool. On Monday he was quite well; pulse 80, and the enlargement of the testicle was found to be diminished about one-third of its former bulk. This patient had taken no food for four hours previous to the administration of the tartrate of antimony.

Experiment 3, was performed on the subject of the first. Pulse 70, and of good strength; grs. vj. of tartrate of antimony were given in one ounce of decoction of bark, which did not produce vomiting for two hours. The symptoms were exactly the same as the day before; the pulse rose to 76.

Experiment 4, performed upon the subject of the second. Pulse 60, and of good strength. At twenty minutes past eleven o'clock, grs. xij. of tartrate of antimony were given in ℥j. of decoction of bark; in half an hour afterwards, the pulse was found to be the same in frequency, but rather diminished in strength, and he complained of slight nausea; in an hour from the exhibition of the medicine, vomiting took place, without being preceded by the violent nausea which he had on the former occasion; he discharged a considerable quantity of the same kind of mucus; pulse 64, much weaker; has no pain in the stomach; countenance natural. He vomited again at half past twelve, and again at one o'clock; had a large stool at two, and another at three o'clock, at which last-mentioned time the sickness had ceased; he had no pain any where; slept well during the night, and no unpleasant consequences followed. On Wednesday he was in usual health.

Experiment 5, performed on the subject of the last. Friday, 5th March. At twelve o'clock, pulse 72, and of good strength; took grs. xx. of tartrate of antimony in a little sugar; in twenty minutes, vomited without any of the preceding symptoms; has no pain. At the termination of three-quarters of an hour, pulse 80, of same strength; countenance unchanged; does not feel so much debility as on Sunday; has no uneasiness whatever; vomits a small quantity at intervals, without any nausea, or sensation of debility. At the expiration of an hour, pulse 88; all other symptoms continue the same. On the following day he was quite well; the enlargement of the testicle continued to decrease; in a short time it was considerably reduced, and was soon quite cured.

Experiment 6.—A. B., who had no complaint, but pretended to have one, at eleven o'clock took ℈j. of tartrate of antimony; in half an hour violent nausea was induced, but vomiting did not commence till two p.m., after which it became more violent till three, when it seemed at its height; a quantity of bile was at first ejected, afterwards painful strong retching, with an obtuse fixed pain at the epigastrium, which was always referred to the same spot, and accompanied by great thirst; a slight discharge of mucus at intervals ensued. About four p.m., the above-mentioned symptoms gradually disappeared, and were succeeded by great and universal prostration of strength; two very copious, bilious stools were passed. In the evening, after taking some warm tea, a profuse perspiration broke out, which appeared to be the last effect of the medicine; passed, on the whole, a comfortable night, although sleep was often interrupted; awoke in the morning refreshed, and without any feeling of uneasiness.

Experiment 7.—E. T., a female servant, during a slight relapse from simple fever, produced by cold, and when suffering from heat of skin, headach, and thirst, with pain in the back, quick pulse, and restlessness, took two grains of tartrate of antimony in ℥j. of water, at seven p.m.; immediate nausea; vomited, in about an hour and a half afterwards, a considerable quantity of mucus, mixed with dark, bilious secretion. At eleven o'clock, took one grain in ℥ss. of water, after having felt for some time quite easy; immediate nausea produced by this second dose; vomited, in an hour and a half, a considerable quantity; had a large basin of warm gruel with the second dose. At the termination of two hours and a half, sickness and nausea ceased. At two a.m., had gr. j. in ℥ss.; felt nausea, but no vomiting; had no gruel, or other drink, with this dose. At five o'clock, a copious perspiration broke out, which served to relieve the sickness, but she had a little increased headach, and pain at the pit of the stomach. At six a.m., took grs. ij. in ℥j., and soon after about an English pint of gruel; felt slight nausea at seven, but no vomiting; continued copious perspiration till eleven o'clock. At this period the febrile symptoms became more moderate, and she was perfectly recovered in the course of two or three days. From the hours at which she took the antimony, no opportunity was afforded of ascertaining whether any change was produced on the pulse by it.

Since the period at which these experiments were performed, I have frequently given two scruples of antimony in the course of twenty-four hours. In one case it was continued in that quantity for three days, without producing vomiting, pain in the abdomen, or any effect whatever on the pulse; these were cases of severe pneumonic inflammation.

Many of your readers will recollect, that these experiments were performed in consequence of an erroneous statement made by a gentleman in the Royal Medical Society, who assured all present, that he had frequently seen a drachm of the tartrate of antimony given for a dose, on the Continent, by Laennec; and they will also remember, how angry the gentleman was made by questions put to him, as to whether he might not have been deceived! We are now better acquainted with Laennec's practice, and the gentleman alluded to had only made the trifling mistake of a drachm for a grain.

31, Albany Street, Edinburgh,
14 June, 1827.

THE PUNCTURED RECTUM AT ST. BARTHOLOMEW'S.—MR. CASWELL.

To the Editor of The Lancet.

Sir,—Relying implicitly on the impartiality of your disposition, permit me, in allusion to the *punctured rectum* case at this Hospital, that appeared in your valuable Journal, a short time ago, and in addition to what was subsequently announced to your correspondents regarding the expression, under a *mistake*, attributed to *Mr. Caswell*, most unequivocally to state, that when a certain individual (whose name you have mentioned) said, "let's hush it up; it had better be hushed up—it had better be hushed up." Mr. Caswell observed at once, "why hush it up! Why should you do that? Why should you attempt such a thing; because I shall have to state the fact before the coroner, and then it will go through all the papers."

Mr. Caswell, too, insisted before the coroner, contrary to that gentleman's feeling, that the enema, if not the immediate cause of death, greatly hastened it.

In complete justification of that gentleman, I flatter myself you will give a corner to these few lines, especially when I conclude by observing, that I have the most satisfactory evidence for believing, and I shall be greatly astonished if ever I have occasion to alter that sentiment, that Mr. Caswell falls completely within the description of the *sect*, to which I have the honour of belonging, at this end of the town, namely,

A Liberal,

And yours most obediently.

St. Bartholomew's Hospital,
12th July, 1828.

DR. HARRISON.

To the Editor of THE LANCET.

SIR,—The following letters will probably form the prelude to something of deep interest to a respectable portion of the profession. You will oblige many of your readers, (as well as myself) by giving them insertion, and, in proper time, the sequel of this curious affair shall be forwarded.

I am, Sir,
Your obedient servant,
July 17. JOHN GORDON SMITH.

(COPIES.)

I.—*To E. Harrison, Esq. M. D.*

July 15, 1828.

My dear Sir,—I owe it to my own habit of adopting, at least, *plausible* opinions, and of taking nothing upon hearsay, to confess that, after perusing the newspaper report of the recent trial between the college and yourself, I feel (as many others seem to have done) A PROFOUND AND INEXPRESSIBLE DISAPPOINTMENT.

Having been, at one time, (as I thought) so deep in your councils on this truly important matter; and having been induced (from a firm belief that you meant, in your own person, to vindicate the rights of Scottish graduates in medicine) to bring the powerful arm of the public press to your assistance, whereby I have been *prominently* involved in a measure dangerous to my welfare and respectability; as a professional man, I feel myself fully authorised to ask you for some explanation—not to me, as a private friend, but as a sort of organ of the INDEPENDENT PHYSICIANS of this metropolis, whose interests appear to have been abandoned, by the line of defence adopted on your part.

But—as on the score of private friendship, I acknowledge myself to lie under obligations to you; and as it would be with very painful reluctance that I should be compelled to abate my regard, or even to alter my opinion, I am still fain to be persuaded that, notwithstanding what is before the public, you have acted with propriety; and if I can, consistently with my own views of professional and public duty, advocate your cause, my abilities (such as they are) and my pen are at your service.

I remain, dear Sir, &c.,
(Signed) JOHN GORDON SMITH.

P. S. I shall, in all probability, have to make this letter public.

II.—*To Dr. Gordon Smith.*

July 15.

My dear Sir,—I am rejoiced to learn, by your letter just received, that you are engaged in making a report of the trial instituted against me by the College of Physicians. In order to assist you in the undertaking I will, with pleasure, lay before you a copy of the brief, and of all the papers in my possession, relating to the trial; you will then see my instructions to counsel, and the exertions I made to bring the whole question before the public.

I am, dear Sir, faithfully yours,
(Signed) EDWARD HARRISON.

Will you breakfast with me to-morrow?

Before this matter proceeds any farther, I am anxious to communicate to the profession the following circumstances:—

1. I have never entertained the least doubt as to the *right* of SCOTTISH doctors, (of *whatever* university) to practise AS PHYSICIANS in London, without respect to the authority of the Royal College of Physicians.

2. Previous to the trial in question, I was confident that Dr. Harrison would prove, whenever it might be necessary, a staunch and fearless assertor of the right in question.

3. I was one of several PHYSICIANS who advised Dr. Harrison *not* to furnish the college with the evidence against himself, which many seem to think he ought to have surrendered. I am JURIST enough to know that such a measure runs the risk of being interpreted into a vain and vapouring eagernerness for litigation, and into a desire to set the college at defiance, which would probably have operated to the disadvantage of the cause in the minds of the jury.

4. Since the month of October, 1827, I had taken no part or concern in the misunderstanding, whatever—what I had previously done, I am on the point of avowing—the decision, or rather the ostensible plea urged for the defendant has in no way altered my persuasion, that I am in point of LAW, as well as of *common sense* and *decency*, as eligible to medical honours in London, as the President of the Royal College of Physicians himself. For about a month previous to the trial I had neither seen nor held any correspondence with Dr. Harrison, and no person whatever could have read the report of that trial with greater *surprise* than I did myself, both as an unexpected transaction, and a most curious and unforseen result.

Lastly.—These letters have been written, and copied for publication, and the foregoing observations have been committed to writing the day before. If I can possibly avail myself of the invitation forwarded by Dr. Harrison, I intend to accept of it; and the issue SHALL NOT BE CONCEALED.

Tuesday, July 15, 1828. J. G. S.

DR. GORDON SMITH TO THE EDITOR OF "THE LANCET."

SIR,—The preliminary remarks on the trial between the College of Physicians, and Dr. Harrison, which I forwarded to you last week, not having made their appearance, I write to you now, under some uncertainty as to your idea on the subject of publishing them. If you decline doing this service to a cause of some importance, you will be pleased to return the papers, in order that I may prepare a separate pamphlet; but if they are destined for insertion, pray set me right, by some intimation to this effect. In the mean while I shall go on with the subject, careless of what you or any other person may chuse to think of its merits. For my own part, *I know what I am about.*

The morning after I transmitted my former communication, I proceeded (according to invitation) to the house of Dr. Harrison. I found him alone, in his study; and ere I had taken a seat, I put the following question to him: "Dr. Harrison, before we proceed farther, allow me to ask whether the defence recently resorted to was your own, or that of your counsel?"—"That of my counsel, to be sure," was the answer.[*] I was then put in possession of *the brief*, which contains the notes made in court, by Mr. Campbell, *the order of defence*, as suggested by Dr. Harrison, and engrossed by his solicitor, with a very *forcible* but *temperate* reply to Dr. James Johnson, intended for transmission to THE LANCET. I then went on to say, "My dear Dr. Harrison, I will now partake of your breakfast with no ordinary pleasure. I am satisfied; our brethren shall be so; and as for Dr. Johnson he is not worth your notice;[†] leave the whole matter to *me*. Reply to NO ONE. As a medical jurist, I will carefully condense all that you can desire to be submitted to the profession, and I have no doubt that the Editor of THE LANCET will lend us the gratuitous aid of his Journal, if not, we shall make a separate publication of what we know, and discharge our duty as becomes men of character and independence."

The documents I have now upon my table are far too voluminous for any Journal; but from a superficial view of them, I am much gratified in being able to assure all concerned, or interested in the matter, that Dr. Harrison met the grand question *manfully*, and was *resolute* in his own *mind* on the score of defence. The trial came on at singularly short notice, and I myself, who almost expected to be closetted with Dr. Harrison's solicitors (if not with his counsel) was perfectly thunderstruck on reading the first communication respecting it, in the newspaper report of the *result*.

---

[*] I have since had an interview with my own solicitor, who, having made the incidental remark that "Harrison had got a verdict upon a technical point," I replied, that I was not sorry to hear that from him. The gentleman then observed, that "no one who knew any thing about such matters, could doubt for an instant that it was A LAWYER's defence."

[†] I once had *some* respect for the editor of the Medico-Chirurgical Review; but he has of late been at such pains, by a series of paltry, clumsy, and miserable tricks, to write himself up, at the expense of candour, common sense, and (really one can hardly help adding) *truth* itself, that I am compelled to turn my back upon him. Does he really imagine that the medical profession is composed of such indescribable numsculls as will believe his twaddling blarney about being "the *only* journal that has resisted the College?" *Mihi beate Martine*, Mr. Editor of THE LANCET, what do *you* say to this? And you of the Gazette of Health, come forward, speak for yourself, man, you can when you like. And there are our friends "i' the north." Old medical and surgical, are *you* going to pocket it?

If *you all* do, Gentlemen, I can assure you that I will not. For, when I was Editor, sole and uncontrolled, of the London Medical Repository, from July to November inclusive, last year, I happened to write a few papers on "The State of the Question," out of my own head, and with my own hand, sometimes when other people were asleep, and sometimes when they were awake—but never, upon my honour, when I was asleep myself; which papers certainly were read by *two* people at least, to my knowledge, and one Dr. Johnson was of the number. Really SAMUEL SOLOMON,[*] this is too bad, you should not come from the churchyard and terrify people, by pulling your liver about in this horrible manner. Now we have made an allusion to the late Repository, I hope the Editor of THE LANCET will allow me to do *myself* a morsel of justice, by assuring my friends (I shall not talk of the public) that since the November Number, I have had no concern in the muddling up of this Journal; and that I am now perfectly unconnected with its proprietorship, editorship, contributorship, subscribership, and *readership*! It is a literal fact, (albeit I may find some difficulty in being *believed* when I state it,) that although I have the Repository from the very beginning, in the year 1811, down to October, 1828, I have not so much as seen it since. How it came into the possession of its present proprietors, I may hereafter reveal; in the meantime, if they will take a friendly hint from an old soldier, they will keep their names off the cover.

[*] Thank you, Mr. ANTIJACOBIN, of Knickerbocker's Town. See LANCET of this day.

I am happy, however, that I did not give way to the first impulse of disappointment, and join in the cry against the defendant. His counsel acted with the greatest propriety and dexterity. Finding that he could not raise the points of *law* which he was instructed to argue, he resolved to attempt getting his client safe out of court, and, as we have seen, made a successful application to the jury on the point of *fact*.

Dr. Harrison has got a verdict—that may be no great cause of triumph. Physicians of *Scottish* Universities could have wished it had been otherwise, for the grand question remains where it was. But men of sense cannot shut their eyes to the consequences that would have ensued, had the matter gone the *other* way. We have to thank Mr. Campbell for a service, which it is not very creditable to those who pretend hostility to the College, to have been so little able, or inclined to appreciate. For my own part, I have a profound personal respect for all the *Fellows*; but I have never courted or curried their favour. With two or three of them I have the pleasure of being acquainted, and I think I have shown that I esteem them, as they are fully entitled to be esteemed; but I beg to assure all present and future censors, that I will put them to a world of trouble, if ever they act upon the idea of making me a *licentiate*.

These gentlemen are now reduced to the following alternative (venturing their cause again in the hands of a jury being altogether out of the question): they must either obtain the powers they certainly do not possess, from the legislature, or refuse to meet those who disown their authority. It may save some estimable individuals from pain, and some amiable families from sorrow, if I declare it to be within the scope of my private knowledge, that if this unpardonable insult be repeated, there is a great probability of some GENTLEMEN taking the law into their own hands.

I am, Sir,
Your obedient servant,
July 21. JOHN GORDON SMITH.

MEDICAL FUND FOR WIDOWS AND ORPHANS.

To the Editor of THE LANCET.

SIR,—From the interest, zeal, and promptitude, which the pages of THE LANCET have uniformly displayed in furthering any object, calculated to add to the advantage and respectability of the medical profession, I am induced to submit for your consideration the following proposition, in the hope, that should it appear to you that there would be any probability of carrying the scheme into effect, you will allow the pages of your most invaluable publication to be the vehicle of communicating the same to the profession.

From a variety of causes it frequently happens that medical practitioners are prevented from making a suitable provision for their families. The constant and laborious duties of their profession (particularly in country practice); their frequent exposure to the inclemency and vicissitudes of weather, and to the influence of contagious diseases, render the tenure of life more precarious in the medical than in almost any other profession, while the necessity of keeping up a respectable appearance on a (frequently) very limited income, which, from local situation, may not admit of increase, with various other causes, must operate on a very great proportion of the profession in preventing their saving any thing out of their income for the future support of their families, in the event of death or sickness.

From the circumstance of married men being likely to obtain a greater share of practice, particularly as accoucheurs, it often happens that young men are induced to enter into the married state earlier than prudence would otherwise dictate; and as a natural consequence an early and numerous family are to be provided for, while the means of making a suitable future provision are proportionably abridged.

A fund has been established in the army, and is now in successful operation, for granting pensions to the widows and orphans of medical officers; and a similar establishment, exists in the medical department of the Honourable East India Company's service. It appears to me, therefore, that a fund, on a similar plan, might be instituted for granting pensions to the widows and orphans of medical practitioners of the United Kingdom.

It is not my object at present to enter into the detail as to the means of carrying this matter into effect; all that I have in view now is to ascertain whether the proposition will be likely to obtain the approbation of the profession; and should it meet that encouragement which its importance, in my opinion merits, I would then suggest some preliminary arrangements towards carrying on the plan.

I would, therefore, with your concurrence, unite such members of the profession as may conceive the scheme desirable and practicable, to communicate their names to you; and should the measure meet with support, I shall hope, through the medium of THE LANCET, to hear the sentiments of the medical public on the subject.

I have the honour to be,
A MEDICAL BENEDICT.

GUY'S HOSPITAL.

OPERATION OF LITHOTOMY, BY MR. KEY.

On Tuesday, July 15th, Mr. Key performed the operation of lithotomy upon a boy six years of age. The patient was sent from Dover, and had had symptoms of stone in the bladder for the last two years. The operation was performed with *the straight staff*, in the usual manner. The calculus was as large as a common walnut. It had a rough appearance, externally, very much resembling a mulberry calculus. It was a bright yellow colour when first extracted, but was coated with lithic acid, having a mulberry nucleus. The patient was put to bed, and a dose of the syrup of poppies administered. *The calculus was extracted in less than 90 seconds.*

16. We visited the child early this morning, and found that he had passed a good night. The pulse was tranquil and soft. The skin not above the natural temperature, and the urine had flowed freely through the wound.

17. The child is doing remarkably well. Last evening an aperient powder was given, which produced five or six copious evacuations. A small quantity of urine flowed through the penis to day for the first time, and was attended with very little pain.

22. The patient, up to-day, has not had a bad symptom. The urine flows both by the penis and the wound in perinæo. The wound itself is gradually uniting.

COMPOUND FRACTURE OF THE SKULL, WITH DEPRESSION, UNATTENDED WITH SYMPTOMS OF COMPRESSION.

Edward Browne, ætat. two years and a half, was admitted into Chapel Ward, on Friday, June 4, under the care of the senior surgeon.

The friends stated, that the injury was occasioned by a brick falling upon the head. The child appeared to be merely stunned by the blow, but was not rendered insensible. He was immediately afterwards brought to the hospital, where, on examination, it was found that there was a considerable wound of the scalp on the upper part of the frontal bone, rather inclined to the right side, and that there was also a fracture of the skull, with depression.

At the time of admission, his pupils were scarcely more dilated than natural, and readily contracted on exposure to light. There was no vomiting, and, in fact, the child did not appear to be at all affected by the accident. The wound was lightly dressed, the child put to bed, and a dose of castor oil administered.

June 21. We have visited the patient daily since his admission, and he has not had a single untoward symptom; indeed, he appears to be perfectly well.

On Tuesday week he left the hospital, as he would not bear the confinement; we have seen him since that time, and he continues well.

SEVERE INJURY TO THE ABDOMEN, FOLLOWED BY ACUTE PERITONITIS, SUCCESSFULLY TREATED BY MR. MORGAN.

William Simmonds, æt. 15, a spare and delicate lad, was admitted into Accident Ward, on the 10th of July, under the care of Mr. Morgan.

He stated that he was squeezed between the back of a cart and a fence, and the edge of the cart was forced against his abdomen. He was immediately afterwards brought to the hospital.

When admitted, the boy was in a state of collapse. He had nausea and vomiting; the surface, generally, was exceedingly cold, and the countenance excessively pallid and anxious. The pulse was small and thready, and there was considerable tenderness and swelling of the abdomen. He was immediately placed in bed, bottles of warm water were applied to the feet, and additional clothing. Five-and-twenty leeches were shortly afterwards applied to the belly, with the subsequent use of fomentations. He was ordered to take *two grains of calomel*, with *one grain of opium*, every four hours. A catheter was introduced into the bladder, and the urine drawn off. Low diet.

At 10, P.M., reaction had come on; the surface was warm; the pulse, which before was thready, was now quick and jirking, 120. The tumefaction of the abdomen had increased, and it was much more tender and painful than in the morning. The boy laid upon his back, with his knees and thighs bent upon his pelvis, in order to lessen the pain. Venesection to five ounces was had recourse to, when the pulse began to sink. He was ordered to continue his medicines.

11. He has slept but little during the night. The abdomen, though very painful, tender, and hot, is rather less tense than yesterday. The pulse is still very quick and jerking, 130; the skin is hot and dry; the tongue much furred. He has excessive thirst, and there is great anxiety of the countenance. Venesection was repeated to six ounces, when it again brought down the pulse. A calomel and opium pill was administered immediately. Eighteen leeches were applied to the abdomen, with the subsequent use of emollient poultices. He was ordered to take two ounces of the vitriolated infusion of mint every four hours. He had not, as yet, had any evacuation from his

bowels, and, in the course of the afternoon, a castor oil enema was administered, which, in the evening, brought away a large quantity of offensive feculent matter, and was productive of much relief to him.

12. He is still very feverish, and there is a great deal of tenderness and tumefaction of the belly, but the pulse is softer and less jerking, and the tongue is less furred. Venesection to sixteen ounces. Ordered to apply twelve leeches to the belly, and to continue the medicines.

13. There is a visible abatement of the febrile symptoms to-day. He has passed a good night, and the pain and distension of the belly have considerably subsided, so that he can bear pressure by the hand, without its giving him much pain. There is very little increase of heat upon the surface, and the pulse has sunk to 100, and has become soft and compressible. The bowels are freely purged. Continue the mixture.

16. The last two days he has much improved. The tumefaction of the belly has entirely subsided, and he has no pain on pressure. All his febrile symptoms have vanished, and his appetite begins to return. The bowels have been rather too much relieved, and he was ordered a mixture, with equal parts of the mist. cret. and aq. cinnam: to take a table-spoonful three times a day. Middle diet.

July 22. We have visited him daily to the present date, and he is now quite convalescent. Yesterday, he said he felt occasional gripings of the bowels, for which he was ordered to take ten grains of the carbonate of magnesia, a drachm and a half of the sulphate of magnesia, and two ounces of peppermint-water, three times a day.

Remarks.—Patient was admitted early in the morning in a state of extreme collapse, which lasted for nearly twelve hours afterwards. The painful distension and tumefaction of the belly, which followed the accident, led to the belief that the intestines had given way. As reaction came on, the patient was carefully watched; and as soon as the inflammatory symptoms showed themselves, they were skilfully and successfully arrested. The patient, indeed, has been most judiciously conducted through a severe attack of acute peritonitis.—REPORTER.

ST. GEORGE'S HOSPITAL.

OPERATIONS OF LITHOTOMY.

July 3. To-day, Mr. Keate operated on a child about three years of age, for the stone. Mr. Keate performed the operation with the common scalpel, and extracted a calculus of the size of a small nutmeg; the operation was exceedingly well performed, and only occupied three quarters of a minute. We understand that it was Mr. Keate's intention to have used the bistouri cacheé; but finding the scalpel answer the purpose, he completed the operation with it.

4. The patient had a convulsive fit last night, but to day appears doing well, although some appearances are present; she was ordered castor oil occasionally.

11. Doing well.

On the same day, Mr. Keate performed the operation of lithotomy on William Collins, ætat. 16.

16. In this case, Mr. Keate used the bistouri cacheé, and a large calculus was extracted. This operation was of longer duration than the former, owing to the great size of the stone, which was nearly equal, in magnitude, to a pigeon's egg.

17. Mr. Keate saw the patient to-day. He has taken aperient medicine; his tongue rather furred; but, on the whole, is in a very satisfactory state; the quantity of the magnesia sulphur in the medicine is lessened, in consequence of his bowels being too freely acted on.

18. Doing well.

———, ætat. 2 years; this little patient, it appears, has had the usual symptoms of stone in the bladder from its birth; pain after making water, denoted by violent screaming, prolapsus of the rectum; but it cannot be ascertained whether another common symptom, bloody urine, has existed or not; the mother of the child being at present, an inpatient, at the Middlesex Hospital. Mr. B. performed the operation with the bistouri cacheé; the instrument being introduced into the bladder with the cutting edge downwards; an oblique incision was made downwards and outwards, and the calculus, which was of a large size for so young a child, easily and instantly retreated with the forceps. We think the time actually occupied in this operation could scarcely have exceeded half a minute; no bleeding occurred after the child was in bed.

In this case, Mr. Brodie proposes to adopt the practice of Mr. Hey, of Leeds; introducing a piece of sponge into the vagina to keep the opposite sides of the wound in contact.

19. She is doing uncommonly well.

After the lithotomy case, Mr. Brodie removed a large fatty tumour, situated over the left scapula; three ligatures were applied to divided vessels.

Mr. Rose removed a glandular tumour from the elbow of a lad about 17.

ST. BARTHOLOMEW'S HOSPITAL.

COMPLETE AMAUROSIS OF THE LEFT EYE, INCIPIENT OF THE RIGHT—THE AMAUROTIC CAT'S EYE OF BEER.

Robert Mason, ætat. 23, a thin delicate young man, a barber, was admitted into the Hospital, May 28th, under the care of Mr. Lawrence. He has always enjoyed a good state of health; about eight years ago, the vision of the *left* eye became affected, and has been gradually growing worse up to the present time; the last nine months the *right* eye has become dim, and black spots have appeared before it. The commencement and progress of the affection have been attended with no pain.

The vision of the *left* eye is almost totally destroyed, the patient being able merely to distinguish light from darkness; that of the *right* is more perfect, and he can read a large print. The anterior chamber in each eye is observed to be unusually small; the iris is of a dark-brown colour and transparent; the pupil is in the mid state of contraction, and sluggish, and instead of presenting its natural black colour, has a dull greyish appearance. On dilating the pupil by the belladonna, this change is very visible. At the bottom of the *left* eye, very far behind the pupil, is a *concave* opacity, of a a grey or dull yellow colour, and, upon attentive examination, small blood-vessels are observed ramifying on the deep-seated opacity. In the *right* eye, the disease is not so far advanced, and the opacity is more limited, and the plexus of red vessels is not observed. Mr. Lawrence pointed out the case to the pupils as being worthy their attention, and of rare occurrence. The amaurosis was in this case dependent upon some organic disease, but it was difficult to say whether it was produced by a want of the pigmentum nigrum, or some change in the retina. The *concave* and deep-seated opacity at the bottom of the eye, was very characteristic of the affection, and from its shining yellowish appearance, the Germans had called it the *amaurotic cat's eye*. The prognosis in this case was very unfavourable. We have no means of removing the disease, or arresting its progress.

The patient was cupped from the back of the neck, and was ordered to take five grains of the blue pill twice a-day. There was no improvement in the state of vision, and he left the Hospital in a month.

On Saturday, July 12th, Mr. Earle removed a cicatrix, which followed a burn, and had produced a contracted state of the arm.

EXTENSIVE LACERATION OF THE CALF OF THE LEG, FOLLOWED BY ACUTE GANGRENE, AND DEATH.

James Corbyn, ætat. 42, a stout man, and a hard drinker, was admitted into the Hospital under the care of Mr. Lawrence, June 28, having been thrown out of a cart, the wheel of which had passed over him, and caused a fracture of two ribs on the right side, and an extensive lacerated wound of the right leg. The wound extended obliquely from below the ham, for about four inches in length, and two or three inches in width, exposing the fascia covering the gastrocnemius and soleus muscles, and producing a laceration of the muscular fibres to the extent of two inches. A large portion of skin was detached from the calf; he had lost about a pound of blood from the wound; but at the time of his admission, the bleeding had nearly ceased; a cold cloth was applied, and in the evening a bread poultice. A dose of calomel and jalap, followed by the senna draught.

July 2. The patient has gone on remarkably well until this morning, when he complained of pain in the leg, which had prevented his sleeping during the night; there were swelling, tension, and redness around the wound, and a portion of the skin which had been separated from the subjacent muscles, was of a livid hue, and gangrenous, and there was discharge of bloody-coloured serum from the wound. His pulse was not increased in frequency nor fullness, nor did it seem feeble; no heat of skin; tongue natural; bowels open. Eighteen leeches around the wound, followed by hot fomentation, and bread poultice. On the following day there was a very marked alteration, the features were shrunk, and expressive of anxiety; the pulse extremely feeble, with cold skin. He complained of being lightheaded and confused, and had had no sleep during the night. The whole leg was considerably swollen, œdematous, and tense; the thigh was also swollen, and on its inside were observed red lines extending from the wound to the groin; the lividity and gangrene were much increased; the skin for some distance around the wound was of a deep ash colour, and, beyond this, of a dusky red; and vesications were formed, containing a bloody-coloured serum. The whole wound was of a dark yellow gangrenous appearance, emitted a most offensive odour, and there was copious discharge of bloody sanies, mixed with air. The whole limb was cold, and he complained of numbness extending up the thigh. Lint dipped in the chloruret of soda was applied to the wound, and covered with an effervescing poultice. Brandy and ammonia were given at intervals. He sunk rapidly, suffering no pain, and expired in the evening, the second day after the appearance of gangrene.

Examination twelve hours after Death.

A large portion of skin surrounding the wound has passed into a state of sphacelus, and air and bloody serum were effused into the subjacent cellular texture. The exposed fascia was of a dark ash colour, soft, and easily lacerable; the muscular texture was unaffected. The right iliac vein, vena cava inferior, and the right auricle and ventricle, were filled with fluid blood of a very black colour; the lining membrane of these veins and the right cavities of the heart, was of a deep crimson colour. The blood contained in the left cavities of the heart was free from air, and the lining membrane presented its natural colour. The liver was of a pale colour, soft, and easily torn; the other viscera were healthy. Two of the ribs on the right side were fractured.

SIR ANTHONY OYSTER.

To the Editor of The Lancet.

Sir,—As a satisfactory reply would doubtless oblige many of your readers, I would solicit you to have the following inquiry inserted in some corner of your invaluable publication. In the last Number, Sir A. Carlisle proposes "the legal establishment of an equitable scale of fees," as he calls them; and speaking of physicians and surgeons, says, "payments for journeys to remain as they now stand."

Queries. Is this payment regulated by law, that it should continue as it now stands; if so, by what law? If not, by what regulations is the payment guided, whether in or out of London?

I am, Sir,
Your obedient servant,
T. H.

July 14, 1828.

BOOKS RECEIVED FOR REVIEW.

The Morbid Anatomy of the Bowels, Liver, and Stomach, illustrated by a series of Plates from Drawings after Nature, with explanatory Letter-press, and a Summary of the Symptoms of the Acute and Chronic Affections of the above-named Organs. By John Armstrong, M.D., Lecturer on the Principles and Practice of Physic, and consulting physician to the London Fever Hospital. Fascic. 1 and 11, 4to. pp. 69. Baldwin and Cradock, London.

Synoptical Table of Midwifery, showing the Management of Natural and Difficult Labours, their Consequences and Treatment. By H. H. Goodeve and T. Evans. Highley, London.

A Manual of Midwifery, for the use of Young Practitioners of both sexes. By W. Maclure, Surgeon; Member of the Glasgow Faculty of Medicine. 12mo. pp. 34. Underwoods, London.

Preparing for the Press,

Vol. I. of the Principles and Practice of Physio. By John Mackintosh, M.D., Lecturer on the Practice of Physic, Edinburgh.

Outlines of Comparative Anatomy, 1 vol. 8vo. By Robert E. Grant, M.D., Professor of Comparative Anatomy in the London University.

TO CORRESPONDENTS.

Communications have been received from Mr. Harmsworth — Dr. Thompson — Dr. Maule — Mr. T. Williams — Mr. Price— R. S. T.—Inquirer—S.—On the Comparative Positions of the Medical Profession in France and England.—T. H.—O. P.—R.— A Regular Surgeon—Dr. T. Woodford, Taunton.

We have received the two guineas forwarded by Dr. Jephson, of Leamington for the "distressed medical gentleman." The list of subscribers will be continued in our next number. There are ten or twelve additional names.

Thanks to W. H. P.; we hope to hear from him again. The report shall be inserted in the next Lancet.

The verses of the "Satirist" were calculated for a few only of the profession in Dublin. Papers not inserted are invariably destroyed, unless accompanied with an especial request to the contrary.

Advertisements must be sent to the Publisher at the office.

J. W. M., Glasgow, is a valuable correspondent.

The "Stanzas" of β have much merit. Will the author favour us with his name, confidentially?

The first part of Dr. Mackintosh's paper on Intermittent Fever, shall be inserted at an early period.

THE LANCET.

VOL. II.] LONDON, SATURDAY, AUGUST 2. [1827-8.

LECTURES

ON THE

THEORY AND PRACTICE OF MIDWIFERY,

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

LECTURE XXXIII.

Inversion of the Uterus, and Treatment; Rupture of the Uterus, characteristics by which the Rupture is known, and Management.

WE sometimes find in cases, especially which have been mismanaged, that, together with the vagina, the womb is turned inside out; and, in consequence of this *inversion* of the uterus, as it is technically called, a large tumour is formed, which lies forth between the limbs. In other cases, again, where the inversion is less extensive, there is a change in the position of the uterus only, and the womb becoming inverted without the vagina, forms a tumour which lodges in the vaginal cavity, and which cannot be perceived without the introduction of the fingers. Nor must I omit to mention, that there is yet a third degree, in which the inversion may occur, for it sometimes happens, that the fundus, or summit of the uterus (excuse the translation) is drawn down alone, a little way only, so as to produce a sort of *depression*, or *dimpling* of the upper part; and where this partial inversion of the uterus occurs, the whole womb, under efforts like those of parturition, may be eventually pushed down, and this, independently of any thing done by the accoucheur, so that what was originally a partial inversion may thus become complete.

In cases where the inversion is of recent occurrence, you may readily believe that there is no mutual cohesion of the sides of the uterus, and no difficulty, therefore, arising from this cause, prevents the reduction; but it is to be remarked also, that where inversions of the uterus have been of very long standing, the woman living for months, or it may be for some years afterwards, still, so far as observations have been made, those mutual cohesions of the sides of the uterus have not taken place.

When an inversion of the uterus, or of the womb and vagina, occurs, it sometimes happens, that the patient scarcely sustains a single symptom of serious inconvenience, and this more especially if the accoucheur, discovering what has unfortunately happened, promptly, without a moment's delay, with gentleness and firmness reduces the inversion. Where, however, uterine inversion does take place, more generally very dangerous symptoms are manifested, those symptoms consisting of collapse of the strength, with large eruption of blood from the uterus, and now and then terminating in the death of the patient.

Again: when the uterus is inverted, and remains in the inverted position, whether lying in the vagina merely, or whether lying forth between the limbs of the woman, it will sometimes happen, that for hours after the accident, not a single pressing symptom shall occur. In general, however, when a womb is left in this inverted position, the patient is still liable for hours, and days afterwards, to large and even fatal eruptions of blood, of which I have myself been a witness; add to which, that independently of the flooding, mere displacement of the parts may, perhaps, give rise to more or less collapse; obstruction of the bladder, too, is not infrequent, and the introduction of the catheter may become necessary.

If the woman survive the more immediate danger, she may live for weeks, for months, nay, sometimes for years—five, ten, fifteen, or twenty—I believe, the womb remaining inverted; and this, perhaps, more especially where, happily for the patient, the inversion has taken place about the period of the cessation of the catamenia. But the womb remaining inverted, it more generally happens that month after month, (sometimes every two or three,) when the patient ought to become the subject of the catamenia, instead of there being these natural discharges, eruptions of blood are observed, as if she had miscarried; and those eruptions of blood being monthly, or bimestral, the strength collapses, the exhalants begin to pour out their fluids; and the woman, weakened, wasted, and bloated with water, at the end of twelve or fourteen months is brought into the most imminent danger, or, it may be, collapses and sinks.

There are few diseases more readily recognised by those who are possessed of obstetric touch, than these inversions of the uterus. If, together with the womb, the vagina is inverted, the whole mass forms a large tumour between the limbs, bigger than a child's head; and this tumour, on careful examination, is known to be the uterus, by various marks which it is unnecessary to recapitulate. Do not then lay hold of it, and try to force it away; do not take a pen-knife and amputate it with merciless ignorance, without being aware what it is you are removing. Obstetric ignorance is a tremendous weapon—beware.

Sometimes, again, I have said, you have an inversion of the womb only, without inversion of the vagina, and then there is a little more difficulty in discriminating the case, for the tumour does not lie out for inspection, but is contained in the vagina, forming a swelling large and soft like the fœtal head when intumescent, and which Burns has happily enough compared to a *printer's ball*. When, after the completion of the delivery, you make your examination with a view of finding the uterus in its ordinary situation above the symphysis pubis, an examination which, if you follow my rule of practice, you will always institute, you soon discover that it cannot be detected there. Well, then, the womb being indistinguishable in the true pelvis above the brim, in the ordinary situation, behind the bladder, you proceed to institute an examination by the vagina, and discover there a swelling large as a child's head, round and soft, as before stated, when there can, I conceive, be little doubt respecting the real nature of the case. Even where there is merely a partial inversion of the uterus, one of those depressions at which I was before hinting, this may be ascertained with tolerable facility. Passing one or two fingers of the left hand into the vagina, and feeling the os uteri, you get a bearing on the womb, and then pushing forward the uterus, as here demonstrated, above the symphysis pubis, you lay the right hand on the fundus, above the symphysis, readily feeling the fundus through the abdominal coverings, always thin after delivery (unless the woman is unusually corpulent); and thus examining with nicety, you detect the depression.—Observe the demonstration.

To conclude, then: by careful and nice examinations, inversion of the uterus, in all its different degrees, may be detected by a dexterous and deliberate investigator, well versed in inquiries of this kind. Should the womb be deposited between the limbs, under view of the examiner, the disease may then be readily enough distinguished at a glance, more especially if suspicions have been excited; a little more investigation is necessary when the womb is lodged in the vagina, and if depression only exist, this may require very accurate and delicate inquiry, though even in these cases, by competent persons, a diagnosis may be made.

Treatment of the Inverted Uterus.

It has, I believe, rarely, if ever happened, when a womb has been inverted for a day or two, that attempts at reduction have been attended with success. Denman, I think, says, that he has never, in one single instance, succeeded in reducing an inversion which was become chronic, nor, in the present state of my knowledge, under such circumstances, should I entertain such hopes of success as would lead me to make an active essay. Indeed, two or three hours only elapse after this displacement of the uterus, the probabilities of reduction are small; and this being the case, therefore, if you should be called to an inversion two or three days after the accident, you ought either to make no attempts whatever at reduction, or, at all events, these attempts ought to be made with the greatest tenderness and caution; on the whole, I should incline not to attempt reduction at all, fearful, and not without reason, lest, by handling the uterus, I should tear the vagina, bruise the parts, or, which is still more to be apprehended, lest I should give rise to fatal hæmorrhagia in a woman probably already much reduced. But should it be your lot to be in the chamber at the very moment when the womb becomes inverted—in other words, should the accident occur to yourselves, which however it can scarcely ever do, provided you adhere rigidly to that management of the placenta before prescribed, remember it is a rule of primary importance, scarcely admitting an exception, that, in all cases, without a moment's delay, you ought to replace the uterus, immediately on discovering that inversion has occurred. Nor can you readily overlook this inversion, provided, after all deliveries, you feel for the womb in the region of the bladder, in the way so often recommended. Proceeding then to reduce the womb immediately after its inversion, you will probably return the womb with as much facility, as that with which it was originally drawn down; but if you were to procrastinate needlessly—if, in a perturbed state of mind, losing precious moments, you were to wait with a view of sending for further assistance, the womb contracting itself, its cavity would become small, its sides would become thickened, its consistency would become indurated, and the return of it would be thenceforward impossible. Remember, therefore, should inversion occur to you, (which I hope it will not, for its occurrence is not creditable,) remember, I say, that it is your office, as soon as you discover the accident, to replace the organ without the delay of a moment. Occasionem corripe—seize time by the forelock. But, to proceed.

Under inversion of the uterus, the placenta is sometimes completely detached, and there is no question then as to how you are to dispose of it; but, in other cases, this viscus may still cohere to the surface of the uterus extensively, or by a single lobe only. Now when this is the case, a question may arise, and which you ought to be prepared to answer, before you reach the bed side of the patient; and this question is, whether the placenta ought to be removed or not. Now the rule, in few words, is this: if the placenta be detached, in good measure, you had better remove it entirely; some hæmorrhagia will be produced, but this you must venture; the case is necessarily of more or less danger, nor can you therefore proceed, without some risk; but if, on the other hand, the placenta is diffusively adherent to the uterine surface, then perhaps they are right, who recommend us to reduce the inversion, with the placenta on the uterus, to be removed afterwards in the ordinary manner, when the reduction has been accomplished. Fatal hæmorrhagy might follow the removal of the placenta, while the womb remains inverted, and this is one reason of the rule. Contraction of the womb, while in the inverted position, might occur, if the placenta were abstracted at this time, and this is another reason of the rule. After all, however, I suspect it will sometimes be found difficult to return the womb, while the after-birth adheres to it; but never having inverted the uterus in my own practice, I have had no experience here, and my opinion should have but little weight.

As all the cases of inverted uterus, which are fallen under my hands, have been of some hours, or rather, I may say, of one or two days standing, I have never myself had an opportunity of trying to reduce the inversion; and from my own observations, therefore, I can say but little respecting the manual method of managing this disease. I must remark, however, that there are two modes of treatment recommended in these cases, and with both which, I think, you ought to be acquainted. The womb hanging forth between the limbs, you may, if you please, lay hold of its substance and grasp it, and in this manner, reducing its bulk somewhat, you may press it back again into its natural situation. In this operation, you may observe the reversion begins at the mouth and then passes to the neck, body, and fundus, all these parts being turned back again in succession; so that at length the whole, both of the womb and vagina, becomes reduced. But there is yet another mode, in which the reduction of the uterus may be attempted; for the womb being pushed into the vagina, the accoucheur may get his bearing on the fundus, or most depending part; and beginning his reduction there, he may first push inward, and return the fundus—the body, neck, and mouth, afterwards following, as here shown, and then the vagina. Of these two methods of reduction, the one or other may be desirable, according to circumstances, and therefore with both you ought to be acquainted. I will now demonstrate them afresh.

In reducing the uterus, be careful not to urge it unawares, as here shown, against the point of the arch of the pubes. In entering the inferior half of the cavity of the pelvis, be careful, too, to carry the womb upwards towards the promontory of the sacrum—that is, in the axis of this part; and, in rising through the superior half, let the womb be advanced towards the navel, so as to follow the axis here also, for it will mount more easily. When reducing the uterus, be careful that the reduction is complete, do not content yourselves with merely pushing the womb into the vagina. Be careful, too, that you do not leave a depression of the fundus, for a depression left in the fundus may give rise to violent forcing efforts, and under these the womb may be again pushed down, and become irreducible.

With respect to the *force* you may employ, remember, that the smallest force which will accomplish your object is the best, and that you never can use the higher degrees of force, without a most formidable risk of tearing the vagina and perhaps the uterus. The higher degrees of force have been recommended; and I think I have heard Dr. Hamilton, of Edinburgh, say, that he has sometimes operated with a good deal of resolution. It is to be recollected, however, that some ten or twelve years ago, we were not in possession of any operation which enabled us to save our patient, provided the inversion of the uterus became chronic. In this condition of the disease, not infrequently periodical flooding occurred, the woman ultimately perishing cachectic; as therefore there was little hope of recovery, unless the womb were reduced, force, in our operations, might appear the less unjustifiable. Since, however, it has been proved by Mr. Newnham, of Farnham, that the inverted uterus, when chronic, may be removed by ligature; since, further, in three or four different instances, the operation has, to my knowledge, been successfully performed by others; for the employment of force in our attempts at reduction, there seems now to be no pretence. Vis consilî expers mole ruit suâ. In a scientific midwifery, violence has no place; and even the vis temperata, force, under the rule of reason, is a dangerous auxiliary.

And here you may ask me, if we are foiled in our attempts to replace, is there nothing that may be done, in order to render the parts more relaxed and obsequious? Why, for this purpose, we are advised by some practitioners to bleed till deliquium, but this recommendation must not be too rashly adopted. Indeed, large bleeding occasionally, nay, perhaps frequently, of itself accompanies these inversions, so that all the advantages derivable from depletion, are, in this manner, spontaneously secured. Tobacco injections too, might, perhaps, be of great service. We all know that tobacco injections have great power in producing relaxation of the muscular system; and, in a formidable disease like inversion of the uterus, it might be worth considering whether the injection for hernia should be tried. The warm bath, too, might be thought of, but the risk of asphyxia, and of bleedings from the uterus, must render the warm bath very uncertain and unsafe.

If by prudent efforts, and such force as we may use, we cannot gently reduce the uterus in any way, we must then have recourse to palliative remedies. *Flooding* is the principal danger to be apprehended, and this appearing, you may treat it according to the principles already prescribed. If the urine is retained, the catheter may be introduced. If you find that the woman is wearing away under sanguineous oozings, the uterus lying within reach, you may then try the effect of astringent remedies. Webber, an able and active-minded practitioner of Yarmouth, successfully extirpated the inverted uterus on the fourteenth or fifteenth day after delivery. If the woman were evidently in danger of sinking from the oozings, extirpation, with proper caution, and by competent hands, might be thought of. A ligature would probably be necessary. I have seen one woman perish, who might perhaps have been saved in this manner. Observe, however, that, in the present state of knowledge, I dare not recommend this operation to you. Beware, I entreat you, beware of juvenile temerity. The theologists are accustomed to stigmatise the old man, but he is, I can assure you, of great importance in midwifery.

It is not always that inversion of the uterus is produced by the mismanagement of the accoucheur, and yet in the majority of cases, I am afraid that his practice is to blame. In the general, I believe, inversions of the uterus are produced by the practitioner, unacquainted, perhaps, with the principles of his art, who draws down the placenta, without previously securing the contraction of the womb—a gross error, against which you have been repeatedly cautioned. Now, when the womb is in this way uncontracted, its cavity open, its fibres relaxed, its substance soft, its placenta cohering; if you at this time lay hold of the umbilical chord, and draw down, you will easily, very easily, accomplish an inversion, for what is there to resist it? But if, as you always ought to do, you secure the contraction of the uterus, before you bring the placenta away, the sides thickening, the cavity contracting, the fibres hardening, you cannot invert the uterus if you would; first, because it will not double on itself, and then, too, because in consequence of this thorough contraction of its surface, the placenta becomes detached, so that when you pull, you pull the placenta only, and not the uterus. And therefore it is, that when you are withdrawing the placenta, you ought, in the general, first to secure a thorough contraction of the womb. And therefore, again it is, that where inversion of the uterus occurs, these inversions are ordinarily occasioned by the neglect of the accoucheur, who draws forth the placenta without previously securing the contraction of the uterus. But independently of the inversion of the womb in this manner, the displacement in some cases appears to be produced by the shortness of the umbilical chord. The child is laid hold of as soon as it comes into the world, the length of its chord, perhaps, not exceeding seven or eight inches. (Dr. Haighton met with a case in which the chord was shorter) and the accoucheur hastily drawing the chord from the maternal genitals, and this without respect to the brevity of the funis, a pluck at the placenta, and an inversion of the womb, is the result. Sometimes, perhaps, the womb is inverted by the falling of the fœtus from the uterus, in cases when the pelvis is large, and the parts are lax; and sometimes, as I suspect, from pressure of the intestines, or some other cause, a depression of the fundus uteri is spontaneously produced, without blame to the accoucheur, this depression, with or without vehement efforts, like the parturient, proceeding afterwards, till the inversion becomes complete. Moreover, in spontaneous depression of the fundus, the abstraction of the placenta may complete the inversion, and, perhaps, when the placenta is drawn down with great gentleness, the accoucheur is surprised to find, that with it the fundus of the uterus descends. And thus, then, it is in these cases, the inversions of the uterus are produced, more generally by the neglect of the accoucheur, who forgets to secure the contraction of the womb before he brings away the placenta. Occasionally, however, by the sudden fall of the fœtus from the mother, and occasionally by the descent of the intestines precipitated upon the fundus of the uterus, and giving rise to the commencement of an inversion, which is afterwards completed by efforts of the abdominal and other muscles—like the efforts of parturition.

Here is a preparation of the womb and vagina inverted; death was the consequence. Both the womb and vagina are relaxed, and reduction would have been easy.

Here is a preparation of the uterus, contracted in the way it should be when you withdraw the placenta; you will observe how small its cavity is, and how thick its substance. How difficult it would be to effect inversion here; indeed how impracticable!

The grand *errors* which you are apt to commit in the management of these cases of inversion of the uterus are the following:—In the first place, you may produce the disease in the way I have explained, by neglecting to secure the contraction of the womb before the delivery of the placenta. In the second place, neglecting to examine the uterus properly after delivery, you may not discover the accident till a day or two afterwards, when it is too late to reduce it; and, thirdly, where the womb is drawn beyond the external parts, not recognizing what you have done, you may make violent efforts to pull it away, as if it were some tumour that ought to be removed; or you may rashly have recourse to some amputating instrument, the patient dying in consequence. Violence in your attempted reduction is another error which you may commit. I can never too often caution you against violence.

Of Rupture of the Uterus.

Do not flatter yourselves with the idea, that disruptions of the uterus or vagina are of very uncommon occurrence; it is true, indeed, that they are not commonly made the subject of conversation, because those who have the misfortune to occasion death in this manner, are naturally desirous of concealing the fact; but from what I have seen myself, and from what I have learned in conversing with my obstetric friends, I am persuaded that lacerations of the womb are by no means infrequent, and they require, therefore, our diligent study, both in regard to their prevention and their cure.

When a laceration occurs, any part of the genitals may yield from the perineum upward to the fundus, but more generally it is the neck of the womb, or the contiguous portion of the vagina opposite the symphysis pubis, or the promontory of the sacrum. Most of these lacerations are transverse; longitudinal rents are rare. One case I have myself seen, in which the womb was torn longitudinally, where it unites with the broad ligament in such a manner, that when past through the rent, the fingers lay interposed between the folds of the peritoneum. Examining the parts after death, when lacerations have been effected, you will sometimes find the child lying among the viscera in the abdominal cavity, as in this cast, for example, and generally a quantity of blood, from a few ounces to a pint or more, is lodging in the lower part of the abdominal cavity and the pelvis; appearances of inflammation about the intestines sometimes manifesting themselves, if the woman have lived long under the disease. Burns says, that in all cases which he has examined, he has noted more or less the inflammatory characteristics.

I here show you a specimen of the longitudinal rent.

In this glass you have a choice of mischief; the perineum lacerated, with transverse rupture of the vagina, front and behind. He must have been a resolute fellow who inflicted these injuries—he must have had nerves, too—with as much sensibility as the nails on his fingers!

Characteristics by which the Ruptures are known.

Where laceration of the genitals is about to occur, premonitory symptoms are not always observed, and yet sometimes a woman screams out she has the cramp, the womb giving way at that moment. Sometimes she complains of a pain very different from the parturient pains, and this pain may be felt for a quarter or half an hour before the laceration takes place. If the skin was laid hold of, say on the back of your hand, and then distended till it was on the point of disruption, great pain would be experienced; so it may be where the uterus is on the eve of giving way; a great pain, premonitory of the rent, may be produced. From what I have seen of these cases, however, I deem it right to remark, that the precursory symptoms are not sufficiently characteristic; and this renders it very difficult to have recourse to any effectual measures, of the preventive kind especially, when the laceration is produced, not by the hand, but spontaneously. When laceration of the womb takes place, I have been told that a rending noise has been heard, and perhaps the patient exclaims that something has yielded, and then the countenance falls, the stomach vomits, the extremities become cold, the pulse rises to 130 or 140 in a minute; the pains, perhaps, become small, weak, and irregular; in a word, death seems to have already seized upon its victim. Alarmed by these unexpected symptoms, where the woman seemed to be doing very well previously, you lay your hand upon the abdomen, and through the abdominal coverings, you distinctly feel the child, and its different members lying out of the womb among the viscera. In these cases, the effect on the head varies. More generally this part recedes, sometimes, perhaps, lying beyond the reach of the examiner, if dexterity be wanting; sometimes, and more frequently, lodging above the brim, where it may be distinctly felt by the finger, like a float in water, very movable under the touch; and sometimes, lastly, being impacted in the pelvic cavity, so that it neither recedes nor advances, but remains immovable, as in cases of incarceration, much in the same manner as if no rupture had occurred. In rare cases, the child is expelled, notwithstanding the rupture; the laceration probably resulting from the very pain by which the birth is completed. One case of this kind I saw behind Guy's Hospital, the woman died a few hours afterwards; other cases are on record.

When lacerations are seated in the sides of the uterus, the bleeding is more copious, because the large vessels are there; but if, as more frequently happens, the laceration is of the front or back of the uterus, the bleeding is more sparing, of a few ounces only: indeed, the extent of the wound considered, it is really surprising that more bleeding is not experienced. It must be recollected, however, that it is not by incision, but by laceration, that the parts are laid open, and the same in principle holds of other parts of the body, for when the arm is torn from the shoulder, but little hæmorrhagy occurs. The termination of these cases of laceration is various. The patient may sink in the course of a few hours, five or ten, for example; or she may survive for one or two, gradually and ultimately sinking, or rallying beyond expectation; or, lastly, she may become the subject of various cachectic symptoms, and recover at the end of a few weeks. All this I have myself seen. Remember, death is not the necessary consequence of these dreadful injuries. In repeated instances the woman has recovered, and a well-marked case of this kind was once under my own care.

There are two grand *causes* to which lacerations of the uterus may be ascribed, and let these be remembered; the one is continued resistance to the passing of the fœtus, the other is obstetric violence, whether of instruments or the hand. That spontaneous lacerations of the uterus may occur when the fœtus lies unfavourably, or the pelvis is contracted, or when, from other causes, the birth is powerfully obstructed, is a point now established beyond all controversy.

Subordinate causes of laceration there are, also, nor should these be forgotten. The *linea ileo pectinea* of the pelvis is sometimes so sharp, that, as in this specimen of the pelvis, the finger may almost receive a wound from it, and a bearing on this may, *perhaps*, dispose to rupture of the uterus. Attenuation of the substance of the uterus may also occasion laceration, some parts of the womb not being thicker than brown paper, while others are of the ordinary thickness. *Irregular contractions* of the fibres of the womb are said to occasion rupture; but I incline to suspend my opinion on this point. *Falls* also, and other violences may be productive of this injury, thus the passage of a carriage-wheel over the abdomen of a pregnant woman, is very likely to occasion it. The hand of the accoucheur may sometimes tear the genitals, although no extraordinary force have been employed. While, however, you bear in mind these less frequent agents, remember that the two most frequent causes to which these accidents are to be ascribed, are the culpable violence of the accoucheur, or the continual resistance to the passage of the child, and to these, therefore, the mind ought to be steadily directed, whether in the preternatural labours, or the laborious.

Management.—The management of these cases, so far as they admit of management, may be given in few words: if the child have been thrown into the world, the accoucheur has nothing to do but to treat the patient on the ordinary principles of medicine surgery, I will not venture to assert, that it may not hereafter be found, that *extirpation* of the uterus, in some cases, is advisable, but at present the operation is, I conceive, unjustifiable. If, again, disruption occurring, the head of the child is *incarcerated* among the bones, so as to remain fixed in the pelvis, though the body lies forth through the rupture, you may then, properly enough, apply a pair of forceps; in this way superseding the necessity of the operation of turning. When lacerations of the womb occur, however, it will generally be found that the child enters the peritoneal sac, the placenta immediately following it, the womb emptying itself as effectually as when it expels the ovum through the pelvis. Now, by examination, this ventral lodgement of the fœtus is easily made out, and when ascertained, it then becomes your office to remove the coat, to raise the sleeve of your shirt, to lubricate the hand,

and to carry it resolutely, but gently and steadily along the vagina, and through the ruptured opening, so as to enter the cavity of the peritoneum, lay hold of the feet, and bring away the child by the operation of turning. Beware of grasping the intestines and pulling them down along with the feet. Provided no injury be inflicted on the mother, the sooner the operation of turning is commenced and completed the better, because if the child is left long in the peritoneal sac, it perishes there, in consequence of a suspension of the function of the placenta, which lies detached among the intestines; but if the fœtus is removed promptly, there is a reasonable hope that it may be abstracted alive; and, if no violence be employed, promptitude of delivery may also facilitate the recovery of the mother. The child taken away, the placenta is to be abstracted also, the operator being very careful not to leave any part of it behind; and in this abstraction great care must be taken that you do not draw down any other parts, together with the afterbirth, and more especially the intestines. Let the mind in these dreadful emergencies be kept tranquil and unshaken; unless you are undisturbed and settled steadily upon obstetric principles, you are unfit to act. What must we say of an operator who could take a pair of scissors and cut off a fold of the intestine of a living woman, merely because it protruded! What—of an operator who could afterwards throw this into a vessel to be seen by the nurse and other attendants! Gentlemen, this supposition is no rhetorical ornament; I have good reason to believe that it has happened more than once. Mental agitation may alone account for such wild conduct. Be calm, then—beware; or if this be impossible, then throw up the management of the case altogether, and send for further assistance. Do not mislead yourselves with a notion, that these cases are desperate, and, therefore, that it matters little what is done by the patient. One recovery I have myself witnessed, and there are others on record.

A woman, in this neighbourhood, had a contraction of the pelvis; it was a case that occurred to one of yourselves, but no blame attached to its management. I was called in, in consequence of collapse of the strength, and when I examined, I found the child lying in the peritoneal sac, distinct from the uterus, the aperture of which was contracted, and I found further a large transverse rent opposite to the bladder, very similar to that of which I have circulated a specimen. Well, in this case, agreeably to the rule, I determined to turn, and for this purpose introducing my hand into the peritoneal sac, I perceived the intestines, felt the beat of the large abdominal arteries, touched the edge of the liver, and, ultimately reaching the feet of the child, I withdrew it by the operation of turning, subsequently abstracting the placenta and membranes, the woman recovering in a few weeks afterwards. About five years after the recovery I saw her, not so vigorous as before the accident, but nevertheless tolerably well. *On very careful examination at this time, the os uteri was found to present the natural characters,* and not a vestige of a cicatrix was discoverable in the vagina any where, above or below; the rupture, therefore, had been above, in the uterus itself. When, in this case, my hand was introduced to turn the fœtus, the womb, large as a child's head, was felt lying upon the promontory of the sacrum, above and behind the rent.

But what is to be done where the fœtus is in the abdominal cavity, and cannot be reached, the child being inaccessible in consequence of contraction of the aperture? Why, if there seemed to be a disposition to rally a little, I should feel inclined to try palliatives, if these were indicated, and I should leave the patient mainly to her natural resources. When the fœtus remains among the viscera, recovery is not impossible; becoming converted into bone, it may lie inert in the peritoneal sack for twenty, thirty, or forty years afterwards. In the Museum of the London College of Surgeons is an ossification of this kind, presented, I think, by Dr. Cheston; and from the history of it which he used to give to Dr. Haighton, I am persuaded it was produced in this manner. After smart labour in this case the presentation receded; the child left the womb by rupture, lodging either among the intestines or between the peritoneal covering and the muscular substance of the uterus, and the woman lived for forty or fifty years afterwards, this fœtus, as shown by dissection, becoming converted into bone. But what if the child should escape into the peritoneal sac? and if, further, the symptoms, being most alarming, there should appear to be no hope for the woman in her natural resources? Why, in such cases, it would be for sober consideration, whether it might not be advisable to have recourse to abdominal incision, provided the patient would heartily assent. That such mode of proceeding is not altogether without hope, is proved by the following case:—A robust country-woman, becoming with child after fracture of the pelvis, was found to be so contracted and distorted at the time of delivery, that the abstraction of the fœtus by the natural passages, was impossible. Parturition coming on, a dexterous and intrepid surgeon, Mr. Barlow, of Blackburn, determined, after due preliminaries, to deliver by abdominal incision. For this purpose she was placed on a table, and when the abdomen was laid open, the fœtus appeared to lie behind a thin membrane, probably the peritoneal covering of the uterus, the muscular substance alone having given way. Mr. Barlow divided the membrane and removed the fœtus, which was dead; and a fortnight or three weeks after the woman was well enough to engage in her domestic concerns. I give you the case as it used to be narrated by Haighton, and to me it appears to have been a case of rupture of the muscular substance of the uterus without rupture of the uterine peritoneum, the patient recovering, after delivery by abdominal incision. Does success, in this case, belong to an anomaly or a general principle?

Would extirpation of the uterus, with or without inversion, be of service in these cases? This question may be answered better next century. There is a great deal to be done in abdominal surgery, but neither by dogmatists nor empirics; a well-balanced spirit of caution and enterprise—this is what is wanted to improve it.

FOREIGN DEPARTMENT.

ON HUMAN SPONTANEOUS COMBUSTION.*

From a paper recently read at the Royal Academy of Medicine of Paris, by M. Julia Fontanelle, it appears, that those who have died of spontaneous combustion, always indulge to excess in alcoholic liquors; secondly, that this combustion is almost always general, but sometimes partial; 3dly, That it is very rare in men, and that the women in whom it has occurred were of all ages; 4thly, That the body and viscera are constantly burned, whilst the feet, hands, and top of the cranium, have been almost always preserved from combustion; 5thly, Although it has been demonstrated, that several loads of wood are necessary to incinerate a corpse, this incineration takes place without the bodies of the most combustible nature, close by, being burnt; 6th, It has not been demonstrated that the presence of an inflammable body is necessary for the development of spontaneous human combustion; 7th, Water, instead of extinguishing the flame, appears to give it more activity, and when the flame has disappeared, the internal combustion continues; 8th, These combustions take place more frequently in winter than in summer; 9th, No cure of a general combustion has yet been effected, only of partial ones; 10th, Those in whom this phenomenon occurs, experience an intense internal heat; 11th, The combustion developes itself suddenly, and consumes the body in a few hours; 12th, Those parts of the body which are not attacked become sphacelous. We will proceed to examine for a moment if the theory of combustion throws any light on the subject.

Theory of Combustion.

Combustion is defined to be a combination of oxygen with a body emitting heat and sometimes light. In no case is there emission of light without the escape of heat. It is, however, discovered, that several bodies may, by uniting, disengage caloric and heat, and simulate combustion, without absorbing oxygen. Lavoisier has attributed the escape of caloric to the condensation of the molecules of the absorbed oxygen. Nevertheless, although this absorption be well demonstrated, it is not the fact, that all the caloric, disengaged by combustion, is produced by it in all cases. According to Berzelius, caloric and light, which are produced by combustion, are neither owing to variation of the density of the bodies, nor to a less degree of specific caloric in the new products, since it frequently happens that the specific caloric is stronger than that of the constituent principles of the bodies that have been burned; from this fact, and the action which the electrical fluid exercises on combustible bodies, Berzelius thinks, that at the time when they unite, free and opposite electricities are developed, the force of which increases in proportion as they approximate to the temperature at which the combination takes place; up to the moment of this combination, electricities disappear in giving rise to elevation of temperature, such as is produced from fire. In every chemical combination, says the author, there is a neutralisation of the opposed electricities, and this neutralisation produces fire in the same manner as it is produced in the discharges of the electrical bottle, of the electrical pile, and of thunder, without being accompanied, in these phenomena, with a chemical combination.

Theories of Spontaneous Human Combustions.

Several authors have attributed the cause to spirituous liquors, which, being continually in contact with the stomach, and penetrating through the tissues, become absorbed to such extent, that the approach of an inflamed body is sufficient to cause combustion. In support of their opinion, they cite the spirituous smell observed by MM. Cuvier and Dumeril, in the bodies of some persons who died from indulging too freely in the use of alcoholic liquors. This odour does not always exist, since Dr. Baillie having dissected, eight hours after death, an individual who died from having drunk a pint of brandy, found that neither the muscles nor organs had any alcoholic smell; this, however, would be no reason for attributing this combustion to such weak quantities of alcohol, since linen dipped in this liquid, experiences no other alteration but that of remaining wet after the alcohol has ceased to burn. In the second place, if infiltration of alcohol through the tissues really takes place, spontaneous human combustions ought to be frequent in men addicted to spirituous drinks; lastly, it ought to be noticed, that those persons who have written on the subject, do not regard the presence of an inflamed body as necessary to occasion spontaneous human combustion; but were it proved, how could they account for the combustion of alcohol in the interior of the body, without the presence of air or oxygen?

---

* Revue Medicale, Juen, 1828.

First Experiment.—On the 15th of May, 1827, I took some very thin pieces of beef; I macerated them five days in alcohol at 36°, and, at the end of this time, pressed them well, and put them into some fresh alcohol, which I renewed on the 1st of August, and continued this immersion to the 15th of December, that is to say, for nearly five months. The meat was more infiltrated with alcohol than the human body, where infiltration is supposed to take place; it is evident, also, that alcohol being stronger than brandy, it ought to be more inflammable. I then exposed this meat, thus prepared, to the contact of an inflamed body, without being able to inflame it; I did more, I placed it in a capsule, and covered it with four lines of alcohol at 38°, which I set fire to. After it was completely consumed, the meat was not acted upon internally, and only a little scorched externally; the edges only, which were very thin, were burnt; it had a very marked alcoholic odour; it did not take fire when exposed to the flame of alcohol. The same took place with meat infiltrated with alcohol, and submitted to an electrical spark.

Second Experiment.—I repeated the preceding experiments with sulphuric ether, and obtained the same results.

Third Experiment.—I took some pieces of meat which had been infused in alcohol and ether, and I kept them for ten days in oil of turpentine. In addition I moistened the meat with the oil, and I inflamed it; the meat was rather more burnt than in the first and second experiments. The presence of alcohol, even in a large quantity, in the muscular tissue, was not able to set it on fire, much less to produce the incineration of the human body.

Second Theory.—Dr. Marc, and several other medical men, from the development of hydrogen gas in the intestines, have been led to suppose, that the same phenomenon may take place in other parts of the body, and that this gas may take fire by the approach of an inflamed body, or by the electrical action produced by the fluid, which is developed in the individuals thus burnt. From this fact they have imagined—1st. An idio-electrical state in these subjects; 2d. The development of hydrogen gas; 3d. Its accumulation in the cellular tissue.

I am far from denying the existence of inflammable gases in the stomach, since, in the meteorisation of oxen, the gases which produce the light have been recognised as carbonic acid gas, and sulphuretted hydrogen, as well as carbonic oxide, which I have shown in the "*Journal de Chimie Medicale.*" We know also that, in 1751, a butcher of Enam killed an ox very much swollen, and that, in taking the stomach away forcibly, he opened the paunch, from which there escaped a flame of more than five feet in height, and which burnt the hairs, &c. This gas had been inflamed by a light. Bonami and Ruisch saw, in 1797, the professor of anatomy at Pisa, place a light near an opening in a stomach, from which there escaped an inflammable gas. On another occasion, Ruisch saw a gas escape through an incision made in the stomach of a woman who had not eaten any thing for four days, which inflamed with an explosion, on the approach of a light. Lastly, Dr. Baillie made a very curious experiment, in the presence of more than twenty students, on a body, on the whole of which was observed, especially on the lower extremities, an extraordinary emphysema. Each time longitudinal incisions were made, a gas was disengaged, which burnt with a blue flame. On puncturing the abdomen, there was a jet which produced a flame of more than six inches in height, &c. A fact, worthy of remark, was, that the intestinal gases, far from being inflammable, put out the light.

Fourth Experiment.—I kept, for the space of three days, some meat, cut into thin slices, in four vessels filled, one with hydrogen gas, one with bicarburetted hydrogen, the third with carbonic oxide gas, and the fourth with oxygen. I, however, could not inflame this meat, either with a lighted body or by an electric spark.

If we now return to the theories of Lavoisier and Berzelius to explain spontaneous combustion by the combustion of alcohol or hydrogen gas, we perceive that they are equally inadmissible. 1st. Because it is very necessary that the presence of alcohol between the muscular fibres be shown; and when it is even, it is necessary to admit that the alcohol has been inflamed in the interior of the body by the effect of the opposed electricities of Berzelius; it is necessary, I say, to admit also the presence of air in the body to feed this combustion, which is impossible, since air cannot penetrate through the cutaneous tissue. We know, from the ingenious experiments of Davy on flame, that a simple metallic gause is sufficient to intercept the heat and prevent the inflammation of the most inflammable gas. What we have said of the impossibility of the combustion of alcohol in the interior of the body applies also to hydrogen gas; we say more, it will happen, that the person will perish without being incinerated. I inflamed hydrogen gas, in which I placed a piece of meat, which was only slightly burnt. It is a fact well worthy of remark, that hydrogen gas will not inflame by the electric spark, however long its action may be continued, at least if it be not in contact with oxygen gas; and, surely, if it be mixed in the human body, it will cause an explosion.

Conclusion.—From these facts, it appears evident, that mere hypotheses on the theory of spontaneous human combustions have been hitherto advanced. The parts of the body the least combustible, such as the liver, spleen, lungs, &c., are always incinerated; whilst, on the contrary, the hair, although extremely combustible, is never burned.

If we now consider that a large quantity of wood, sufficient to incinerate a house, is necessary to incinerate a body, we shall see that it is impossible that alcohol, or hydrogen gas, which does not even inflame linen, can produce this effect; 2d, the products of animal combustion are a spongy charcoal, very black, shining, fœtid, and only incinerating at a very great temperature, whilst spontaneous human combustions only develop a low temperature, which does not inflame the most combustible bodies. Human combustions are not the effect of the combination of the elements of the animal matter with oxygen of the air. Lastly, we think that, in some subjects, especially in females, there exists a particular diathesis, which, joined to the asthenic state occasioned by age, by inactive life, the abuse of spirituous liquors, may give rise to spontaneous combustion; but we are far from considering alcohol, hydrogen, or superabundant fat as the material cause of this combustion. If alcohol has any part in this affection, it is by producing that degeneration of which we have been speaking, which engenders combustible products, the action of which causes the combustion of the body.

SURGICAL CLINIC OF THE HÔTEL DIEU.*

M. DUPUYTREN.

Delirium Nervosum, or Nervous Delirium.

More than once, in the course of last winter, we had an opportunity of seeing this species of delirium in patients labouring under fracture of the limbs, which M. Dupuytren has always succeeded in curing. M. Dupuytren thinks *delirium nervosum* very analogous to *delirium tremens*; it is unaccompanied with fever, often manifests itself without any inflammation or wound, and cannot, therefore, in all cases be considered as traumatic delirium. It is consecutive, without relation to age, sex, or temperament of the patient, on dislocations and fractures, which have, or have not been reduced, on hernia, wounds, and all kinds of operations, during inflammation, suppuration, or the formation of a cicatrix.

Persons of a nervous temperament are very subject to it; it attacks those individuals who entertain a great dread before an operation, or in whom the desire to show their courage has exalted the imagination; more especially those who are subject to fits of despair, and to attempts at suicide. Its first appearance is marked by irregular and irrational gestures and movements, and by incoherent proposals. Persons labouring under this disease are restless, both by night and day.

The superior parts of the body are covered by a copious perspiration; the eyes become shining and injected, the face animated and flushed, and the patient utters menaces and vociferations. Notwithstanding all these symptoms, the pulse is calm and tranquil; no fever exists; the fæces are voided with the usual regularity, but the appetite is bad, and, at the end of two, three, four, or five days, this curious affection terminates either in cure or death. If the patient be cured, the calm returns without any apparent crisis; a sound sleep comes on, and, at the end of ten or fifteen hours, the patients are quite well. This delirium may return two or three times. On opening the bodies of those who have died from *delirium nervosum*, nothing is found which can satisfactorily account for the symptoms of the disease.

Sedatives of every kind, and in every form, bloodletting, *ad deliquium*, and all other means, have been used by M. Dupuytren without any good effect.

The only means of cure, are injections up the rectum of 16 or 18 drops of the tincture of opium, repeated two, three, or four times, every six hours.

---

[*] La Clinique.

The injections, when retained up the rectum, are sufficient to cure the most furious delirium. It is a curious fact that the small quantity of the medicine taken into the stomach, produces no effect, whilst, thrown up the rectum, it is so efficacious; this difference in the action of the same remedy in two different parts of the body, M. Dupuytren explains by the absence of the digestive powers of the rectum, and the absorption of the medicine unaltered into the system.

POTT'S DISEASE—PLEURISY, EMPYEMA.

In this hospital, there is a young woman at present, of delicate constitution, who was admitted for an affection of the spine, with projection at the lower part of the dorsal region. Moxæ were applied on the sides of the prominence, by which means the affection of the spine appeared to improve, when, all of a sudden, the patient was attacked with a severe pleurisy of the left side; the most active treatment was employed without much benefit, the symptoms continuing, although in not quite so severe a form. The fever subsided, and the pain disappeared, but the left side of the chest became larger than the right; the intercostal spaces increased in size, and the pulsations of the heart were not felt in the accustomed spot, but on the right of the sternum. Percussion afforded a dull sound in the whole extent of the affected side, the respiratory murmur could not be heard, and the patient could only rest on the left side; that there was effusion into the chest, could not be mistaken. M. Dupuytren first entertained the idea of giving exit to the effused fluid by puncture; but, on more minutely examining the patient, he found that the fluid in the pleura, communicated a kind of undulatory motion, isochronous with the pulse, which could be perceived in the space between the ribs, and he thought that this movement was communicated to the fluid by the heart and its vessels. May there not be an aneurism, said M. Dupuytren, and may not the fluid come from a rupture of the sac? The patient's symptoms were rather improved, and after the lapse of a month, a tumour began to point in one of the intercostal spaces, in which the same pulsations could be felt as have been before mentioned.

M. Dupuytren regards this tendency to a spontaneous opening as a very favourable, symptom, and favours it by the application of emollient cataplasms. He is firmly convinced, that the spontaneous opening is much less dangerous than incision in cases of empyema. The tumour, which is formed externally, opens first, and gives exit to a certain quantity of liquid. The skin, which was prominent, becomes flattened, its opening closes, and the tumour is thus reproduced, and empties itself at repeated times by fresh spontaneous openings. In this case there is only a communication from without with the cavity, the primitive seat of the effusion, by means of narrow sinusses, through which the air cannot well enter. The matter is discharged in small quantities, the pleural cavity remains always full, and the quantity of pus diminishes in the same proportion as the cavity which contains it. Thus the air has no access to the diseased cavity. It is well known, that the introduction of air has great influence on the accidents which follow the operation of empyema.

ABUSES IN ST. THOMAS'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—In your Journal of this day I observe two letters on the subject matter of dispute contained in my previous communication, and I shall now, with your permission, point out their childish evasion of every point, save one, that I had advanced. Our "medical officer" commences thus:—"It is not my intention to enter into any controversy with J. W. as to how great or how little foundation he may have for his general and sweeping charge of negligence of attention to the interests of pupils." With regard to his declining to argue how great foundation I have, certainly I could not in the common course of things expect that he would. But as to his refusing to controvert the question of how little foundation I have, I can only say that if he pursued this line of conduct from a pure kindness of intent towards me, I must express my gratitude; but if from a consciousness that he could not for a moment produce any argument to render the charge invalid—if from a self-persuasion that it was perfectly just in itself—then, although I deprecate the absence of that generosity which ought to have led him to express openly to the public this his opinion, yet, I must attribute to him some considerable share of prudence in not having attempted a refutation of that which no man can refute, and which even in the present shameless state of the hospital affairs not one of the "officers," I am inclined to believe, will have the effrontery to deny. The "medical officer" does not deny it; on the contrary, he fully admits the foundation for a charge of negligence; and this is not only seen by his silently yielding the ground, but also by the method he has recourse to of endeavouring to remove himself from the general accusation; thus he says, in reference to it, "he has unsparingly lavished it upon *all* the physicians and surgeons:"—"I appeal to his sense of truth and candour to furnish the public with the *names of those* to whom his observations are *really intended* to apply:"—"if he believes that *all* the medical and surgical officers be open, &c."—and again—"but if he feels that it cannot in justice be applied to *all*, then is he guilty of gross injustice in thus charging *all* with what is only applicable to *a few*." Now I would ask the medical officer why he has used the word *all* in italics so frequently, and every time in reference to the accused? Why he has used the word *few* in contradistinction to *all*, and in the same sense? and why he has desired me to express *the names* of *those* my observations are addressed to? I maintain that it can express nothing more nor less than a belief in his mind that there existed amongst the accused some individuals who did not deserve the charge—but the same sentence, be it remembered, which denotes *some* of any given number exempt, actually implies the culpability of the rest—and in consequence the justice of the imputation. Now the "medical officer" must not be splenetic at the conclusion to which I have arrived, for surely if he have not the ingenuousness to lay open at once the real feelings of his heart, but conceals them under a false pretence, he cannot blame me, if by observing natural inferences from any unguarded language he at the same time employs, I should disclose an admission which he would fain have suppressed.

I have now shown the claims of the "medical officer" to exemption, and thus his admission of my position that *there is great negligence manifested towards pupils.* The "medical officer" insinuates that I have not brought forward *facts* but *assertions*. But as regards the last-mentioned insinuation, it is perfectly absurd when viewed relatively, inasmuch as it meant to convey the idea that what I had stated in support of my charge was not established by any fact, although he at the same time acknowledged the equity of the charge, and claimed exemption therefrom. And besides his inconsistency, his use of the mere term *assertions* is vague and equivocal, because, in itself, it denotes nothing more than the simple thing affirmed without any reference to its truth or falsehood, and I contend that it is not essential to the constitution of an assertion that it should be either true or false. I thank the "medical officer" for having left the word open to my advantage, but instead of availing myself of its most favourable account, I shall be content in cordially agreeing with him that I did make assertions—but I must maintain that they were assertions of facts, and nothing but facts. I might here call upon every honourable student to answer if they were facts or not; but lest this too should not amply satisfy the mind of the "medical officer," I shall beg leave to ask him if the declaration I made so distinctly, as to myself having been disrespectfully arrested by an old woman, whilst glancing my eye over a case book—can be denied to be the statement of *a fact?* I would ask him if the protest of *the nurse* "that she had got a tremendous rowing before for having permitted gentlemen to take notes out of the doctor's book," be not the assertion of a fact? And since he is so determined not to give evidence to any thing which is not made in the most direct terms, (though by the way he does not follow up the precept himself) I will state for his gratification that I have been equal partner in the grievances I assigned to my fellow-pupils—that I have, myself, passed many precious hours in vainly waiting for the arrival of the surgeons and physicians—or for a post mortem examination—that I have lost the opportunity of seeing many of these solely in consequence of the culpable neglect of those who ought *to have made* them known to the pupils by posting them up—and of those who ought to have seen that they were posted up—that I have been unable to gain admission into the museum on the very days when it is appointed to be open—and that I have been bearded in passing through the wards for the only purpose of inspecting the progress of cases. Now, Sir, I might go on enumerating, but I will thus far ask the "medical officer" if these are not statements *of facts.* But he insists that *the names* be given in conjunction with the facts, and really, Sir, I believe if I were to place the names of all the medical and surgical officers of the hospital in a circle and with a compass point draw a line around those only who stand affected by the facts adduced, I should form a circle as perfect as ever was formed by mathematician. It will perchance be retorted here, what are there no shades of difference then? Yes, there are indeed shades of difference, and in justice to Dr. Elliotson and Mr. Green, I feel myself bound to declare that all the information I have derived at the hospital to which they are attached has been from them. They evince more propriety of conduct towards students, whilst visiting the patients—they are more ready to communicate any required intelligence, and last, not least, they fulfil more attentively that important duty, (for a duty it is, due both to students and patients,) of reporting correctly the symptoms and daily progress of disease in the *case books*, and do not suffer them to exist, like those of Drs. Scott and Williams, and *others*, as case books *in name only*, and as monuments of their own disgraceful omissions, having not a single particular of a case, save the age and name of the patient. But because I have said thus much as being due to Dr. Elliotson and Mr. Green, am I to be understood as removing them entirely from the charge of neglect? By no means. I would that it were possible to do this—but justice to myself and fellow students forbids it. Have not these gentlemen had many post mortem examinations of their patients performed within *the last three months*? and in any one instance have they been made known to the pupils for their instruction as they should have been? Have they seen that these examinations were conducted scientifically? or in such a way as to favour the object for which they were, or ought to have been, instituted; namely, the advancement of knowledge? Have they been regular in delivering clinical lectures? or punctual in meeting their pupils at the bed side? I leave these questions to themselves, and with some satisfaction, because I know, that although they cannot be satisfactorily answered, they will not be urged altogether in vain to minds not entirely callous to the voice of candour.

I have now arrived, Sir, at the third and last part of the medical officer's letter, which treats of that portion of my charge relating to the library; and here I am under the necessity of adverting to the letter of H. Meymott, but I shall not condescend to notice this library man's trash, any farther than is absolutely subservient to my purpose at this moment. It is really painful, Sir, to exhibit as flagrant a specimen of inconsistency as ever was met with in two letters: but it is a duty I must perform for the ultimate development of truth. First, then, we have a "medical officer," a physician of the Hospital, stepping forward and stating that "upon the separation of St. Thomas's and Guy's schools, the medical and surgical officers of the former conceived that it would be advantageous to the interests of *the* pupils who might *enter* to *their* Hospital, to form a library and reading room, to which during many hours in the day *such* pupils might have access, by paying the very moderate sum of one guinea, which entitles the individual to the use of the library *so long as* he continues in attendance at the Hospital." Thus he has substantiated my complaint, by repeating it clothed in different words; and to prove that I have not misconstrued his intent, I need only add what immediately follows the above:—"Upon what principle can J. W. complain, that this library is not open to the subscription of *every* borough pupil? he might as well complain that he cannot have access to the Eton or Westminster libraries, &c., he not being a member of the schools:"—evidently not only admitting my proposition, that no pupil can subscribe unless he *previously enter* to the Hospital; but arguing afterwards that this is perfectly just. Well, Mr. Editor, let us bear this in remembrance, and in the mean time just turn over four leaves of the *same Lancet*, and we find H. Meymott developing himself, and wishing to "set your readers right" in the matter; and how does he do this? Why, by declaring positively "that *no* pupil, *whatever school* he may belong to, is prevented from being a subscriber, nor, indeed, *is any* person!!" This flat denial might have possibly done better, if it had not been for the unfortunate circumstance of the "medical officer's" unexpected letter appearing at the very identical time with his own. Need I say more!

In conclusion, Mr. Editor, I beg to repeat that my object in proceeding thus at length is not to deprecate any person, for the mere sake of deprecation; and that if I could have the happiness of greeting a project of reform—a desire in the medical and surgical officers of St. Thomas's or any other Hospital, to fulfil *their duty* to *their* pupils—I should be first to laud those whom I am now obliged to arraign. Apologizing for trespassing so much upon your time and space,

I am, Mr. Editor,
Your most obedient servant,
July 14. J. W.

ABUSES IN ST. BARTHOLOMEW'S HOSPITAL.

"Facts are stubborn things."

To the Editor of THE LANCET.

SIR,—Never having presumed, to solicit a column of your valuable pages before, and as I cannot withhold a few lines from you now, probably you will oblige me by inserting them.

Some weeks ago I had intended troubling you at considerable length, with what I had headed, "A sketch of the characters of the medical officers, &c." of this institution; in which I had proceeded to describe the conduct of the medical gentlemen in going through the wards, and to draw the fairest contrast in my power between Messrs. Lawrence, Vincent, and Earle. I can have no difficulty whatever in proving to you, Sir, that that letter I had nearly concluded, when one, most unexpectedly to me, appeared in your Journal, from "A Pupil of St. Bartholomew's," I may say, on the very same subject on which I was then writing. It did not by any means enter into the details I had intended giving; but, as the grand points were taken notice of, namely, the inefficiency of instruction afforded to the pupils by Messrs. Vincent and Earle, I laid mine aside, in the ardent hope that this monstrous evil would, in some measure, be removed, which might be done with the greatest ease. I say, Sir, without the least difficulty, for I do consider the two gentlemen who are the subjects of complaint, quite competent to give the necessary instruction, were it but once practicable to infuse into their noddles a just sense of their duty.

Instead, however, of such a reasonable expectation on my part being realised, how greatly astounded have I been to find, by another letter in your last week's Number, from the same Pupil, that in some publication which I never saw (and should, therefore, never have known of it but by the notice that has thus been taken of it in your daily increasing and widely-circulated work,) that *falsehood*, forsooth, is attempted to be imputed to that letter. In the most solemn manner you may be pleased to require, I am prepared to declare, that every syllable in the first letter I have alluded to from the Pupil, was strictly true. I knew no more then, nor do I now, than the dead, who that "Pupil of St. Bartholomew's" is; but I do affirm, that his complaint was, and is most just, and every syllable of his statements true to the very letter—nay, the half he did not disclose. And, for the writer of the letter headed, "False charges against Mr. Vincent and Mr. Earle," (which I really have not seen,) to dare, as it would appear he has, regardless of the most palpable and easy means of himself being convicted of being the foulest liar, to state, that he had taken a walk round the wards, and found,—"that Messrs. Vincent and Earle neither describe the diseases of their patients, and cause such descriptions to be written down; nor do they direct the treatment, employed to relieve or remove such diseases, to be recorded for the information of the pupils,"—was untrue, only proclaims, in the loudest and plainest language, the weak, drivelling, base, contemptible resources to which such a journal must be reduced that stoops to bolster up its polluted pages with such slanderous falsehoods. No man living, even now, can walk through the wards without observing the truth of the complaint to stare him in the face. It is disgraceful to the surgeons that it should be so; it is disgraceful to them that any person should thus attempt, untruly, to contradict the fact; it is disgraceful to the governors that they do not see to this neglect of instruction; and it is alike disgraceful to any journal (if such can be degraded,) to attempt to vindicate such a practice.

The statements are perfectly well founded too, that Messrs. Vincent and Earle give no clinical instructions, and that their case books (*query*, have they any?) are by no means attended to as Mr. Lawrence's are. The individual who undertook to deny these "*stubborn things*," must be a thousand times worse than ignorant; he must be mad—a downright fool! I believe that the surgeons of this Hospital think as he does, that it forms no part of their duty to attend *post-mortem* examinations; and also, that it must form precious little of the students', for, upon my life, there is the greatest difficulty in the world in getting to know when there are to be any; and is not this a most serious cause of complaint?

It seems to be implied, too, that want of veracity exists on the part of the "Pupil of St. Bartholomew's," in attributing superior conduct, in all respects, to Mr. Lawrence, which is clearly demonstrated by the great majority of pupils who continually attend him round the wards. Now, if such an implication be really breathed or intended, it will only be in a piece with all the execrable *excrescences* that can be expected to issue from the quarter whence this came. Mr. Lawrence's anxious solicitude for the benefit of the patients; his careful discrimination of the qualities of pupils wishing to become dressers; his complaisant demeanour to the students at large; his aptitude and increasing willingness to describe and point out the symptoms of all the cases as he proceeds (instead of leaving the pupils in a ward to stare at each other, while he retires, for instance, into one of the nurse's rooms, accompanied, perhaps, by a single dresser, to make an examination, and into whose ear to whisper some particular formula); his courteous reception of, and attention to, all visitors and strangers; in short, his liberal, open, and gentlemanly conduct in all respects, and on all occasions, mark him as the chief pillar of this Institution, and must satisfy every observer, that but for his continuance at this Hospital, instead of the Institution being, as it ought to be, a blessing, and one of the greatest blessings, to the public, not only as it regards the patients who resort to it, but, and especially, as respects the instruction of young men who are to be sent forth to have put into their hands the lives of the community at large—it would become a curse,—an iniquity.

I contemn the empty and scandalously-false insinuation, that if the pupils and dressers (forsooth) of Messrs. Vincent and Earle discover "the Pupil of St. Bartholomew's," they will drive him from them!!! I am sure, be he who he may, he must heartily despise such *apish brats*. Allow me to confess myself to be one of their dressers, thus traduced, and flatly to deny the fact. Indeed it would only require the most remote attempt at so dangerous an experiment here, to bring out the admirers of Mr. Lawrence, (Mr. L. himself having already taken one, the first and only opportunity afforded to him, of publicly denouncing and scornfully repelling the slightest infringement on his liberal course, or of being dragged in by any side-wind to sanction any thing tending to have the aspect of shrinking from fair and open dealings,) to so heartily chastise the eight or ten young *Bats* who accompany Messrs. Vincent and Earle, as to be an ample safeguard against a recurrence of such presumptive efforts to secure, or countenance, dark "hole and corner" works here. We live, thank God, in an improving age, and many, many there are of the students here who, while, "as in duty bound," they respect the surgeons who are placed over them, would be ashamed to own such narrowness of views as some cherish. Therefore, as a salutary admonition to the little *squad* I have alluded to, allow me only to say:—

> "Let not this weak, unknowing band,
> Presume their bolts to throw,
> Or deal damnation round the land
> On each they judge their foe."

Compare the dressers of Mr. Lawrence, as well (if I may say so) as his pupils—nay, I would not even exempt the very *nurses* of his wards—compare them with those of the other two gentlemen, and they will, in their respective situations, be found so much superior in every respect, that the most casual observer cannot fail to distinguish the difference. Unless it be to his great superiority of education, polite manners, and respectful demeanour, added to the well-merited fame of Mr. Lawrence, I am perfectly at a loss to know to what it is attributable, that the mass of pupils, and almost invariably all strangers, visiting the Hospital without introduction to any of the surgeons, happen to fall into Mr. Lawrence's ranks.

Truly, Sir, I have the sincerest esteem for Messrs. Vincent and Earle, as well as for Mr. Lawrence, but I cannot withhold my approval of the more creditable way in which the latter surgeon discharges his duties. The former have only to *improve* to secure to themselves honour and peace of mind; they will then be equally respected, and as little complained of.

It has occurred to me, and I state it merely as a suggestion, whether it would not be well to pass over entirely unnoticed by such a splendid work as yours, all individuals who are so fearful of light, who entertain such a horror at being brought before the public and their deeds exposed, that they might sink, which they soon would, into oblivion; and to hold up to the notice of a discriminating community (their works *impartially*) such detested secresy, illiberality, and "hole and corner" doings. It is, however, the heighth of folly for any hospital surgeon, or any body of them, to dream of crushing hospital reporting, or of clipping, in any degree, the wings of the medical press. Attempts of this sort will only secure to themselves enemies; mankind would be destroyed by dozens if such attempts were to succeed; it is utterly impossible they can, and as certain that you, Sir, will ever have, while you continue to advocate the principles of independence you do, the tender of numerous more reporters than you can possibly employ.

Pardon the length to which I have extended this letter; and I remain,

Sir, yours truly,

O.P.

21st July, 1828.

DR. FOX ON THE GLASS LEECH.

Sir,—A year having now elapsed since an account of my improved cupping apparatus, called the Glass Leech, appeared in your valuable Journal, I trust you will excuse my again trespassing on your time, by requesting the publication of the following results of its use, at the Derbyshire General Infirmary. We have been in the habit of applying the glass leech for a year and a half; and for the last twenty-three weeks, *all* the cases have been recorded by my apprentice, at the time of cupping, as shown by the accompanying tables; and as the results are quite extraordinary, I am anxious that the tables should be printed at the end of these observations.*

I remain yours, very truly,

Francis Fox.

Derbyshire General Infirmary,
June 25, 1828.

In order to form a correct estimate of the marked superiority of this simple apparatus over all other cupping glasses, it must be observed that only one application of the scarificator need be made, and a glass leech applied twice, to obtain seven ounces of blood in a quarter of an hour, on an average. But if, as is the usual habit with cuppers in general, the scarificator be applied two or three times, and a glass leech put *once* over each scarification, we may expect to obtain twelve or eighteen ounces of blood in a quarter of an hour; and frequently, without the operator remaining with the patient, as the glasses may be removed by an attendant when sufficiently filled with blood; on this account, *they are particularly adapted to hospital use.*

---

* Dr. Fox is correct in his conclusions, but we have not space for the tables.

The principles upon which the superior operation of this glass depends, may be found in my former paper on this subject, published in THE LANCET, No. 195, Vol. XII, May 26, 1827. After numerous experiments, and attentive investigation, I have drawn up the following rules, in the place of those formerly proposed: the substitution of the slip of cap-paper for the lint is a *great improvement*, as it insures an uniform degree of rarefaction, which was very much influenced by the form in which the lint lay; but the paper always exposes an equal surface, and therefore secures the same degree of flame. We find it useless to dry cup, and in this we have rendered the operation still more simple. We think twenty-four ounce glasses are the best.

Rules for using Dr. F. Fox's "Glass Leech" for Cupping, adopted at the Derbyshire General Infirmary.

Dip a folded slip of cap-paper* in spirit of wine, and drop it in a spout-like form into the glass, so as to touch only at its two ends, that the whole surface be exposed for blazing.

Scarify; and afterwards *wet* the skin to protect it from the flame.

Hold the glass with its belly downwards, near to the part.

Dip the *lint-ball* described below† in spirit, and having lighted the same, inflame the soaked paper with it, and *instantly* apply the mouth of the glass to the scarified part, whilst the paper within is in a *full blaze.*

Glass leeches, &c., made according to Dr. Fox's directions, may be had of T. W. Walton, Chemist, Derby.

A few observations (which are equally applicable in all cuppings) may be made in addition to these rules. If there be much hair on the part to be cupped, it must be shaved off, as on the temple, perineum, &c. Particular attention should be paid to applying the glass immediately after the paper is lighted; and with this view, it is important to hold the glass within two or three inches of the part. It often happens that the glass draws air; a little water dropped from a sponge round its mouth, will remedy this inconvenience. In cupping on the temple, the constant attendance of the operator is required; as the glass, during the whole time, must be raised up on one side, so as to take off the pressure from the temporal artery; without this precaution, the artery is so much compressed by the edge of the glass, as to prevent the bleeding. It is often necessary to attend to this circumstance on other parts of the body, as the sacrum, knee, &c. In using the glass leech, the patient should be placed in such a position, that the belly of the glass shall hang downwards.

Observations on the Tables.

From these tables, it appears that from Dec. 20, 1827, to May 30, 1828, there were 165 persons cupped, 212 applications of the scarificator, 223 applications of the glass leech, occupying 2594 minutes, and 1279 ounces of blood were drawn.

Average for each case:—

Application of scarificator	$1\frac{1}{3}$	
Application of glass leech	2	nearly
Time of blood flowing	16	minutes
Quantity of blood drawn ..	$7\frac{3}{4}$	ounces.

The glass drawing at each application, in eight minutes, four ounces of blood.

These are the average results of *all* the cases; but, in order to convey a correct idea of the most successful, the best cases have been selected from the last 71, included in our second table; namely,—

Cases	24
Applications of the scarificator	29
Applications of the glass leech	32
Time	245 minutes
Blood	225 ounces.

Here the average for each case is:—

Application of scarificator	$1\frac{1}{5}$	
Application of glass leech	$1\frac{1}{3}$	
Time	10	minutes
Blood	$9\frac{1}{3}$	ounces.

Each glass drawing seven ounces, and each scarificator affording seven ounces and three quarters. Out of the seventy-one cases just spoken of, there are to nine cases nine scarifications and fourteen glasses applied, which, in 107 minutes, only afforded fourteen ounces and a half of blood. These are selected as very untoward ones, arising from loose skin, faintness, &c.; but of course, are *included* in forming the general average.

The scarificators used, contained four, six, or twelve lancets, according to the parts scarified. Our average rate of drawing blood from a scarification of four lancets on the temple is one ounce and a half per minute, and we have repeatedly drawn two ounces per minute.

---

* Glasses capable of holding from eighteen to twenty-four ounces of water, require a piece of cap-paper two inches and a half by half an inch, to produce the desired rarefaction.—N.B. Each piece to be folded down the middle.

† A small portion of lint, attached to one end of a piece of thin copper wire, slightly curved, and sufficiently long to reach the bottom of the glass.

THE LANCET.

London, Saturday, August 2, 1828.

We have received a number of communications on the subject of the New Medical School which is to be opened, according to the announcement of the Council of the London University, in October. We have given much attention to this subject, and will lay before our readers, at an early period, as much information as we have been able to collect respecting it. We do not look to the new establishment, as a source from which any immediate or striking advantages, with a view to the amelioration of the existing system of medical education, can be expected to result. It starts under doubtful auspices, and its utility will be, for some time, checked, if not counteracted, by its connexion with the Middlesex Hospital, and by the detestable regulations of the London College of Surgeons and the Scotch Universities.

The lectures of the different professors of the New Institution will, no doubt, be attended by many persons of all classes and callings, from those mixed motives of curiosity, and a desire to obtain information, which already induce people to attend the lectures delivered at the Royal, London, and other scientific institutions. But, in order to ascertain what description of students will matriculate at the London University, let us first consider what classes of the community are not likely to repair to this Institution for the purposes of education. In general, men decide upon one mode of education for their sons, if they bring them up to commercial pursuits, and upon another, if they destine them for professions. The education of commercial men in this country is, for the most part, exceedingly meagre and superficial; but we believe, that a great majority of those who are themselves engaged in commerce, and who wish their sons to follow the same calling would decidedly object to giving them what is termed a classical or collegiate education. An early taste for literature is supposed to be incompatible with that desire of turning the penny or the pound, which a prudent trader would wish to encourage in his offspring; and we find that, in point of fact, the largest fortunes made in commerce, the great prizes in the lottery of trade, have generally been obtained by men of the meanest origin, who have never been diverted from the pursuit of gain by a taste for enjoyments of a more refined and intellectual character. These considerations will, we apprehend, generally induce commercial men to decide against the expediency of sending such of their sons as they design for trade, to receive a classical and scientific education, at the London University. With regard to students destined to professions, it will be conceded on all hands, we presume, that students in theology are not likely to repair, in any considerable numbers, to the new Institution. Nor is it probable that many students will betake themselves to this University as a fountain of legal science, seeing that a knowledge of English law—such a knowledge of it, at least, as may be available for professional purposes—is scarcely to be communicated by a course of lectures. There is, besides, a strong feeling or prejudice at the bar, in favour of those who have graduated at Oxford or Cambridge; and as the new University will have no power of conferring degrees, no students are likely to matriculate in it, who deem an academical degree indispensable or highly useful, with a view to their professional interests.

Of the effects (if any) which the London University will have on the interests of medical students, we shall abstain from speaking, till a future opportunity.

We withheld the following stanzas last week, in consequence of Dr. G. Smith's pledge to condense and forward to us his defence of Dr. Harrison; but as we have received a note from Dr. Smith, intimating that he does not intend to take any further trouble in Dr. Harrison's business, conceiving that he has, for the present, "done him justice enough," we see no objection to inserting them. If Dr. Gordon Smith conceives that he has done Dr. Harrison justice enough in his prose, he will probably be of opinion, that our Correspondent has done him rather more than poetical justice in his verse. Our opinion of the transaction is, of course, wholly unaltered by Dr. Goddon Smith's communication.

To Edward Harrison, M.D., the Spine Doctor !

———"Cur ludere nobis
"Non liceat, licuit cum jugulare tibi ?"

Fly, Harrison, fly; for thy laurels are faded;
Hie thee home to the geese in the Lincolnshire fen,
In the eye of thy brethren in science degraded;
Dare never to dub thyself doctor again !

Ill-judged, ill-advised, was thy blast of defiance,
Since the sequel is only disgrace and defeat;
On thy courage no more can we place our reliance,
Which could bluster and challenge, then sound a retreat.

Go, lay down thy pen, and wield only the lancet.*
Drop the title thou *durst* not profess in the court;
Physicians will ne'er feel aggrieved by the transit,
And surgeons will pause ere they yield thee support.

If thou fearest to face, *turn thy back* on the college;
Thy patients (and friends?) *turn their backs* upon thee.
Let others *walk straight* to preferment and knowledge;
Seek thou, in *a serpentine form*, for a fee !

Yet still, if one spark of high spirit await thee,
Blush, blush for the verdict thy subterfuge gain'd;
Nor let the delusions of triumph elate thee,
Since *to rat* was the only resort that remained.

Fare thee well; for we pity thy abject condition;
Thy honour *distorted*, thy courage *supine*;
Since e'en Campbell for thee waives the rank of physician,
Still stick to thy craft, man; and *tinker the spine.*

β.

July 4, 1828.

Poor Dr. James Johnstone has fallen upon the last resource of forlorn blacking-venders; namely, that of publishing a voluntary affidavit, to convince mankind that he now *prints* as many Fasciculi as are equivalent to the numbers which he formerly *sold* of his late Quarterly Journal.—Alas! poor Fungus.

On Difficult Cases of Parturition; and the Use of Ergot of Rye. By W. Michell, Member of the Royal College of Surgeons. Underwoods, London. 8vo. pp. 123.

"It cannot rain, but it pours," says an old Spanish proverb. Of this adage we have a familiar illustration in the *gregarious* appearance of medical works; for no sooner is a book announced, than forthwith we have a shoal of authors on the same subject; and, what with "new views," refutations, and "additional observations," the catalogue of medical literature is so far increased, that a reviewer of the present day has need to possess the hands of *Briareus*, and the eyes of *Argus*. These remarks are not made as condemnatory generally, nor with any view of disparaging the work immediately under consideration; on the contrary, we are of opinion, that the simultaneous appearance, or rapid succession of treatises on the same subject, is productive of many advantages. It is by the collision of opposite opinions, that truth is elicited; it is by thus borrowing light from on all sides—by concentrating the numerous irradiations into one focus, that true knowledge is found. A sound doctrine suffers nothing by agitation, whilst invalid opinions are frittered away. The most brilliant hypotheses have passed by as summer clouds,—dazzling meteors of the day, they have had their ephemeral existence, and sunk; whilst the sober truths arising from the patient investigation of Nature, have descended, and will descend through ages, and now and ever constitute the basis of medical knowledge. We have been partly led into this apparent digression by the perusal of Mr. Michell's preface, wherein he states, that the materials from which the publication has been composed, have been carefully collated during many years' practice; "Notes," he says. "have been regularly made of all singular and difficult cases at the time, and of the practice pursued on the occasion, and from the accumulation of these manuscripts the work has been gradually formed."

---

* Not your Lancet, Mr. Editor.

The book consists of 128 pages, of which one half (divided into ten short chapters) is occupied in the consideration of the various circumstances under which labour is protracted, and the remaining half of the volume is devoted to the relation of cases in which the ergot of rye was successfully administered.

In treating of *puerperal convulsions*, the author appears a strenuous advocate for effecting delivery as quickly as possible; he says:—

> "While uterine action continues, the convulsions will entirely disappear. I would, therefore, earnestly recommend every practitioner not to delay the delivery until serous affusion or sanguineous apoplexy has taken place—then it will be too late to remedy the evil. I would, without hesitation, apply all the means in our power, and not leave the patient until I had been successful in my endeavours."

On this highly-important subject, it is further remarked,

> "Two instances that I have met with support the opinion of Miguel, that convulsions are mitigated by the discharge of the liq. amnii. These were the only cases in which the membranes were not broken before my arrival. In one instance, the woman had no return of pain or convulsion for many hours, and the other labour proceeded very well in about twenty minutes. Miguel is of opinion, that the os uteri in some cases cannot be dilated; but I have no doubt that it may be always effected by holding the woman by strength of arm. He advises the os uteri to be cut into; but this is an unnecessary and useless introduction of instruments; for in the worst cases I have seen, the os uteri may always be dilated by a little more trouble; the only reason I can fancy for such a proceeding is, that the operator is often, in a great measure, paralysed by the shocking sight before him.
>
> It has often been asserted, that in some cases it is impossible to turn. I have been fortunate enough to have met with no such case. The Edinburgh Med. Mag. states, that the os uteri cannot be dilated until its neck is lost or obliterated. In general it is found that convulsions carry off the patient just as the child's head is born; this is the consequence of deferring the delivery too long. A great degree of excitement is caused by the accoucheur's hand first passing through the part; and when the disease is fully formed, the moment the accoucheur assists, the fatal mischief ensues; the spasms increase, the head becomes more turgid, and, in the general struggle of nature, apoplexy is produced. Then we look back on our patient, and fruitlessly regret that we had not been more prompt in our treatment. If, then, the convulsions be not increased to an alarming degree by the first efforts to dilate the os uteri, the operator should continue as quickly as possible, until it is sufficiently dilated to bring away the child; then proceed to turn. The operation of turning may, in these cases, be more easily effected than in any others, the uterus being completely flaccid; if it contract at all, it is only very partially; a few fibres, perhaps, in one part, the other parts remaining completely flaccid, so that the child is very easily turned, and may be brought away with the greatest safety."

Finally, in these cases, Mr. Michell recommends the exhibition of the ergot of rye before proceeding to the operation of turning, having found this medicine in many cases effect the expulsion of the child, and remove the more alarming convulsive symptoms.

After taking a general view of the process of labour in particular reference to the expulsive force of the uterus, the author treats of lingering labour from deformity of the pelvis, and we here find him ardently protesting against the Cæsarean operation, for which he contends there is no valid reason in opposition to embryotomy. Passing over a few pages, we arrive at the chapter which treats of the advantages resulting from the use of the ergot, and here we must allow our author to speak for himself. He says,

> "Had not the invention of the forceps by Dr. Chamberlain preceded the discovery of the virtues of the ergot of rye, it would have been received as the greatest boon ever given to the medical world. That its benefits have not been more generally acknowledged, may, perhaps, in a great measure, be attributed to the prejudices of self-interest, which must clearly discern a falling off of fees when ergot shall have been extensively introduced. When rye comes into general use, the medical man will seldom be called to apply the forceps or the vectis.
>
> "In twenty years I should not be surprised if the forceps be known only by name, as in cases in which ergot cannot be administered, turning is all that is required, this may be effected as easily when the child's head is in the perineum as at any other period, and can be done with as much safety as in any earlier stage. Except then in the rare cases in which the Cæsarean operation was formerly recommended, I conceive there will now be no occasion for instrumental aid in cases of midwifery."

There is a curious fact connected with the ergot, stated by Mr. Michell, which we do not remember to have met with elsewhere. Several varieties of the arundo have been observed to produce the ergot. The diapenidion reed was in the Pharmacopœia of 1660, forming part of the composition of an electuary, recommended in cases of menorrhagia and hæmoptœ. It is, therefore, probable, that the virtues of the electuary were attributable to the ergot. Mr. M. is of opinion, that the ergot is altogether incapable of effecting abortions, believing that it has not the power of *creating* uterine action, but simply of increasing it, or renewing it when suspended.

The cases which the author has selected as illustrative of the effects of the spurred rye, are thirty-one in number, and various in their nature. In the case of a Mrs. T—, who had deformity of the pelvis, and where it was eventually necessary to open the head of the child, the exhibition of the ergot was followed by excruciating pains. The author says, that the medicine was given as a last resource, previously to mutilating the child. We are decidedly of opinion, that it should not have been administered; no expulsive power on the part of the womb could have overcome the mechanical impediment which existed. With another case of deformed pelvis, in which, on this account, it was thought advisable to induce premature labour, the ergot was administered to the extent of six drachms; it failed in producing abortion, and recourse was at length had to the operation of rupturing the membranes.

In a case of amenorrhœa, with vicarious discharge of blood from the stomach, the ergot failed as an emmenagogue, and it was alike unsuccessful in a case of menorrhagia. It is, perhaps, of most importance to remark, that Mr. Michell has given the ergot repeatedly without the least effect, *during gestation*; this sufficiently refutes the notion of its being noxious to the fœtus. The author himself having heard much of the alleged injurious effects resulting from the continued use of the ergot, took eighteen drachms in the course of twenty-four days, and found that it did not produce any sensible effects. He prefers the infusion, or syrup, to the tincture, and likewise to the administration of the medicine in substance; in the latter case, he says, that vertigo and other unpleasant symptoms are occasionally produced, and, in respect to the tincture, that it failed in every case.

We must here take leave of our author,

having derived both pleasure and profit from the perusal of his book; and we rise from it still further strengthened in the conviction which we have long entertained, of the benefits likely to ensue from country practitioners publishing the results of their experience. There is no class of men who have such ample opportunities of witnessing and treating disease in all its varied forms; there is not the subdivision of labour, as in large cities—no shifting of responsibility, and, consequently, country practitioners relying on their own energies, think for themselves; and, taken as a mass, there is more intrinsic knowledge in them, than in all the *bats* and *pures* that ever existed. If we contrast the unpretending work of Mr. Michell, containing, as it does, highly-important practical intelligence, with the pompous inanity (got up in Longman's best style) of our hospital larvæ, we shall then be enabled to form a true estimate of the relative value of the productions.—All the world to nothing.

Lexicon Pharmaceuticum, or a Pharmaceutical Dictionary, comprehending the Pharmacopœias of London, Edinburgh, and Dublin, with a variety of other useful information relative to Medicine and Pharmacy; designed expressly for the use of Students. By THOMAS CASTLE, F.L.S. M.R.C.S., Author of the Principles and Practice of Botany. Second Edit. London, E. Cox and Son. 18mo., pp. 354. 1828.

OF a former edition of this little book, published in 1826, under the title of "Lexicon *Pharmacopœium*," we expressed a favourable opinion. The author has greatly added to the value of the work, by giving in the present edition an appendix, containing a brief description of the chemical remedies which have, of late years, been introduced into practice. The general arrangement of the book remains as before, and some idea may be formed of its condensed nature, when we state that it contains the whole of the London Pharmacopœia in Latin and English; the chemical decompositions; a description of the simple and compound drugs of the *three* Pharmacopœias, with the modes of preparation, properties, and doses; an English index of technical terms relating to medicines; Cullen's and Murray's arrangement of the Materia Medica; and, lastly, a dictionary explaining the operation of medicines, with a vocabulary of the abbreviations most frequently occurring in the *Dog Latin* of physicians' prescriptions, &c.

The value of a work of such a comprehensive nature, of course, depends on accuracy of compilation from the best authorities. Mr. Castle has executed this task with great fidelity and judgment; he has succeeded in extracting the ore and rejecting the dross; and we can, with much confidence, recommend the book to our *junior* friends commencing their studies in pharmacy; whilst, to our *senior* friends, it may prove useful in refreshing faded recollections.

CASE OF CANCER, OR FUNGOUS ULCERATION OF THE CERVIX AND OS UTERI, FOR WHICH THE OPERATION OF EXCISION WAS PERFORMED WITH SUCCESS.

By THOMAS WEATHERILL, M.D., *Liverpool.*

Mrs. L., Lawrence Street, Liverpool, aged 37 years, rather thin, haggard and sallow, features evincing great internal distress, middle stature; has been married 15 years, is the mother of 5 children, the youngest of whom is 5 years old; never had an abortion, and all her labours were easy and natural. Health, in every respect, generally good until October last, when she felt symptoms of disease about her loins and lower abdomen. Early in November following the patient applied to me for relief. She complained of leucorrhea, excoriation, and dysuria; pain, at intervals very acute, in the uterine region, darting through to the back, which left a benumbed or dull kind of sensation, more or less attended with feelings of bearing-down, about the upper and inner part of the thighs. The discharge, she observed, was exceedingly troublesome, varying frequently in appearance, consistence, and quantity; being sometimes watery and excoriated, at other times bloody; sometimes purulent and fœtid. On examining, per vaginam, the os uteri felt somewhat enlarged and indurated, and the cervix a good deal lengthened; it was preternaturally sensible and dilated, having evidence of excavations, with jagged and irregular edges, as though caused by ulceration. The cervix, externally, was smooth and even in every part, and the body of the uterus appeared quite healthy; appetite bad, bowels very irregular, flatulency, nights almost sleepless, skin dry, pulse small and frequent, nausea, and sometimes vomiting after eating.

The nature of the disease could hardly be mistaken, and if nothing could be done by the knife, all other means would be of little avail. *Ubi medicina deficit, scalpellum, refugium, reliquum est*, is the motto of the surgeon and the hope of the sufferer; and as the success of that bold and celebrated operator, Lisfranc, proves, that the excision of a part, or the whole, of the uterus can be accomplished consistent with life, I concluded that the removal of the diseased parts in this case afforded the best, if not the only, and most expeditious mode of cure. The memorable case also of Dr. Blundell, recently noticed in The Lancet, was not to be lost sight of.

Attention to diet and bowels improved her general health; and as the patient could not make up her mind for the operation, I determined to give the most powerful narcotics, as well as iodine, and various other articles of the materia medica, usually recommended in such cases, a full and fair trial, accompanied by anodyne and acidulous injections by the vagina; the disease, however, as was to be anticipated, went on, and instead of benefit, such treatment appeared rather to increase its ravages. On refusing after this to undergo the operation, I discontinued my visits.

Two months had elapsed, during which time she had consulted several medical gentlemen; she again requested that I would see her. I found her disease to be aggravated, and she had become so weak that a walk across her room could not be undertaken without assistance and great pain. The cervix and os uteri were in a state of almost complete disorganisation, and it was evident the patient, left alone, had not long to live. She had recourse to from gr. v. to gr. x. of opium, daily. My former reasons against delay being repeated, she consented to the operation, which, with the kind assistance of two professional friends, I performed, on the 12th of May last, in the following manner. The patient was placed on a table, and secured as for the operation of lithotomy; two dilators, made with short handles, and blades set at right-angles, about six inches in length, with edges and ends rounded, and quite blunt. These were introduced, and held by assistants, to obtain lateral dilatation of the vagina. With a tenaculum, strong and of large dimensions, I transfixed the cervix, and made extension. The uterus, however, was not to be drawn down so easily, and every attempt to do so sufficiently to proceed with the knife, *in situm*, entirely failed, and caused extreme agony to the patient; and it was not until I had fixed the tenaculum through that part of the vagina which attaches itself round the cervix, and laid hold of the body of the uterus, using at the same time forcible extension, that I was enabled to see the seat of disease. The os uteri, internally, was nearly destroyed by ulceration; the cervix contained several small ulcerated openings, as if eaten by worms, with inflamed margins, and the body of the uterus I believed to be more or less affected. Guided by these appearances, I hesitated not to extend my incisions beyond the grasp of the tenaculum, which of course brought me into the cavity of the abdomen. Before the operation was more than half completed the hold of the tenaculum gave way, and the intestines protruded; which, added to the shrieks of the patient, rendered my situation rather perplexing. I made several fruitless attempts to secure and draw down the uterus again with the tenaculum, and was compelled, after some delay, this instrument being of no other use than merely to keep the uterus steady, to finish the operation in the vagina. After the vagina was partially filled by a plug of linen, the woman was put to bed; and, although she had not lost more than ℥ viij. of blood during the operation, she appeared much exhausted. I ordered a table spoonful of port wine, to be given frequently, and 20 or 30 drops of laudanum, if in great pain. I think it needless to enumerate her situation and treatment from day to day, it is sufficient to say, that she recovered without the intervention of one bad symptom, and took no other medicine than a few doses of a common cathartic mixture.

In making a few brief remarks concerning this operation, I have, 1st. to state, that the individual who undertakes to perform it through the vagina, would do well to provide himself with instruments of different kinds and sizes to draw down the uterus, for upon this the expedition and safety of the operation will materially depend. Notwithstanding the assertion and experience of some to the contrary, I found great difficulty in moving the uterus towards the os externum; and will venture to say, that, in nine cases out of ten, the same difficulty, more or less modified by circumstances, will also exist; indeed, viewing the anatomy and nature of the parts, it can hardly be otherwise. 2dly. The uterus possesses considerable resistence against force used to dislodge it, as well as the power of receding before the knife. I did not know that this fact had been noticed before; but Lisfranc, as it appears from his clinical observations, reported in No. 252 of The Lancet, has cursorily spoken of it. 3rdly. The chief pain, during this operation, arises from the dragging down of the uterus, and not from incision of its substance; and, were I again called to perform it, and if this preliminary could not be overcome without using great force, I should certainly be tempted to relinquish it by the vagina, and cut down above the pubis as in the high operation for the stone, and remove the whole of the uterus. 4th. The doctrine and common dread of wounding the peritoneum is, I am of opinion, too pertinaciously believed, and by far too extensively followed; this membrane was divided for the space of two or three inches in the above case, and yet the patient had no symptoms of inflammation; a fact like this, especially when connected, as it is with several others of a similar kind, goes a great way to settle a most important point in relation to surgical operations connected with the abdominal, pelvic, and thoracic, viscera, viz. that wounds of the peritoneum are seldom of themselves the cause of inflammation sufficient to produce death. The examination of the dead body too frequently discovers only to those whose creed of belief rests in great part with the service of the occasion, that whenever the peritoneum seemed, no matter how slightly, inflamed, the solution was easy; it was enough to kill the patient. The syren, Convenience, like custom, will frequently overcome reason and common sense; and decisions are pronounced rather as a matter of form and necessity than the offspring of the senses.

To operate for cancer has always been condemned by some, men too by no means deficient in medical information or experience, from the assumption that many have died after the operation; and because this disease is attended by such a predisposition, or peculiarity in the system, that if removed from one place it will attack another. Such a mode of reasoning is, at best, founded on very erroneous principles, and when made use of in those days of *intellectual improvement*, the individual must be either really ignorant from choice, or what is perhaps worse, condemn in spite of knowing better. It certainly does often occur that many who have undergone the operation, afterwards die of cancer; but what does this argue? truly, nothing; or it rather argues, that in nineteen cases out of twenty the operation was delayed too long. Medical treatment in the cure of cancer is of exceedingly doubtful import, at least the records of medicine, and the experience of the greatest physicians and surgeons in every age tell us so; and if such a powerful auxiliary as the knife can be brought in, to resist it would be madness; and not to make use of it, is suffering a human being to die unrescued when we have the means to save. But to operate for cancer of the womb has, to my knowledge, been styled little better than sacrilege; a dangerous innovation; presumptuous interference; trifling with the life of the patient. The spirit that dictates such language is the same that has always been exerted by imbecility and unmanliness against the endeavours and honest claims of those, whose success in life depended upon genius and enterprise. Cancer seated in the womb, as in other places, precludes the hope of recovery by the natural efforts of the constitution, and therefore admits but of two modes of cure; the diseased part must be either removed by art, or it must be rendered healthy by the aid of medicine. The question then resolves itself into this, which of these means is the more to be depended upon? From my own observation I am free to confess, that where the diseased part can be properly and completely removed by the knife, the operation not only holds out the most speedy, but the most certain, mode of cure. I am also thoroughly convinced that from the want of this *interference, per tempus egredi*, the lives of hundreds have fallen victims to cancer.

P. S. I have to mention that my patient feels herself sufficiently well to venture across the Atlantic.

Extirpation of the Left Mamma and Axillary Glands, in consequence of Fungus Hæmatodes. All appearances of Regeneration completely checked by the use of Nitrate of Copper.

By John Lizars, Esq., Edinburgh.

[From a Correspondent.]

The patient, Miss H., a native of Perthshire, and sister of a respectable farmer of that county, ætat. 40, came to Edinburgh on the 9th March; on her arrival, she consulted various medical men; there was also a consultation on the case held at the Royal Infirmary of this place, but all abandoned it as utterly hopeless. She applied to Mr. Lizars on the 17th, who, on examination, considered the case decidedly favourable for operation, in consequence of the mamma and axillary glands being extremely movable, showing evidently that the former was encysted. Mr. L. had formerly operated for similar fungoid tumours, and found them also encysted; one of these cases I myself witnessed, where the tumour was situated contiguous to the left subclavian artery, and which had been also abandoned by several of the faculty, but which, I am happy to say, after a period of nine months, has no appearance of regeneration; the gentleman continuing to enjoy excellent health.

The operation on Miss H. was performed on the 19th of March, by removing the whole mammary gland and skin superficial to it, together with a considerable portion of the pectoralis major muscle, after which several of the axillary glands, clustered together, were also removed; during the performance of the operation, not above six ounces of blood were lost, although many experienced surgeons were of opinion that she would die under the knife, from hæmorrhage; instead of which, the whole disease was so insulated, that the branches of the internal mammary artery, and the long thoracic of the subclavian, were all that were required to be secured; and which were not larger than in diseased mammary cases, requiring operation. I ought previously to have mentioned, that the mamma was of prodigious magnitude, of a tuberculated appearance, the skin of a deep purple colour, with a fungoid excrescence nearly in its centre, the size of an egg, emitting an ichorous sanies, occasionally mixed with blood. Every thing went on prosperously until the eleventh day, when granulations were fairly established, but beginning to assume a fungoid appearance in three points of an extensive ulcerated surface. To one of these the actual cautery was applied, to another the nitrate of silver, and to the third the nitrate of copper; these were persevered in for four days; when it was found that the actual cautery and nitrate of silver had produced no diminution of the fungoid growth, while the nitrate of copper had excavated the diseased surface in every direction, as was wished; the two other applications were therefore thrown aside, and the nitrate of copper substituted; it was continued to be applied daily to these parts, until every vestige of the disease was thoroughly eradicated. Healthy granulations and cicatrisation went on, until the whole was completely healed, which required a period of upwards of three months. The patient returned to Perthshire on the 29th June, in excellent health and spirits.

The peculiar properties of the nitrate of copper are that, when daily applied to an ulcerated surface, at each succeeding application, the structure of the part is further destroyed or eaten away; whereas, at each daily application of any of the other two, the vessels of the texture have, in a considerable measure, re-produced the chimosed part.

GUY'S HOSPITAL.

NECROSIS OF THE ARM, FOLLOWED BY SUDDEN DEATH.

— Johnson, æt. thirty-seven, a short and muscular man, was found lying in his bed, apparently in a fit of apoplexy, on Thursday, July 24. The patient had been in the hospital during the greater part of the last two years, under the care of Mr. Morgan, for a necrosis of the bones of the forearm and humerus, with subsequent synovial inflammation, and anchylosis of the elbow-joint. He was in perfect health, apparently, on the preceding evening, and had been seen walking about the squares of the hospital just before he went to bed. The next morning, the sister of the ward, finding he did not rise at his usual time, went to his bed side, and found him lying upon his back in a state of insensibility. She immediately sent for the apothecary, who found him labouring under all the symptoms of apoplexy. The breathing was stertorous, the pupils dilated, and the pulse oppressed and labouring, and he could not be roused. Venesection was performed directly to the amount of twenty-two ounces, but with no signs of returning sensibility, the pulse rising only a little. In a short time afterwards he expired.

Inspectio Cadaveris.

On removing the calvaria and the dura mater, the arachnoid membrane was found to be unusually opaque, but the pia mater was rather less vascular than usual. Under this membrane, there was considerable serous effusion generally. On cutting through the cerebrum, on a level with the corpus callosum, it appeared to be comparatively blanched, except at the lower part of the left hemisphere, where the divided vessels bled freely. The membrane lining the ventricles was firmer than usual, and there appeared to be some organic change in the right choroid plexus; neither of them, however, were very vascular. The serum of the ventricles scarcely exceeded the usual quantity, but a small clot of coagulated blood was found in the left posterior cornua of the ventricle, but no other marked appearance was detected in the brain. On opening the thorax, the pleura costalis and pulmonalis was found to be very generally and firmly adherent, but there were no unhealthy appearances detected, either in the lungs or heart. The whole of the abdominal viscera were found to be healthy, excepting the liver and kidneys. The former was very much congested and enlarged, and the latter had both undergone some organic change in their structure. The man's death appears to have been occasioned solely by the effusion of serum beneath the pia mater.

It is worthy of remark, that he had lately lost a considerable deal of blood from his arm, merely from the introduction of a probe to examine the state of the bone; and the vessels bled so freely, that it became necessary to use a good deal of pressure for a time, merely to restrain the hæmorrhage.

Within the last three weeks several fractures have been admitted. The principal of which are two compound fractures of the leg, and one of the thigh. One of the compound fractures of the leg, which came in under the care of the senior surgeon, has been attended with a high degree of local inflammation and sloughing. Great attention has been paid to this case by the surgeon himself; and the patient, who is otherwise a healthy and muscular man, is now doing well. The wound is suppurating kindly, and the bones are in good apposition.

The other cases are also doing well. There was, besides, a simple transverse fracture of the thigh, brought in on Tuesday last, in which the resistance afforded by the muscles was so great, that it became necessary to use the pulleys, before the complete reduction of the fracture could be accomplished.

WOUND OF THE FOREHEAD, WITH DEPRESSION OF THE FRONTAL SINUS.

Mary Downara, a girl of about 15 years of age, stated, that she received a kick from a horse upon her forehead, which knocked her down and rendered her insensible. A surgeon at Woolwich, at which place the accident occurred, was sent for, who bled her, dressed the wound, and sent her to the Hospital. When admitted, she was perfectly sensible, but complained of much pain in the head. On examination, there was found to be a considerable wound of the integuments and perinæum, and a depression also of the frontal sinus. The wound, which was directly over the left eye, was lightly dressed, and the patient placed in bed. A dose of house medicine was administered.

Shortly after her admission, considerable inflammation and swelling supervened, involving the left side of the face and forehead, and she had a great deal of fever. Leeches and bleeding from the arm were had recourse to, and febrifuge medicines were administered, with a strictly spare diet, and under this plan of treatment the inflammation has been subdued. The wound has been brought into a healing condition, and the patient is now getting well.

GLASGOW ROYAL INFIRMARY.

MORE BLUNDERS.

On Wednesday last (July 23,) a stout robust young man, about 20 years of age, was admitted by Dr. Maclachlan, with a swelling, situated on the right side of lumbar vertebræ. The patient came merely for advice; but the surgeon, not being satisfied as to the nature of the *tumour*, the man was sent up to the operating theatre, where he was again examined. Still being undetermined, a small incision was made through the skin and cellular substance to the extent of about an inch, so as to expose what Dr. Maclachlan thought a *fatty tumour*. Without consulting one of his colleagues, he proceeded to the operation. The usual incisions were made, and the flaps dissected to a considerable extent. I am afraid that now, however, the operator found the base of the tumour more extended than he anticipated; for in order to enable him, apparently, to get hold of a portion of the tumour, by which, he could the more easily detach it from its connections, the knife was carried with its edge towards the ribs, and out rushed a stream of purulent matter.

It is needless to state what followed. Straps and a bandage were hastily applied, and the patient put to bed. There has since been no urgent symptom.

As yet, Dr. Maclachlan has made no explanation to the pupils, saving a few hurried, indistinct words after the operation, which I did not hear.

I was not with the surgeon in the waiting-room when he first saw the patient, nor have I heard any account the man gave of his disease, on which I can place reliance; so that, I can say nothing as to the diagnosis Dr. Maclachlan might have formed from the description of previous symptoms. I had always conceived, that in a case such as this, where, perhaps, the feeling of fluctuation was indistinct, it would be a safe practice, though sometimes it might cause a little unnecessary pain to the patient, to thrust a lancet into the swelling, so as to be perfectly certain of its nature, before giving any decided opinion, or proceeding to an unnecessary and formidable operation. This case, I have no doubt, will operate on many of the pupils, and myself among the rest, as a salutary caution.

The case taken notice of in your Journal for the 19th July, as occurring here, and operated on for hernia, when there was only a collection of water in the spermatic chord, terminated fatally on the 4th July, ten days after the operation. On opening the body, the intestines were found much distended with flatus, and about a pint of fluid effused into the cavity of the abdomen. The peritoneum was of a pale colour, and the spermatic chord from the testicle to the inner ring was much hardened and enlarged to three times its natural size. There was an abscess within its sheath, containing a considerable quantity of pus. In the left cavity of the chest there was about 12oz. of purulent fluid. The lung was covered with a thick layer of coagulable lymph.

I must state, that in the report of the case, in the Journal of the Royal Infirmary, it is said the child had no stool for eight days, saving one immediately previous to the operation, from a clyster, and which was very *copious*. Allowing this to be true, it still forms no excuse for the surgeon, if there is any truth in what Mr. Cooper has put down, as occurring during the progress of the symptoms of a strangulated hernia. "A clyster will sometimes bring away a portion of feculent matter, but the quantity will be extremely small."—*Surgical Dictionary*—Article, *Hernia.*

There is still another circumstance regarding this unfortunate case, which I must mention. In the case-book it is said, that the mother described the swelling as having begun three months before, since which it had gradually increased. Is this not one of the very symptoms which enable us to distinguish between the two diseases?

OBSERVER.

Saturday, July 26, 1828.

ROYAL INFIRMARY,

PHŒNIX PARK, DUBLIN.

OPERATION OF TYING THE RIGHT COMMON ILIAC ARTERY.

THE patient, a soldier, had had an inguinal aneurism for some time in the right groin; the tumour was rather oval in shape, the long diameter being nearly correspondent with Poupart's ligament, above which it extended about two inches and a half, in a direction towards the navel; the length of it, about five inches and a half; its breadth between four and five inches, evidently extending a considerable way along the line of the external iliac artery. Pulsation could be felt in every part of this large swelling, but towards the upper and interior edge, the peculiar aneurismal thrill, indicative of the gush of blood into the sac, was particularly apparent. The patient, a young man about thirty years of age, of a strong frame, good constitution, and, excepting only the aneurism, apparently healthy.

The Surgeon-General (Mr. Crampton) determined on making an effort to save this poor fellow, by tying the common iliac artery, and the operation was performed by him this day. He commenced by an incision nearly seven inches long, commencing at the last rib, and carried below and anterior to the anterior-superior spinous process of the ilium, its shape semicircular, the concavity of the semicircle being towards the navel; this was still carried deeper through the muscles and fascia, until the peritoneum was exposed, when the knife was laid aside, and nearly the entire remainder of the operation finished by detaching the peritoneum from the iliac fascia, slowly and cautiously, with the finger. In this way the ureter was pushed forwards out of the way, and the trunk of the common iliac came distinctly into view, with the great vein lying behind it. The thin fascia that covers these vessels was then detached by the finger only, and a thin silver aneurism needle, carrying a ligature of catgut, passed from above downwards behind the artery, and the extremity of the ligature being seized and drawn out with a forceps, the vessel was firmly tied; one end of the ligature was cut off close to the knot, and the other left hanging from the wound.

At the instant the vessel was tied, all pulsation in the tumour ceased, and in the course of two minutes its size became sensibly diminished; the wound was closed by straps of adhesive plaster, and cloths, dipped in spirit and water, applied over the surface. The patient seemed to suffer but little during the operation, which he bore with great firmness, and, when finished, he expressed himself as feeling no pain, except from the soreness of the wound.

This is, we believe, the first authenticated instance of the trunk of the common iliac artery being tied by any European surgeon, and it is of great importance, first, as it proves, not only the feasibility of performing this operation, but its comparative facility. There appeared to be no difficulty either in geting down upon the vessel or in securing it, and the whole was completed in twenty-two minutes. And, secondly, this operation is of immense consequence to the profession, because, being performed in a public institution, and in presence of almost all the eminent surgeons in this metropolis, no doubt, whatever, can be entertained of the fact; and it adds a most interesting case to the number of those already on record, showing what can be accomplished by the scientific and enterprising surgeon.

ROYAL NAVAL HOSPITAL, PLYMOUTH.

RUPTURE OF THE COLON FROM ULCERATION — EXTRAVASATION OF THE FŒCAL CONTENTS.

To the Editor of THE LANCET.

SIR,—The following is a case of fatal enteritis, arising from the escape of the contents of the intestines, by ulcerated apertures, into the cavity of the abdomen; and although I am aware that such an occurrence is not unprecedented, yet as it is not often met with, I hope you will consider it worthy of a place in your liberal publication.

I am, Sir,
Your obedient servant,
JOHN MEIN, Assist. Surg. R. N.
Royal Naval Hospital, Plymouth,
14th July, 1828.

H. M. Ship, Genoa, at sea,
November, 1827.

CASE.—Mr. Newberry, assistant-master, æt. 22, of an unhealthy aspect, complained on the 25th November, 1827, of cough and dyspnœa, with some degree of fever, but little or no pain of chest, a foul tongue, and constipated belly. A saline aperient was prescribed.

Nov. 26. Has pain of chest, and a hard and quick pulse; bowels have been once opened. Venesection to 40 ounces, (blood not buffed.) Haust. sudorific. h. s.

28. Pain of chest and dyspnœa are relieved; but complains of griping pain in the bowels, and is constipated. Repetatur purg. salin.

Dec. 1. Has been better since the 28th ult.; but to-day has a return of the pain of chest; is very weak. Repetatur venesectio, ad ℥x.

2. Has not been relieved by the bleeding. Antimonials occasionally.

3. Complains of abdominal pain, particularly in the right iliac region; but it recedes and returns again at intervals, and it is scarcely increased by pressure; has had one motion since yesterday. No sickness nor vomiting.

Ol. ricini, ℥j. statim; and warm fomentations to the abdomen.

4. Four A.M., complains of excruciating pain in the right iliac region, which is increased on pressure; is sick; pulse 120, and hard; has had no motion since the castor oil.

Venesectio ad ℥xv., et
Repet. ol. ricini, ℥j.

9, A.M. Has had one watery stool; was instantly relieved by the bleeding; has little pain now, but the countenance is sunk; the pulse small, weak, and intermitting, and the skin is covered with a clammy sweat.

Enema cathart. statim. et repetatur post horas duas si opus sit.

One, P. M. Moribund.; two, P. M., the patient said he felt a desire to go to stool, and after making a slight exertion, almost immediately expired.

Sectio Cadaveris, twelve hours after death.

Abdomen.—The peritoneum lining the intestine and the cavity of the abdomen, bore marks of great inflammation; a few ounces of a thin fluid, like serum, mixed with white flakes, were found diffused amongst the small intestines, and particularly in the right iliac region. On examining the inner surface of the intestinal canal, the ileum was found studded with numerous ulcers, having everted edges, and varying from a quarter of an inch to an inch in diameter. The caput coli was a mass of ulcers, several of which had apertures in their middle, and from these apertures it appeared the contents of the intestines had escaped into the abdominal cavity, and excited the inflammation which ensued. The mesenteric glands were much enlarged; several inflamed spots on the internal surface of the stomach, duodenum, and jejunum; liver large, but not indurated.

Chest.—The lungs appeared to have been in an incipient state of inflammation; heart healthy.

Head.—The dura mater adhered very firmly to the cranium, and between that coat and the arachnoides was a slight effusion of serum. The brain itself did not present any morbid appearances.

SINGULAR CASE OF INVERTED VISION.

DR. GOODMAN relates, in the American Journal of Medical Science, an instance of a boy seven years of age, to whom every object appeared inverted. When his father, who was a distinguished artist, began to give him lessons in drawing, he was very much surprised to find, that whatever object he attempted to delineate, he uniformly inverted; if ordered to make a drawing of a candle and candlestick set before him, he invariably drew it with the base represented in the air, and the flame downwards. If it were a chair or table he was set to copy, the same result was the consequence; the feet were represented in the air, and the upper part of the object, whatever it might be, was turned to the ground. His father, perplexed at what he considered the perverseness of the boy, threatened, and even did punish him for his supposed folly. When questioned on the subject, the youth stated that he drew the objects exactly as he saw them; and as his drawings were, in other respects, quite accurate, there was no reason to doubt his statement. Whenever the object was inverted, previous to his drawing it, the drawing was made to represent it in its proper position; showing that the sensations he received from the eye, were exactly correspondent with the inverted pictures formed upon the retina. This condition of his vision was observed to continue for more than a year, when his case gradually ceased to attract attention, which was, when he was eight years old; since that time, he has imperceptibly acquired the habit of seeing things in their actual position.

On this case, the Editor of the Quarterly Journal of Science remarks, that it is unfortunate the facts were not more closely examined, and their number multiplied. There is nothing extraordinary, he says, in the inverted position of the boy's drawing, corresponding with the inverted figure of the object formed upon the retina; the extraordinary fact is that, of the objects external to the eye, some seemed to the lad in the right position, and others inverted; for, from the description, it would appear that the boy saw the upright object to be drawn, and the inverted drawing of it, in the *same* position. Query, what would he have done, if he had been told to make a drawing of his drawing? that is, to copy his own drawing. The only way in which the statement can be true is, that the boy saw objects, erect or inverted, according as they were further from, or nearer to the eye. The inverted drawing should have been carried from the eye until by the side of the object, and then the effect on the lad compared; and if, in the course of that passage, it seemed to change its position, so as to become inverted, as compared to the original object, then the distance at which the change took place, would have been the spot for some interesting experiments.

ON SINGLE VISION, AND THE UNION OF THE OPTIC NERVES.

There is no subject which has more engaged the attention of philosophical men, than the phenomenon of single vision with two eyes. How does it happen that man, being provided with two eyes, has, nevertheless, unity of vision?

Dr. Wollaston believes that the faculty of single vision is attributable to a semi-decussation of the optic nerves; namely, that the contiguous half of each optic nerve on reaching the sella turcica, and there uniting with its fellow, does cross, and ultimately serve to furnish the retina to the nasal side of the opposite eye; the retina of the temporal side of each eye being formed by the expansion of half of the corresponding nerve. This distribution of the nerves has not been proved by anatomical demonstration; but Dr. Wollaston considers it established by induction, from the symptoms of disease, in some instances, which he relates.* It occurred twice to Dr. Wollaston himself, that he was not able to see but on one side of the axis of vision. The first time, the left side of each eye was affected, and he saw but the half of a man's face, or of any object he looked at. The affection did not last long; but several years afterwards, the same phenomena occurred with the right eye. Two cases, of a similar nature are also recorded by Dr. Wollaston. Desmoulins † mentions a case in which this affection of vision occurred three times; the first two times, objects, situated to the right of the axis of vision, were invisible; the third time, objects were seen on the right only of this axis.

Mr. Twining has a very ingenious paper on the foregoing subject, in the second volume of the Transactions of the Medical and Physical Society of Calcutta; and he denies, *in toto*, the accuracy of Dr. Wollaston's premises and conclusions. The following anatomical observations, respecting the structure of the optic nerves and thalami, and the effects of disease on those parts, he thinks, sufficiently establish the fact, that no decussation, or semi-decussation of the optic nerves, exists in the human subject.

Observation 1.—Mrs. Scott had a fungus of the left eye, for which the eye was extirpated. Several months afterwards, the patient died; and, on dissection, the left optic nerve was found to be of inky blackness, and this dark colour extended backwards from the orbit, far beyond the point where the nerves join. The diseased nerve, within the cranium, was as thick as the little finger, and the corresponding thalamus was about a third larger than the opposite one, but of natural structure. The dark colour above mentioned was confined to the left side. On the right side, the optic nerve was of its natural size and colour, and was merely attached to the black diseased nerve of the opposite side by cellular shreds, where the nerves come in contact on the *sella turcica*.

---

* Philos. Trans. 1824.

† Vide Elliotson's Blumenbach, p. 261.

This patient had never observed any affection of the eye, until two years before the operation, when the morbid changes commenced; and, in the course of four months, she became gradually blind of the left eye.*

Observation 2.—Morgagni states that Hildanus had dissected a subject that had been blind of one eye, and he found the corresponding optic nerve wasted, even beyond the usual union of the nerves on the *sella turcica*.

Observation 3.—A man was afflicted with paralysis of the left side of the body; he was completely blind of the left eye, and the lids of both eyes were closed. The man died, and, on dissection, an ounce of coagulated blood was found in the right optic thalamus, extending into the lateral ventricle. Here was an injury beyond the junction of the optic nerves, producing blindness of one eye, not half blindness of both eyes, which it might be expected to do, if the semi-decussation of the optic nerves did exist.—*See Sir E. Home's Attempt to ascertain the Functions of certain Parts of the Brain.*

Observation 4.—A patient was affected with paralysis of the right side of the body. Dissection discovered erosion of the right thalamus. *Hemiopia* not noticed in this case.—*See M. Bayle on Paralytic Affections of the same side of the Body, with Organic Lesions.*

Observation 5.—A patient had hemiplegia of the right side, and lived four years after the first attack. On dissection, an effusion of blood was found in the right thalamus. Hemiopia not observed in this case.

Rostan mentions in his work, *Sur le Ramollissement du Cerveau*, that the disease, when deeply seated, most frequently affects the corpora striata and thalamus of the right side. He states that imperfection of sight and blindness are frequent symptoms in that disease, and sometimes one pupil is more dilated than the other.

Observation 6.—Cæsalpinus says, "repertus est aliquando in anatome, alter ex nervis visoriis attenuatus, alter plenus; visus autem erat imbecillis in oculo ad quem nervus extenuatus ferebatur."

Observation 7.—Vesalius relates the dissection of the brain and optic nerves of a woman, who had, from a very early age, been blind of the right eye, the left eye being perfectly sound. The whole of the right nerve was attenuated in this case, whilst the left was sound.

Observation 8.—Morgagni states that Vesalius had observed the optic nerves to remain separate throughout their whole course, in a man who had always very strong sight.

Observation 9.—Mr. Cheselden relates the case of a gentleman who had strabismus, with double vision, produced by a blow on the head. By degrees, the most familiar objects came to appear single again, and in time all objects did so, without any amendment of the distortion. This fact shows, that points of the retina, not originally endowed with the joint possession of the correspondence supposed to depend on peculiar distribution of the optic nerves in the retinas, may, by habit, acquire that correspondence.

Such are the evidences from morbid anatomy adduced by Mr. Twining, as subversive of the doctrine held by Dr. Wollaston, whilst, for further refutation, he appeals to the labours of Vicq-d'Azyr, Wenzel, Reil, and Haller, who, although they dissected and studied the structure of the brain with great assiduity, failed in demonstrating a decussation of the fibres of the optic nerve.

It appears from an extract given by Mr. Twining, from Harris's Posthumous Treatise on Optics, published in 1775, that the sentiments of Sir Isaac Newton on single vision, were precisely in accordance with those advanced by Dr. Wollaston; and that, in some points, there is almost a verbal accordance between the opinions of these great men.

FORMATION OF SKIN.

To the Editor of THE LANCET.

SIR,—Seeing in your Number for the 5th of this month, some remarks on the formation of new skin, opposed to Sir A. Cooper's opinion on that subject, viz., "that the centre of a sore has not the power of forming new skin;" I thought it worth while to mention, that in two cases, lately under my care, where sloughing to some extent occurred in consequence of injury caused by the explosion of gunpowder, I observed new skin formed in patches, as your reporter justly remarks, resembling little islands in the centres of the sores, which, increasing in size, at last united with each other. They were quite independent of the surrounding old skin, and "the original cutis had been completely destroyed."

Yours,

Hastings. W. B. D.

---

* Burn's Surgical Anatomy of the Head and Neck.

THE APOTHECARIES' ACT.

To the Editor of THE LANCET.

SIR,—I take the liberty of troubling you with a few lines, which, I trust, you will not deem too intrusive from a young tyro, who is anxiously looking forward for the next return of that season of the year, esteemed by "the elect" the only favourable time for the acquirement of surgical knowledge, &c., when I intend to commence hospital study, with a view of endeavouring, in due rotation, to qualify myself as a "general practitioner;" consequently, I mean to exert my best abilities to procure a college diploma, but, "*en attendant*," I am anxious to learn from some of those most competent to inform me, why, in addition to the credential, I shall be compelled to take another from the Worshipful Company of Apothecaries? I am quite inquisitive to ascertain whether it was ever, or is now, by these worshipful gentlemen, supposed that *members* of the far-famed Royal College of Surgeons, (particularly under their late regulations,) were, or are incompetent, to prepare such medicines as they prescribe? Can they for a moment imagine, that an individual is equal to practise as a *surgeon*, and yet not know how to compound what he wishes to administer to his patient? such presumptions are absurd! Then why should it be made imperative, that members of the College (wishing to mix the drugs they find it necessary to prescribe) shall obtain diplomas from apothecaries? and that they shall, *for a second time*, descend to an inferior body, to be examined as to their fitness. We are told by these right worthy and modest gentry, that, forsooth, their only view is the protection of his Majesty's subjects from ignorant and unskilful persons; pray, do they include the members of the College among the number of unskilful and ignorant? if not, why is there not a clause, relieving such members from the honour and expense of their jurisdiction? It appears to me mighty strange, that there are hundreds practising as surgeons unmolested with only apothecaries' diplomas, and yet the Company of Apothecaries (just folks, truly!) do not permit a regularly-bred surgeon to prepare his own medicines without *their* authority! thus a member of the College is compelled to submit to a catechetical farce under the superintendence of a parcel of drug-dealers, before he is allowed to be accomplished in *their art* and *mystery*, of making up a dose of calomel and jalap, while any person with a testimonial from these said drug-dealers, setting forth that they have found him fit to distinguish orange peel from saffron, and has, "*sans faute*," construed one of their dog-Latin prescriptions; I say any man thus sanctioned may, (let him be otherwise ever so ignorant,) with impunity, act in every degree as a surgeon, whose profession is one of the most important in the world, and one which requires and deserves the greatest attention and study, it may seem severe to ascribe this palpable incongruity of regulation, to any mercenary view on the part of the Company; but I confess I am very suspicious, and if it really is by way of feeding their insatiate cupidity, under the mask of care, lest the sublime mysteries of the apothecaries, e. i. preparers and venders of drugs, be misused in the hands of those who are not examined by them. Could they not with much greater propriety, consistency, and honesty, satisfy their rapacious desires, by levying contributions on that vast and respectable class, who call themselves chemists and druggists, but who are, in reality, practical apothecaries, let *them* be compelled to buy their apothecary's parchment, *not that it is necessary*, but to enable apothecaries to allow their superiors to pass toll-free, without decreasing the Company's revenue.

Should you, Mr. Editor, be likewise of opinion, that members of the College ought to pass scot-free, I, in common with a multitude of brethren, invoke your aid in overturning their authority, *as far as it affects such members.* We appeal to you as one who has taken up the gauntlet, with a promise of ever combatting to abolish the gross abuses that exist in our profession, *as one who has done much* for the profession, and as one whose powerful weapon, guided as it is by talent and independence, cannot fail in making a useful impression on those unhappy persons who, for private purposes, obstruct the general good.

Soliciting that your usual urbanity may be extended towards me,

I have the honour to be, Sir,
Yours, &c.,
SUBSCRIBER F.

June 5, 1828.

ABERDEEN DIPLOMAS.

To the Editor of THE LANCET.

SIR,—From several articles in your Numbers for last month, it appears that you are not yet acquainted with the "Regulations respecting Medical Degrees" now in force at Aberdeen, which have been acted upon during the last two or three years, by the universities there. The censures so lavishly bestowed upon them are, at the present day, not deserved; and I humbly think, that those gentlemen who may take the degree of M.D., under the present regulations at Aberdeen, have an equal claim to the title of "*Regular Physicians*," with their brethren of Edinburgh and Glasgow. That the members of the profession may judge for themselves, I subjoin a copy of the regulations, and trust to your well-known impartiality for their insertion.

"*Marischal College and University.—Regulations respecting Medical Degrees.*

"1. Every person offering himself as a candidate for the degree of M.D., shall, 1st., produce satisfactory evidence of his possessing a good character, and of his having attained the age of twenty-five years; and, 2dly, shall lay before the Senatus Academicus certificates of his having obtained the degree of A.M. in this, or some other university, after the usual examinations* of his having attended courses of Lectures on Anatomy, Surgery, Chemistry, Materia Medica, Theory of Physic, Practice of Physic, and Botany, in this or some other university, or celebrated school, under professors or teachers of reputation, and of his having attended, for three or more years, a medical hospital containing the average number of, at least, eighty patients.

"2. After the Senatus Academicus shall have been fully satisfied on the above preliminary points, the applicant shall be received as a candidate for the degree of M.D., shall be required to appear before the University, at one of their stated terms for granting such decrees, and in their presence be examined by the medical *and other professors*, on the different branches of medical science, on his knowledge of *the Greek and Latin languages, and on such other branches of literature as they shall see proper.* If fully satisfied with the qualifications of the candidate, the university shall confer on him the degree which he solicits.

"By order of the Senatus Academicus,
"JOHN CRUICKSHANK, Secretary."

On no other terms than the above can the degree of M.D. now be conferred by the universities of Aberdeen; and I question whether, on comparing the regulations of the different Scottish universities, impartial persons will discover any difference of importance amongst them, which is not in favour of those of Aberdeen. They have been much commended by Dr. Thomson of Edinburgh, the most learned physician that city can boast of, in his "Hints, &c., for the Improvement of the Preliminary Education, &c. &c., of the Medical Graduates of the Scottish Universities, submitted to the consideration of the Royal Commission," and I humbly think that those who may graduate at Aberdeen, are quite as "*Regular Physicians*" as their brethren of Glasgow, from whom much the same medical education is required, and a six months' residence there, which need not be more than nominal residence, unless the candidate chooses. Sincerely joining you, in wishing for a thorough medical reform, and wishing your Journal that success it so eminently merits,

I remain, Sir,
Your obedient servant,
A COUNTRY READER, AND
ADMIRER OF FAIR PLAY.

June 16, 1828.

P. S.—The fees for an M.D.'s diploma at ALL the Scottish universities is twenty-five pounds, and not fifteen, as frequently has been stated.

SINGULAR CASE IN MIDWIFERY.

To the Editor of THE LANCET.

SIR,—I beg to communicate the following case for the benefit of your physiological and obstetric readers. The antiputrescent and quiescent powers of nature under these circumstances are known common enough; but, I believe, the illustrations of the facts are rare.

I attended, on Tuesday last, the accouchment of a lady: in the progress of labour, a singular body, the nature of which I could not ascertain, prevented for a time the descent of the head through the brim; by the assistance of the finger, I was, however, enabled to get it down, and the pain continuing, I, in a short time, delivered her of a good-sized and perfect female child, at its full period of gestation. The secundines denuded soon after, and were removed; when, on examining the placenta, I discovered the obstacle to have been a dead fœtus, of from three to four months growth. It was invested with its membranes, which contained a small quantity of liq. amnii.

The head appears to have been much pressed against the promontory of the sacrum, but, in all other respects, it is perfect.

This lady must have had the usual twin conceptions, one of which dying about the period of quickening, the uterus has gone on with its duty to the living fœtus, preserving from putrescence, but regardless of the dead one.

F. BULLIN, Surgeon, &c.
63, Fleet Market, July 25, 1828.

---

* "As this requisition, respecting the degree of A.M., might prove injurious to some medical students, whose education is now in progress, were it to take effect immediately, it is resolved that it shall not come into full force till the year 1830."

CASE OF PURPURA HÆMORRHAGICA.

By Dr. T. Woodforde, *Taunton.*

J. S., ætat. 30, June 10, has had almost constant epistaxis from the right nostril since the 5th instant. The blood sometimes flows in a profuse degree, at others slightly, or in an oozing form, as at the present time; supposed in the aggregate to have amounted to four or five pounds. Throughout the inferior extremities, there are numerous petechiæ, vibices, and ecchymoses of a very dark colour. In the left arm there is a considerable ecchymosis, which is said to have followed a slight contusion. Pulse 100, full, and rather hard. Skin hot; tongue furred in the middle, moist at the edges; little thirst. Saliva tinged with blood, and often rejected. No stool for two days.

This complaint appeared suddenly, and when in apparent good health, but supervened quickly on having taken active exercise on walking; is accustomed to moderate exertion in the open air, and lives temperately. Was bled about eight hours since to the quantity of 16 ounces; the blood had a firm crassamentum, but no size; says, that previously to the present attack, he was subject to great sleepiness, and that his breath was very offensive.

Mittatur statim sanguis è brachio ad ʒxij.
R *Hydrarg. submur.* gr. v.
Confectio senn. gr. j.; ut fiat pilula illico sumenda, et horis duabus postea, sumat.
Infus. senn. ℥jss.
Magnes. sulph. ℥ss., et repetatur horis 4tis donec alvum moveat.

11, 4 P.M. Epistaxis has ceased; the petechiæ, vibices, &c., are become of a paler colour; the skin in some parts is now of a yellowish hue. Pulse 74; skin cool; four copious, dark, and fœtid stools from the first dose of the opening medicines. Tongue still furred, but quite moist. Blood last taken is sizy on several parts of its surface, but has not uniformly such an appearance. Only gruel, with occasionally light pudding, have been taken since the commencement of this illness. He is now permitted a table spoonful of port wine, diluted with orange juice and water, every four hours; also beef tea, and soft boiled eggs.

℞ *Sulph. quinin.* gr. i. ter die, cum haust. sequent.
℞ *Aquæ,* ℥j.;
Acid sulph. dil. gutt. xv.
R *Pulv. scammon.* C. gr. viij.;
Hydrarg. submur. gr. iij.;
Mucilag. acac. gtt. j., ut fiat massa in pil. iij. dividenda et sumantur cras mane.

13. The ecchymoses in the arm much diminished in size, and of a paler colour, as are also those on the inferior extremities; all the parts thus affected have been frequently sponged with tepid vinegar and water; a few days after this report the patient was convalescent.

The above case of purpura hæmorrhagica strongly corroborates the opinions which the late Dr. Parry held as to the nature of this disease, and shows in a very clear manner the good effects resulting from an active antiphlogistic treatment. The pathology of this disease, however, is still involved in much obscurity, for whilst at one time we meet with instances threatening to run their course in a very short time, if not controlled by decisive measures, at another, examples occur characterised by signs of the utmost debility; were a practitioner, therefore, to adopt indiscriminately the depletive measures of Parry, or the tonic system of Willan, he would find himself egregiously disappointed. But in all forms of purpura, whether of dynamic or adynamic character, we shall pretty constantly observe a greater or less derangement, in the functions of the abdominal viscera, as denoted by a foul tongue, fœtor of the breath, loss of appetite, and costiveness; and hence we shall find that brisk cathartics, (and of these calomel forms the best) will be applicable, and that their administration will be necessary, *even in the* worst forms, before we have recourse to tonics. The case here narrated will, perhaps, be best referred to the 4th order, of Dr. Duncan, or that depending on "increased impetus of the blood rupturing healthy vessels."

Taunton, July 12.

DR. MACULLOCH.

To the Editor of The Lancet.

Dr. Macculloch, in his elaborate work on Malaria, page 246, says, that there is a valley in Ceylon, where "that, whenever the lea wind blows in such a direction as to cross the swamps on the shore, and enter the valley, it conducts it many miles inland, so as to produce the fever where, at all other times, it is unknown, and with such decision and promptitude as to have attracted, long since, the attention of the natives, not likely to be extremely observant on such subjects." If Dr. Macculloch would be so good as to state his authority for this remarkable fact in your excellent periodical, he will greatly oblige more than one.

Inquirer.

[Correspondents in our next.]

THE LANCET.

Vol. II.] LONDON, SATURDAY, AUGUST 9. [1827-8.

LECTURES

ON THE

THEORY AND PRACTICE OF MIDWIFERY.

DELIVERED AT GUY'S HOSPITAL, BY

DR. BLUNDELL.

Lecture XXXIV.

Of Lingering Parturition, and of Labours with Plurality of Children.

Delivery commencing, where women have had a large family, it not infrequently happens that the child is expelled in the course of one or two hours, or a shorter period; yet now and then, even where the pelvis is capacious, and the softer parts fully relaxed, parturition may be prolonged for many hours or days, in consequence of a deficiency of pains; and it is this prolonged labour, arising, you will observe, not from a resistance of the softer parts, not from a deficiency of room in the pelvis, but from a want of uterine effort. That constitutes what is denominated lingering, and to the consideration of this I next proceed.

In lingering labour,—that parturition is begun, we know by the usual indications. For days, perhaps, previously, the abdomen has been shrinking in its bulk; for hours before there has been a discharge of mucus, tinged with blood, forming what is called the *show*; the ordinary pains are felt too, though infrequently and feebly, and, when we make an examination, we observe that the os uteri is gradually dilating; that during the pains the membranes are becoming tense under the touch, relaxing when the pain ceases; and further, if the liquor amnii have been discharged, we find, during pain, that the head bears upon the finger, receding when the pains cease; so that, by considering these circumstances in combination, although the labour be advancing very languidly, still we may obtain a clear proof that the process is begun. In lingering labours, generally, unless there are symptoms of danger, the less you interfere the better, for a meddlesome midwifery is bad; and if the protraction of the delivery be the only inconvenience which the patient suffers, and if there are no convulsions, no floodings, nor well-marked signs of collapse to excite alarm, it is scarcely necessary the accoucheur should interfere at all; nor need the patient herself be exposed to much inconvenience, as she may remain in her chamber, or come down to a well-aired drawing-room; sitting, standing, walking, or lying a-bed, according as her inclination leads; food she may take regularly; and if, under these lingering pains, she gets but little rest, you may give her an opiate, so that once, at least, in the four-and-twenty or eight-and-forty hours, she may have an undisturbed sleep. Although, however, in lingering labour much help is not really required, it does sometimes happen that the anxiety of the patient, and the solicitude of her friends, or, perhaps, the convenience of the accoucheur himself, not to be altogether neglected, render it desirable that the labour should be accelerated somewhat; and it may, therefore, be worth our while to consider what milder means may be employed with a view of augmenting, as far as may be, actions of the uterus. I say, *as far as may be*, for the action of the uterus, happily, is not much under our controul, nor can it always be stimulated by artificial means.

Denman somewhere remarks, that he reflects, with infinite satisfaction, on various cases in which the *sedentary posture* alone has had the effect of exciting the uterus and superseding the need of obstetric instruments; and certain it is, that the mere erection of the body, whether in sitting or walking, will sometimes have the effect of powerfully exciting the pains. In a practical view, it is sufficient to know that such is the effect of the erect posture, although we may not be able to explain how it is that this effect is produced; were I asked, however, to venture an opinion here, I should reply, that the excitement may be ascribed, in part, to the bearing of the fœtal head upon the neck of the uterus, and in part to the movement of the muscles within the pelvis. When, therefore, the pains are feeble, it is not unusual to direct the patient to rise and walk about. Care, however, must be taken that the woman be not fatigued by walking too much, for if she have been pacing the chamber for some hours together, you will find, by a little calculation, she has walked several miles, and it is scarcely necessary to admonish you, that a walk of several miles is very unfit for a patient during parturition. I have seen patients moaning in their pains, so weary with excessive exertion of this kind, that they reminded me of the ambulatory party that Dante tells of,

> "Che giva intorno assai con lenti passi
> Piangendo et nel sembiante stanca et vinta."

By saline, or other stimulant injections into the rectum, the uterine efforts may sometimes be excited, and by some practitioners they are strongly recommended. To women this is not very agreeable, and especially to our countrywomen, who are not so much in the habit of using purifying injections as the ladies of the Continent; nevertheless, it is a very simple mode of treatment, and may well deserve a trial. An ounce of salts may be dissolved in five or six ounces of senna tea, to be thrown into the rectum by means of a syringe, which is best for the purpose, or else by means of the ordinary bag and pipe. The cases which are the best adapted for the use of the saline clysters are those in which the head is fairly down among the bones of the pelvis, and lying in the vagina between the outlet and the brim, and where there is merely a want of a few forcing pains in order that it may be expelled. By means of cordials, and other stimulants, taken into the stomach, the uterine efforts may be excited; and, on this principle, ale, wine, or spirit and opium in its smaller doses; six or eight drops of the tincture, for example, may be given with advantage. In administering these to the lower class, (fond of the alcoholic stimulus, in one form or other used in all countries,) you must be very careful that you do not suffer them to become inebriated. Those cases are best adapted for cordials in which there is a coldness of the extremities, a weakness of the pulse, and a certain degree of nervous langour, sometimes accompanied with a good deal of hysteric and mental depression, and a true nervous apprehension respecting the result of the labour. Women, very accessible to feeling, are not equally open to reason, and you may, therefore, find it of little avail to descant on the groundless nature of their fears. A glass of wine has its ethical excellencies, and it may sometimes dissipate these terrors more effectually than an edifying discourse of the usual length of an hour; for it is mortifying to find, after all our exalted speculations in morals and psychology, that happiness and misery are so closely connected with the state of the stomach, that some observers might reasonably refer to the nerves or the gastric cavity for the seat of that *summum bonum*, which philosophy has been seeking for the last two or three thousand years.

It is a well known fact, that the discharge of the liquor amnii has a great effect in bringing on the pains, and I formerly stated to you the mode in which this may be accomplished. In different cases there is a variety in the time which lapses between this operation and the commencement of delivery, eight-and-forty hours being, I think, a sort of average; and thus, in a lingering labour, and more especially in the first stage, by rupturing the membrane, you may sometimes accelerate the birth. There are two kinds of cases in which this discharge of the liquor amnii seems to be more especially desirable; first, those in which there is a great quantity of water in the uterus, and where, from the first, the pains are very inefficient, I mean, before the os uteri is open; and, secondly, those cases of rarer occurrence, in which the head of the child is come down among the bones of the pelvis, so as to close the vagina, and thus, perhaps, prevent the full discharge of the waters, these waters escaping, in small quantity, every two or three hours, with return of the pain. Of the management of the latter cases, I have little to state from my own personal experience. By Burns, and others, we are advised to facilitate the escape of the waters by gently raising the head, in such a manner as to lay open the passage through the vagina, the most favourable moment for the operation being when there is a little, and but very little, pain, the waters escaping in part by their own gravity, if the position of the patient be semi-recumbent, and in part from the expulsory action of the womb. If, again, the labour is in the *first* stage, and there is much water in the ovum, by rupturing the membranes this water may be very easily discharged. In the absence of pain this little operation may be performed, but the most convenient occasion is when there is but little action of the uterus.

Every man who has had occasion to use the lever, or other obstetric instruments, the lever especially, must be aware, that when he gets a bearing on the head, and begins to draw down upon the outlet, not infrequently pains are excited. Previously, perhaps, the pains have been few and rare; but when the head is drawn down, the irritation gives rise to a powerful action of the uterus; and hence we may enumerate, among the causes well fitted to excite the uterine movements, that compression and irritation of the mouth and neck of the uterus which may be produced by the action of the lever, or by means that are analogous. On this principle it is, that some practitioners have advised us to press with the fingers on the mouth and neck of the womb, and others have recommended, that the fingers of the right hand, being deposited on the back of the vagina above, these fingers should be repeatedly drawn down over the front of the rectum, with pressure of the parts, so as to stimulate and excite the pains. Both these practices, however, I mention with a view to give a caution against them. I am not prepared to say that, under prudent management, they may never be safe and serviceable; but I regard them with fear, and think it better to refrain. Daventer seems to have got some reputation by exciting the uterus in this manner in cases of narrowing at the brim: "Dieu soit s'il valoit mieux pour cela." If the womb is to be stimulated at all on these principles, the vectis is, perhaps, the best instrument for the purpose.

Of invaluable use we sometimes find the *secale cornutum* in lingering labours. The secale cornutum is nothing more than the rye-grain altered by disease—elongated, thickened, changed a little in its sensible properties, and acquiring, apparently, in a high degree, the power of exciting the muscular efforts of the uterus. On some parts of the Continent there has, I believe, long been an opinion that rye bread is of abortive nature, and after all that I have seen and heard respecting the action of the secale cornutum, I think there is no doubt that it enjoys a specific power of stimulating the uterus, provided its muscular irritability be in a state well fitted to receive the impression. The secale cornutum, it is asserted, may kill the child in some cases; and if this were really the fact, it would be quite sufficient, in most instances, to set the remedy aside altogether, in cases of lingering parturition, for as, in general, there is no danger in delivery of this kind, if committed to itself, of course the life of the fœtus must not be put to risk. I ought, however, to state here, that I am by no means satisfied that the secale really does exert a poisonous influence on the child, though I am by no means prepared to deny it. The secale cornutum is likely enough to destroy the fœtus, if you use it not in the lingering cases which we are now considering; but where the birth is delayed, in consequence of increased resistance—rigidity, narrowings, or the unfavourable position of the head. In cases like these, if the secale cornutum be exhibited, and have a very lively effect, it may force the child down among the bones of the pelvis, where it may die by compression, not to mention, that under the circumstances stated, there must be no small risk of rupturing the uterus. In these cases, then, in which the resistance to the uterine efforts is great or insuperable, the secale cornutum may endanger both the mother and her offspring; but in lingering labours, assuming that the rye exerts no direct and poisonous effect on the fœtus, I look upon it as a very valuable and efficient remedy, at least in some instances. It should be observed, however, that the ergot of rye is of very uncertain operation, sometimes to appearance exciting the uterus most vehemently, while at other times it scarcely acts at all; nor is the cause of this difference altogether intelligible. There are different forms under which the secale cornutum may be administered—of powder, for example, or of infusion or decoction. For myself, I generally add a drachm of the secale in powder, to three ounces of boiling water, decocting the whole briskly, with continual agitation, till it is reduced to about an ounce and a half, and then pouring off the decoction, I administer to the patient one of the three table-spoonfuls every twenty minutes, till the effect is produced. Sometimes the whole quantity is necessary to excite the action of the uterus; more generally, however, after the first dose has been exhibited, the pains become more frequent and more forcing, and the child may be expelled.

A meddlesome midwifery is bad; and lingering labours are not usually dangerous, so as to require peremptorily the assistance of art, and hence it follows, as a matter of course, (an inference which I hope you will all have the good sense to remember,) that in these labours generally, manual interference is scarcely required. To turn the child, merely because a labour lingers, is an abominable abuse; I think myself justified in using those two words, and I considerately repeat them—*abominable abuse.* In carrying the hand to the feet of the child, you may rupture the uterus, and in abstracting the head and shoulders of the fœtus, you may destroy it. To perforate the head, merely because the labour lingers, is a sort of murder, and if you do this, not from ignorance, but for the sake of saving time only, you are, I conceive, in *foro conscientia*, as criminal as the felon who dies on the gallows; but I hope none of you can be guilty of so enormous a crime, no, not even in thought. The lever and forceps may, perhaps, be now and then employed in lingering labours; but the judicious use of them must be rare. I have the satisfaction of knowing that I can employ those instruments with some dexterity, but I never employ them in a lingering labour. Instruments in the best hands are evils, and great ones, and you ought never to have resort to those obstetric evils, until there is an absolute necessity for them. I repeat it, therefore, when the labour is prolonged, without dangerous symytoms, without deficiency of room among the bones, without rigidity of the softer parts, the delay arising solely from the inertness of the uterus, it can be but rarely that manual operations will be adopted by the skilful accoucheur.

After the child comes into the world, in labours of this kind, you may expect an inertness of the uterus during the birth of the placenta; be prepared, therefore, for floodings, and be on your guard against inversions of the womb. If you lay hold of the placenta, and abstract it without reflection, acting first and thinking afterwards, you are all, I trust, aware, from what has been said already, that you run no small risk of inverting the uterus. After the child is born, unless there be flooding, it becomes you to wait for an hour, to allow the womb to repose; your second duty consists in feeling for the uterus, and grasping and compressing it gently, so as to urge it to contract, while, at the same time, in feeling the uterus, you are enabled to ascertain whether it exhibit those characters of roundness, firmness, and hardness, which indicate that the contraction is complete; the womb contracting, your third duty consists in removing the placenta according to the rules already prescribed. The placenta removed, you ought then to ascertain whether there is inversion, flooding, or retention, of any portion of the placentar mass. By examining the placenta, when spread out upon a cloth, you are enabled to decide whether the whole has, or not, been abstracted. An internal flooding is known, by compressing the uterus above the symphysis pubis in the region of the bladder, and external bleeding is so obvious, that it cannot be overlooked. Should inversion have occurred, you will find the womb lying like a child's head in the vagina, and should it not have occurred, you will find this viscus in its ordinary situation, between the umbilicus and the symphysis pubis. Beware, in these cases, of abstracting the placenta, without previously ensuring the contraction of the uterus; this is a principal error. Beware, too, in these cases, of taking a needless alarm; remember that, in lingering labours, women generally do well. Beware, lastly, of needless interference in these labours; the hope of terminating a state of undesirable suspense, is the seducing siren by whom you are liable to be misled. Remember, then, that a meddlesome midwifery is bad, and that you are never to interfere with the operations of nature, unless compelled by necessity—fuge improba siren desidia—ceases to be a wholesome maxim, when applied to obstetrics. In midwifery, you are sometimes forced to act, and with vigour, too; but, in general, the less you interfere, the better. He is often the best accoucheur, who keeps his hands in his pockets.

Plurality of Children.—In general, as we all know, women present us with a single child only; sometimes, however, they favour us with two, three, four, or five, at a birth, and their generous fecundity may even exceed this number. Sennert relates the case of a lady, who produced at once as many as nine children, nor does this appear to me to be wholly incredible; and Ambrose Paré tells us of another lady, a corival of the former, I presume, who gave to our species no fewer than twenty children, (laughter,) I do not say at a single birth, gentlemen, but in two confinements.

I send you round here, a specimen of a double placenta. You have here, also, a specimen of three—the after-birth of triplets. And, in this frame, is exhibited an obstetric curiosity, a remarkable preparation, in which you may observe no fewer than four placentas, as the birth was doubly twin.

It appears from the statistical accounts, transmitted to government about the year 1801, that, in these islands, on an average of sixty-five cases of parturition, one is a birth of twins; from registers of the Middlesex Hospital, as cited by Burns, it seems that in that establishment, the twin-births are, on an average, one in ninety-three. Not having given much attention to inquiries of this kind, I am not prepared to give an opinion, whether they are, or not, correct; certain however it is, that whether more frequent or rarer, twin-cases, on the whole, are by no means uncommon, and it is desirable, therefore, that you should not be unprepared for them.

To determine whether or not there is a plurality of children, practitioners have got together a variety of indications, and these, according to custom, I shall divide into three classes, according as they occur after, during, or before, the birth of the first child, treating first of those indications which are observed during gestation, before the labour begins. If a woman, throughout gestation, have an abdomen unusually small, you may generally be assured that there is not a plurality of children; and, in such cases, commonly, the question will not be asked: on the other hand, however, if you find that the abdomen is very bulky, and particularly the uterus, of which, perhaps, the outline may be easily distinguished, a plurality of children is by no means improbable. It is clear, however, that the large bulk of the abdomen, if it stand alone, is a very uncertain proof of twins; for the bulk of the abdomen may be occasioned by dropsy of the peritoneum, or by enlargement of the ovaria, or a redundancy of the liquor amnii, not to mention gas-adeps, and other causes. In some women, too, we have much convexity of the lumbar curve, with a corresponding hollowing of the lumbar region behind, peculiarities which may give, perhaps, an additional grace to the figure, but certainly do not facilitate our obstetric diagnosis. This, which has the effect of advancing the abdomen, has also the effect of carrying forward the uterus, so that where there is a single child, the lumbar vertebræ being pushed forward, together with the uterus, the abdomen, when viewed in profile, may appear as large as from twins. Now, I the rather mention this, as the sex are often deceived by it; the sex, and even the accoucheur himself, in his forgetful moments, might be misled by first appearances; but, on laying the hand upon the loins of the woman, particularly if the dress be loose, the case becomes evident enough—it is an abdominal enlargement, arising merely from the advancement of the uterus.

When there is a plurality of children, (as shown in the cast,) the fœtuses may be deposited in the sides of the uterus; and hence, when the patient is taking the recumbent posture, if the hand be laid on the abdomen, the womb may sometimes be felt separating, as it were, into two lateral tumours, one on either side the spine, a sort of groove being traceable between them. Now, if this observation be obscurely made, no certain inference may be drawn from it; but where it is repeatedly and clearly ascertained, I think it constitutes one of the most valuable signs indicative of a plurality of which our art is possessed.

If, too, there is plurality, the womb may be expected to enlarge the faster in consequence; and it is asserted, accordingly, that the fundus uteri ascends in the abdomen more rapidly, where these pluralities exist. Again: the movements of the fœtus, we are told, may be felt more extensively, where there is a plurality of children, than where there is a single fœtus only, and of course the abdomen is likely to feel heavier, when the ovum is not single. On these signs, however, after all, but little reliance can be placed; the cumbersome weight of the uterus, the rapid ascent of the fundus, and the large bulk of the abdomen, prove but little; and of the diagnostics enumerated, the only one on which I should myself venture to lay stress is, the separation of the uterus into the two lateral tumours, in the manner before stated.

We are sometimes able to ascertain that there are twins in the uterus during the birth of the first child, and this class of indications may next deserve a little attention from us, though it is unnecessary to dwell much on diagnostics of this kind, because they lead to little practical advantage. If there is a plurality of children, you may find, after the discharge of the liquor, that the uterus is still very bulky, and some might venture to infer that this large bulk of the uterus could not exist after the discharge of the water, except there were a second child in it. By a second child in the uterus, sometimes the full action of the womb is prevented, whence skilful accoucheurs sometimes take a hint from the inertness of the uterus; and when there is a second fœtus in the uterus, that which is passing may be prevented from feeling the full effect of the pains, because a second child is interposed, so that the slow advance of the fœtus, *without other cause to which it may be referred*, may be suspected to arise from plurality of children. When there is more than one fœtus, you may have, though rarely, a presentation of two right arms or legs, or three arms or legs, *et hoc genus omne*, this being a clear proof of plurality, unless the child be monstrous.

It sometimes happens, where there are two children, that there is but one membranous receptacle, and, of consequence, but one gush of water. More frequently, where there is a plurality of children, each is contained in a separate cyst, and each has its own liquor amnii. Now, two or three gushes of water, are certainly no decisive proofs of twins; for these sometimes happen, indeed, not uncommonly, where there is but a single fœtus; nevertheless, if you do observe two very large and distinct gushes of water taking place, more especially where the bag from which the first gush issued, has been thoroughly lacerated, there can be little doubt. Dr. Hull, of Manchester, has, I think, met with a case, where there were as many as five gushes, the woman producing five children at a birth. So that sometimes during the birth of the first child, by repeated gushings of the water, by the protrusion of supernumerary members, by the inefficiency of the uterine action, by the inertness of the parturient effort, and by the large bulk of the uterus, after the liquor amnii has been thoroughly discharged, you may be led to suspect there is a plurality of fœtuses.

It is, however, after the first child is come into the world, that the question of plurality becomes of the greatest practical importance to us, and to this part of the subject I request your particular attention. To know that there is a second fœtus before the birth of the first, is seldom needful; but it is highly desirable that every good practical accoucheur should be able to say whether another child remain in the uterus after the first is away. If another child remain in the uterus, you may in general know it the very first moment by laying the hand on the abdomen, for instead of finding this part collapsed and flaccid, so that the coverings may be grasped in folds, and with a uterus contracted, round, and hard, easily to be distinguished when you have acquired a little manual experience, you observe the abdomen is nearly as large as at the end of nine months pregnancy; and, therefore, when the reduction of the abdomen is by no means considerable after the birth of the first fœtus, you may be pretty well satisfied that there is another in the uterus. Should doubts, however, arise, the point may be further investigated by internal examination, when, if there is another fœtus in the uterus, you feel the bearing of a bag of water, as at the commencement of an ordinary labour; or if the bag be broken, the child itself may be felt. Of course, if no other fœtus be lodging in the uterus, neither the members nor the cyst of a second child will be distinguishable. To carry your hand into the uterus unnecessarily, is always improper, not to say culpable or criminal, and in these cases generally, the fingers will be quite sufficient to make the examination, without introduction of the whole hand. Thus, then, sometimes by external examination, and sometimes by examining within, but most certainly by combining the two methods of investigation, we may at the bedside determine, and with certainty too, whether there be or not a second fœtus in the womb. Fool-traps, however, are set for us here as usual, and hence, in managing these investigations, caution becomes necessary. Thus when a child is away, its membranes may fall over the os uteri, and then blood collecting in clots behind the membranes, which push forth into the vagina, something like the bag of a second fœtus may be felt, so that if guided by internal examination, you neglected to examine externally also, you might persuade yourselves that there was a plurality of children, when, in fact, there was not. Cases of this kind are not very infrequent; one occurred to Dr. Haighton, and one very remarkable one fell under my own care. By rupturing the membranes, these cases may be easily unmasked; for then the blood comes gushing forth, and, on examining externally, you find that the womb is very completely contracted, so that for a second fœtus there is no room. Nor must it be forgotten, that in examining *externally*, if careless or incompetent, we may now and then be deceived; for the woman may have an enlargement of the spleen, the liver, the kidneys, the ovary, the last especially, or there may be air or gas, or a great deal of water in the abdomen, and from these causes, after delivery she may remain very large. To guard against this error, to which we are not infrequently obnoxious, follow the advice already given, of feeling for the uterus. Do not content yourselves with simply laying the hand upon the abdomen, but do more than this; feel for the uterus itself—grasp it—ascertain its form and outline, and then, in general, you will be able to satisfy yourselves whether there be or be not another child in its cavity. A small uterus is to be esteemed a certain disproof of another fœtus; for blighted ova are not worth considering here. A large womb should always lead us to suspect another fœtus, and in dubious cases, make your examination internally. By passing the hand into the uterus, the point may at all times be set at rest; but, in general, this movement is not necessary. And thus much, then, respecting the indications of twins; according as they occur before, during, or after the birth of the child. Study well the signs of the third class, those, I mean, which are observed after birth; not a labour occurs in which it is not proper to consult them; for in every delivery, after the birth of the first child, it becomes our duty to decide whether there be or not another fœtus in the uterus.

It sometimes happens that the twin enters the world so quickly, that you have scarcely time to prepare for its exit from the pelvis; but in other instances it remains in the uterus for hours and days, not a bad symptom occurring; nay, if twin labour have supervened prematurely, the first child leaving the uterus, the womb may close, and the second child may escape at the end of weeks or even months. Of this kind a case occurred to my friend Mr. Newnham, of Farnham. However, when the second child remains in the uterus after the first is born, the woman is always liable to floodings, and, therefore, I conceive, we ought not to leave the second child in the uterus, except in cases where the first child has quitted the pelvis prematurely, and a disposition to hæmorrhagia is not observed to manifest itself. In those cases, then, in which the child is not disposed to come away, the accoucheur will be justified in sooner or later interfering: the risk of flooding rendering it his duty to preside over the birth of the second child, just as he would over that of the first.

If you find, upon the advent of the first child into the world, that there is a second in another membranous receptacle, one of the first operations to be performed is, that of rupturing the membranes as soon as you find the bag is bearing down into the vagina towards the external parts, for I would not do it till then. Should the head of the child be lying in the cavity of the pelvis when the membranes are ruptured, in general you have merely to sit at the bed-side, not interfering with the birth, more than in natural labour, and should the feet, breech, or transverse presentations occur, you may assist the birth exactly in the same manner as you would the birth of the single fœtus.

But what are you to do, provided there be presentation of the feet, breech, or vertex, the fœtus being indisposed to come away? Why, in this case, I would accede to Denman's rule; for it is better to wait for three or four hours, so as to give the womb an opportunity of acting, and then, should the uterus fail, artificial help becomes justifiable; for so long as the fœtus is in the uterus the patient is exposed to risk, and this help must be given according to the general principles of midwifery, as already fully explained. But what if you find that the child is lying across the pelvis, the presentation being of the arm, the back, or the shoulder of the child? Why, in these cases, the child lying across in the pelvis, it is your office not to wait in the way which Denman has recommended, but rather to carry your hand into the uterus immediately on rupturing the membranes, in order that you may perform the operation of turning, for, in all probability, this must eventually be effected, and, under such circumstances, the sooner it is effected the better. If you delay your operations, the womb may close and obstruct you; but operating immediately after the first child is in the world, you find the parts are lax, dilated, and unresisting, so that the hand may be passed into the uterus, and with considerable ease.

As the number of ova may rise to four, five, or more, you should always ascertain, after a fœtus escapes from the uterus, whether another remain behind, investigating in the manner already described; and as it is proper to designate the order of the birth, this may be conveniently indicated by a ribbon on the neck.

When all the children are born, then is an excellent time for blundering. You may lay hold of all the umbilical chords; you may begin to pull down, and at once, if thoughtless, you may invert the uterus, and produce a flooding. As many vessels are laid open, you ought, at this stage, to proceed with great caution, managing the delivery in these twin cases just in the same manner as where there is but a single child. Let it be your first office to ascertain that there is no other child in the uterus, for while there is another child in the uterus, in general you are not to remove the placenta. In cases of plurality, one placenta may be common to both children, and where there is more than one placenta, they may be connected with each other marginally, and this is a strong argument against a premature removal; add to this, that if you bring away one placenta while there is another child in the uterus, the uterine contraction being prevented, dangerous bleeding may occur. Hence, then, in this, and all deliveries, a rule of first importance, before you remove the placenta, ascertain that there is no other fœtus in the womb. Well, satisfied upon this point, and assuming that no dangerous symptoms occur, wait the hour as usual, in order that the womb may contract, occasionally compressing, and, as it were, champooing it, so as to urge its contraction, and to ascertain where the contraction has taken place. Further, when the womb is round, hard, and not large, and you are satisfied that there is no risk of inversion or bleeding, you may next proceed to remove the placentas, and this more especially, if the insertion of the chord may be felt, or the substance of the placenta is lying forth into the vagina. In some cases it may be proper to withdraw them in succession, but, in general, the better method is to take the two umbilical chords, to coil them together, and then to abstract them at once; taking the chord in the right hand and the substance of the placenta in the left, and proceeding afterwards as in ordinary labours. Having done this, lay your hand on the uterus, and feel that it is contracted, and in its natural situation, behind the bladder. Lay the placentas on a cloth, and examine them, that you may assure yourselves that there is no part left behind in the uterus.

Women require more than ordinary care after twin deliveries. The children, if more than two, are, I believe, seldom reared; they live, however, sometimes. I myself had a very handsome young fellow for a pupil, who told me he was one of three, all of whom had lived to man's estate.

Two errors there are, or blunders rather, which you may commit in the managing these twin cases; the one, that of bringing away the placenta of the first, without satisfying yourselves whether or not there is another child, the child that is left behind perishing, perhaps, in consequence; the second, that of rising from the bed side, smiling, and congratulating the patient; then leaving the room with courtly incurvation, and good-by, dear madam—a second child entering the world as soon as you hav crossed the threshold.

CHRONIC ENLARGEMENT OF THE KNEE, OF EIGHT YEARS STANDING, SUCCESSFULLY TREATED.

By Charles Smith, *Esq., Surgeon, Highworth, Wilts.*

In September, 1827, I was requested to examine the right knee of Miss J. C., ætat. 35. I found it very much swollen, and the integuments inflamed. The enlargement commenced at the insertion of the ligamentum patellæ, and extended several inches above the knee, measuring in length, on the outside of the joint, no less than thirteen inches. In circumference, the knee, including the swelling, was sixteen inches. The patient being a remarkably spare woman, it was not difficult to determine that the swelling contained some fluid within the capsule, which was also indicated by the ham being perfectly free from disease. The patient was very lame, and she suffered great pain, which had continued, more or less, for eight years, at the commencement of which period, the swelling first made its appearance. She had applied to several medical men, had been blistered repeatedly, used various applications, and taken a large quantity of medicine, without benefit. She remembers having struck her knee against a table when a girl, but does not suppose that accident had any connexion with her present suffering.

I communicated with Mr. Wardrop on the case; and, on the suggestion of that gentleman, (after a few days use of cold applications, and an aperient, which reduced the inflammation of the skin,) I applied slips of mercurial plaster on the 20th September, and a bandage; gave her two grains of calomel, and one grain of opium, every night, with 16 drops of vinum colchici with magnesia, in mint-water, three times in the day, and directed that the limb should be kept quiet and elevated. This treatment was continued until Nov. 14th, when it was interrupted by a severe attack of pleurisy, which required active treatment; and, as the mercury had affected her mouth, it was not regularly continued afterwards. A pill only having been given now and then, and the mixture in a similar manner. The plaster was renewed from time to time, as it became slack, until the latter end of January, 1828, when the knee was reduced to the size of the other, measuring only 11½ inches in circumference. She has completely recovered from her lameness, and feels no invenience from exercise. Together with the other treatment, I consider pressure to have been of great use in this case, therefore the *mode* of applying the plaster in such cases ought to be duly considered.

Highworth, Wilts, Aug. 3, 1828.

ON THE EXISTENCE OF VALVES IN THE PULMONARY VEINS.

By Professor Mayer, *Bonn.*[*]

We find it stated, in most anatomical works, that the pulmonary veins possess no valves. It is needless to prove this by a host of quotations; two will be sufficient:—Haller, in his *Elementa Physiol.* t. 1, p. 145, says, "sed etiam vena pulmonalis absque valvulis est;" and Meckel, in his Manual of Human Anatomy,[†] observes, that the pulmonary vessels, with few exceptions only, have generally no valves. As an exception, for instance, Kelch's case is mentioned, who once found a valve before the right pulmonary artery. But this case does not exactly belong here, as the existence of valves in the pulmonary veins is the subject under consideration.

My attention was first directed to the presence of valves in the pulmonary veins, when carefully examining the lungs of an ox, in which animal valves not only exist, but in a considerable number. I examined, at the same time, the lungs of a pig, and found them entirely wanting. In the human lungs, however, they are both large and numerous, and it is a matter of astonishment, that their existence could have been overlooked. There is always a valve, for instance, in the spot where a collateral branch opens, at an acute angle, into the trunk of the pulmonary vein. The valve is apparent in proportion to the acuteness of the angle at which the vein opens; but there are no valves in the pulmonary veins at those spots, where the collateral branches open at a right angle; this is also the case in the whole of the nervous system. In the veins of the extremities, valves are to be found where the collateral branches open at an acute angle, but never where they enter into the main trunk at a right angle. This will account for the valves in the pulmonary veins being less numerous than in the other veins, as the collateral branches open principally at a right angle. This mode of communication is particularly evident in the pig, and in this animal the pulmonary veins have no valves.

---

[*] Tiedemann's Zeitschrift fur Physiologie. B. 3. Heft. 1.

[†] Handbuch der Menschen Anatomie. 3 B. p. 365.

THE FIRE-PROOF MAN.

The French Medical Journal, *La Clinique*, gives an account of the experiments of M. Martinez, the fire-proof man, as he is called, who is now one of the principal objects of attraction at Paris. M. Martinez is not, like the celebrated Russian salamander, Chamouni, insensible, for a given period, to the effects of heat; on the contrary, he suffers so much exhaustion from his experiments, that he is only able to repeat them once a week. He assumes the title of "Incombustible;" but after the fate of Chamouni, it may reasonably be doubted whether any man can fairly lay claim to the privilege of being fire-proof. The Russian salamander was remarkable for the simplicity and singleness of his character, as well as for that idiosyncrasy in his constitution, which enabled him, for so many years, not merely to brave the effects of fire, but to take delight in an element where other men find destruction. He was above all artifice, and would often entreat his visitors to melt their own lead, or boil their own mercury, that they might be perfectly satisfied of the gratification he derived from drinking those preparations. He would also present his tongue, in the most obliging manner, to all who wished to pour melted lead upon it, and stamp an impression of their seals. His merit, however, was never sufficiently acknowledged, till he was found dead in the oven which he had so often entered to amuse his visitors, by what he called his grand experiment,

> "Urit enim fulgore suo qui prægravat artes
> Infra se positas; extinctus amabitur idem."

This grand experiment was to enter an oven with a raw leg of mutton, and not to retire from it till the joint was thoroughly baked. Chamouni entered the oven once too often; his ashes were collected, and conveyed to Mojaisk, his native town, where a neat monument has been erected to his memory, and a well-written Latin inscription commemorates his fate.

M. Martinez, the French salamander, says *La Clinique*, was born at the Havannah; he is 43 years of age, about five feet high, and appears to be of a robust constitution. He has the complexion and features of a Creole; his nose is flat, and, at present, somewhat disfigured by sores produced by the bursting of a thermometer, which was imprudently carried too near his person, at a late experiment, in order to ascertain the temperature of his body. M. Martinez, in his youth, followed the trade of a baker, and from the age of nine to twelve years, was constantly in the habit of exposing himself to very high degrees of heat. Practice has enabled him to bring to perfection a capacity for supporting heat, which seems to be peculiar to persons engaged in the occupation of baking. Tillet gives an account of three girls, servants to a baker, who would remain in an oven heated to a very high temperature, while they swept it, laid the wood, and set the loaves for baking, taking no other precaution than that of keeping the door open. He has ascertained that they remained fourteen or fifteen minutes in the oven, when it was heated to 270° Fahrenheit, ten minutes at 279°, and fifteen minutes at 364°. Thus they supported a degree of heat 67° above that of boiling water, and 170° above that of the human body. Duhamel, Bankes, Solander, and others, have shown by experiments made upon themselves, that man may support for some time, a temperature exceeding the natural heat by 174°. On Tuesday last, M. Martinez, the fire-proof man, exhibited his experiments before a vast concourse of spectators. To obviate all suspicion, an oven was heated in the middle of one of the grass-plots in the garden of Tivoli. At twenty-two minutes after eight, M. Martinez entered the oven; the thermometer, which was left in it eleven minutes, indicating 338° Fahrenheit. He remained in the oven fourteen minutes; his pulse, which was at 76 when he entered, beat 130 strokes in a minute when he came out.

Second Experiment.—At two minutes before nine, his pulse was at 85; he again entered the oven, and remained seven minutes, the thermometer being at 285° Fahrenheit. The crowd of spectators who rushed forward to see him, when he came out, prevented the exact ascertainment of the state of his pulse, but it was less frequent than at the end of the first experiment.

Third Experiment.—At nine minutes past nine, M. Martinez was placed upon a plank, surrounded with candles, and introduced into the oven, the door of which was then closed. He remained in it three minutes. On coming out his face was of a violet colour, but he hummed a tune with great apparent indifference, and plunged himself into a bath of cold water. Before the immersion, his pulse beat 144 strokes in a minute.

COPY OF A LETTER TO A PHYSICIAN, ON THE COMPARATIVE POSITIONS OF THE MEDICAL PROFESSION IN FRANCE AND ENGLAND.

Mountauban, France, May 10, 1828.

My Dear Doctor,—I hasten to comply with your request, and to furnish you with the proofs and arguments of what I asserted in my last letter, that, (with regard to the medical profession, at least) "they manage these things better in France;" and I hope, before 1 conclude, to convince you, that I have asserted nothing more than I can fully substantiate. I am truly happy to say, that the long-cherished English notion, that our little island was "Utopia" personified, a perfect "El Dorado," is fast declining, and one may now quote and comment on the literary productions of our continental neighbours without being, as in the year 1818, classed, for so doing, with "bands of foreign sceptics," conspiring for the dread purpose of reforming abuses and rectifying errors. The groundless apprehensions of these gentry put one in mind of Croaker, in the play, who magnifies a waiting maid's love letter into a matter of no less importance than murder and arson. Let us not, however, imitate the "Good-Natured Man," or attempt to make the fire-engines play upon an imaginary conflagration, resting assured, that whilst on the one part it displays no lack of patriotism to admire what is praiseworthy in the institutions of foreigners, neither does it show any proof of it to administer to and foster the illiberal prejudices of the vulgar.

"Mais revenous à nos moutons." I conceive the French possess a great advantage over us in having a well-educated class of men to perform the duties of apothecaries exclusively. How superior in knowledge and acquirements are these individuals to the uneducated chemists and druggists of our country! who, without any previous education or examination, are permitted, by the supineness or negligence of our legislature, to undertake the important duties of their station.

Another very remarkable benefit which the pharmacien confers on the profession, and thereby adds greatly to the respectability of it, is by assuming the performance of that portion which degrades it from the footing of a science, and reduces it to the level of a trade. Until our wholesale dealers in the noble art of healing (general practitioners, as they are generally called,) imitate our continental neighbours in this respect, they can never expect to assume that station in society, and amongst men of letters, that the utility and importance of their occupations merit. I hope and trust it is a libel on the English public to assert, that they are so besotted as to insist upon receiving a "quid pro quo," in the shape of drugs, and that they are more willing to take medicines which are often unnecessary and frequently prejudicial, than to present a fee for advice relative to the juvantia et lædentia, &c. Let it not be asserted, that the union of such heterogeneous compounds as pharmacy and the scientific practice of medicine and surgery, is essential to the remuneration of the practitioner. The inhabitants of this country are not, individually speaking, so wealthy as the same class in England, yet they do not permit so degrading an union, and have no reason (as I believe) to regret the separation.

I have often smiled, but it has been "more in sorrow than in anger," at the villainous custom which prevails in the United kingdoms, of condemning the unfortunate disciples of Æsculapius to the performance of an apprenticeship for five years to learn so simple a matter (compared with their other studies) as the compounding of drugs; in the great majority of instances nothing else is taught them. Like Spartan helots they remain bound with the iron yoke of an indenture; they tarry with their task-masters (for no other visible purpose) "until their beards be grown," and ultimately devote two, or at most three, years to the acquirement of the vast circle of medicine, surgery, and the accessory sciences. Can any thing be more perniciously absurd than such a system? so much precious time wasted, absolutely lost, and never to be recovered! To assert that there is no hardship in such a profligate employment of the most valuable portion of the existence of an individual, who, with his utmost exertion, and most diligent application, will find ample employment, is like Mercury, (in Æschylus) coolly lecturing Prometheus, whose only grievance is that of being chained to a rock, and having a wedge of eternal adamant driven into his breast. Such a mode of study could only prevail in the 18th century, amongst a "nation boutiquière." The French are so ignorant as to suppose, that medicine and surgery can only be taught clinically, and that the time we devote to the practice of pharmacy would be far more advantageously spent in acquiring a few of those preliminary branches of knowledge, of which English students are in general ignorant when they visit the medical schools of the metropolis. I need not insist on the advantage of method in the investigation of a profession requiring such extensive acquirements as ours; I know the object of many students is to pass their examinations, and commence practice with as little trouble and expense as possible. These gentry, like "the stern hero," Marmillo, in the Dispensary,

> "Whilst others meanly take whole months
> to slay,
> Dispatch their grateful patients in a day."

For such "fruges consumere nati" I do not write, but to those praiseworthy pupils who are as anxious to merit success as they are to obtain it, and who desire to be "generally learned" in their highly honourable and useful profession. I would earnestly impress the advice of the great Stagyrite,

"Optimé illum veritatem rei perspicere qui à principio res orientes ac nascentes inspexerit."

It is much to be regretted, that our students are not compelled to submit to some preliminary examination, or to furnish themselves with some literary grade in arts and sciences, before they are permitted to commence their metropolitan studies.

I fear, my dear friend, you will consider me a most determined radical, a cynic, determined to find fault, if I continue to blame, but, "jacta est alea," I have commenced, and I am too well satisfied of the candour and liberality of your disposition not to feel assured of a candid and deliberate hearing. I ask no more; if I colour the picture too highly, attribute it to an ardent zeal, which I am sure I feel for the welfare and honour of our common calling.

Let us now, if you please, compare the methods of teaching the profession practised by our Gallic neighbours and ourselves. The Parisian hospital physicians and surgeons, and, I believe, the remark applies with equal justice to Montpellier, Strasbourg, and the other French schools, receive no fees from the students, yet they pay the most undeviating attention to both pupils and patients; they visit the establishments to which they are attached daily, and superintend, personally, the administration of medicines and the application of remedies. Contrast this conduct with the practice pursued by most (I had almost said all) of the London hospital physicians and surgeons, and I think you will agree with me, that walking the hospitals (as it is somewhat ironically called) is no very improper expression. Certes, the walking appears to be held the most essential part of the process. Judging from the effects produced, I am no advocate for this peripatetic mode of acquiring medical knowledge; it might be as rationally taught by the treadmill. This is by no means an overcharged picture, at least it applies to the method pursued when I was a student at St. Bartholomew's Hospital in 1819, at which time the surgeons (I was not a physician's pupil), instead of giving clinical information, repulsed any attempt, even of the pupils, to ask questions; the senior surgeon was then celebrated for the professional urbanity which he displayed on such occasions; they seemed vastly more fond of the dogmatic than of the Socratic mode of disputation. I was also frequently in the habit of visiting the other London Hospitals, and I must candidly say, they all appeared to pursue the same system.

Will our descendants believe that, in 1820, and (if I am not mistaken, even later,) medicine and surgery were not taught clinically in London by a single professor, unless perhaps Mr. Charles Bell forms (which I believe he does) an honourable exception to this almost incredible fact. Surgery was taught *peripatetically*; and *theoretical*, and, what is still more strange, soi-disant *practical* medicine, was prelected *parsonically*; a sermon was read on a disease, the pupil paid his fee, and received a testimony of having acquired knowledge, which, by such a system, it was impossible he could attain; and his master, (I cannot call him teacher,) the only gainer by the bargain, pocketed his ill-earned profits.

I sincerely hope and trust, that this deplorable swindling system is nearly at an end, and that the time is not far distant, when it will be abolished altogether. Students should insist upon receiving clinical information, (the only rational mode of instruction,) in return for the enormous fees which they give to their self-styled instructors. I was truly gratified to hear that a clinical hospital was to be attached to the medical school of the London University. Its projectors deserve the thanks of the profession; may it be the dawn of a brighter era, the model of many similar institutions.

Whilst on the subject of medical instruction, I would also venture to express a hope, that we shall, ere long, see professional chairs established, for the purpose of prelecting on what is a very important subject, and taught, I believe, only in the German universities; I mean—*methodologia medica*, or the method of pursuing a course of medical and surgical studies. How much time, trouble, and expense, would such a guide save the great mass of students who commence, nay, who finish (I cannot call it complete) their studies, without having acquired the most essential preliminaries, whose knowledge is literally a burden to them—a "rudis indigestaque moles"—a chaotic mass, without form, and void. The books which they have read, (from having had no judicious guide to assist them in selecting those likely to be beneficial,) only add to their bewilderment. I must not forget to add, that it is a very important portion of the methodological professor's duty to furnish his class with a brief bibliographical analysis of the best works connected with every branch of their studies.

The advantages of methodical arrangement, in the study of so vast a subject as the noble art of healing, must be self-evident, as Lacomiguière (Leçons de Philosophie, t. i. p. 56,) has observed, " Un enfant aidé d'un levier est plus fort qu' Hercule livré a ses propres forces." Were the authority of great names required, I might adduce those of Aristotle, Bacon, Newton, Pascal, Mallebranche, Condillac, and Descartes, who, whether they have denominated the mental levers, they proposed " Nova Organa," or " Methodes," have all insisted on the self-same proposition. The latter author modestly observes, " Si j'ai quelque advantage sur le commun des hommes je la dois à ma methode."

I shall now bring this long, and, I fear, tedious communication to a close, by suggesting a few remarks on the mode of conducting examinations practised by our English schools of medicine, and I have here to object that the same method is pursued as in teaching it. No test, I confidently maintain, can be satisfactory, that is merely oral. Now, I would ask, can the professor ascertain the anatomical knowledge (the fons et origo, the Alpha and Omega of medical science) of a pupil he is examining, unless he has a scalpel in his hand, and a subject before him. Can it be denied, that many students obtain the credit of having been very attentive to their studies, who have positively acquired their anatomical knowledge from plates and books in their chambers, instead of in the dissecting-room? Can this, I ask again, be denied? It cannot; that redoubtable prince, Mendes Pinto himself, would blush to assert the contrary; if such is the case, ought not the system to be " reformed altogether?" So also with medical examinations; the examiner can never be aware, whether the neophyte's knowledge is theoretical or practical, whether derived from fallible books or infallible nature, unless the investigation is carried on at the bed side of the patient. It is as essential that the mode of examination should be strictly clinical, as that the teaching the science should be so. I would also suggest that the examinations should be public, as this would ensure fair play to the student, and be an assurance to the public, that the board of examiners did their duty to the public on the one hand, and to the candidate on the other. It would prevent those reclamations which, in general, do honour to neither party. If the Board are qualified for their highly-important and responsible duties, they can never fear, but ought rather to court publicity to their proceedings; and there cannot be a doubt that it would give additional importance and value to their testimonials.

In taking leave of you, my dear friend, allow me to presume upon our long intimacy to assert that whilst I have " nothing extenuated," I am not aware of having " set down aught in malice." I may, perhaps, on some occasions have spoken strongly, for I am conscious of having felt warmly whilst treating of the abuses which obstruct the advancement of a profession which I estimate too highly to be indifferent to its welfare; you know that, situated as I am, far removed from the busy scene, and all its petty party turmoils; fast sinking under the effects of an immedicable disease, I can have no other motive in suggesting the few hints I have ventured to throw out, but a desire to contribute my mite towards the improvement of that profession of which I shall never again be any thing but a spectator.

Dr. Johnson has observed, that " the hand which can destroy a palace could not, perhaps, raise a hovel." This is, perhaps, my case; however, wherever I have fancied I discovered an imperfection, I have not hesitated to suggest what appeared to me to be the most adequate remedy. I think it highly probable that you may think with the poet, that for me

> Ces sujets sont trop hauts et je manque
> de vox.

At all events I have the satisfaction of being able to add, with the same author,

> Le dessein en est grand, le succès mal aisé,
> Si je m'y perds au moins j'aurai beaucoup
> osé.—*La Fontaine Poeme sur le Quinquina.*

Believe me to be,
My dear friend,
&c. &c.,

P. S. You are welcome to publish this letter in The Lancet, if they will " prent it."

ON THE INFLUENCE OF THE PNEUMO-GASTRIC NERVES.

Mr. E. Ware observes, that there is nothing more frequently praised than the certainty of the evidence of natural truths. Each writer in his turn thinks his discoveries completely established, and arrays his alleged facts in an apparently resistless phalanx. But almost every one who elicits novelties is, in spite of his confidence, subjected to controversy and contradiction. His facts are denied, his experiments refuted, his conclusions declared inadmissible, and his veracity and philosophical honesty called into question. These reflections were suggested by a perusal of the written conflict respecting the influence of the eighth pair of nerves on digestion. The experiments of Wilson Philip, illustrative of the influence of the eighth pair of nerves on respiration and digestion, have been subsequently repeated by an English writer, Broughton, and results diametrically opposite been reported. In order to satisfy myself as to the cause of such discrepancy, and, if possible, to ascertain the truth, free from all bias or prepossession, I instituted the following course of experiments, assisted by Dr. J. H. Finley, and others of my medical friends.

Experiment 1.—After causing two rabbits, of the same age and size, to fast for the space of sixteen hours, I gave them as much parsley as they would eat. One of them I set at liberty. In the case of the other, I divided the nerves of the eighth pair, about midway in the neck. The division was immediately followed by difficult respiration, soon attended with a croaking noise, and gradually increased until death supervened; which happened in six hours and a half after the operation. The other rabbit was then killed, and a comparative examination made. The stomach of the one subjected to the operation was much distended; the general mass of food had undergone but little change; that part which was in contact with the parietes of the stomach was altered in colour, and somewhat in consistence, resembling partially-digested matter. The central parts retained their natural colour and odour, and resembled finely chopped parsley. The lungs were largely engorged with blood, but did not sink in water. The trachea and air cells contained a frothy fluid. The stomach of the rabbit not operated on was hard and contracted, and about half the size of that of the other. That part of digestion confided to the stomach was comparatively completed; for though all the contents had not passed out at the pylorus, yet what remained was a uniform chymous mass, more compact and dry at the pyloric than towards the central or cardiac portions. This experiment was satisfactory and conclusive, and was followed by six others of a similar nature, all of which gave uniform results.

Experiment 2.—A half-grown cat was kept without food for twelve hours, and then one ounce and a half of raw beef was given. In fifteen minutes after, I divided the eighth pair of nerves. The usual symptoms followed, differing from those of the last experiments only in degree; respiration was deep, slow, and laborious, attended with a croaking noise, and apparent efforts to vomit, which continued to increase for ten hours, when, from the great distress and prostration, I was induced to kill it. Upon examination, no change was perceptible in the food, except in the circumference which had lost its livid hue, and resembled beef shortly after being placed in warm water. It had lost nothing in weight. The lungs were engorged with blood, and the trachea filled with frothy fluid slightly tinged with blood. This experiment was also confirmed by one other.

Experiment 3.—Having caused two rabbits, of the same age and size, to fast for sixteen hours, I allowed them as much cabbage as they could eat; after which I made a section of the eighth pair of nerves in each. One I set at liberty. The other, the hair being shaved, on either side, from the region of the stomach, I submitted to the influence of a galvanic trough, containing fifty pair of four-inch plates; the intervals being filled with sulphuric acid and water, in the proportion of one of acid to sixty of water. A gentle and uniform twitching of the muscles of the trunk was kept up, by the occasional addition of acid, for six hours; at the end of which time (the animal being almost exhausted) it was killed by a blow upon the occiput. Examination being made, the stomach was found distended as in the preceding experiments; the external part of the contents was changed in colour and somewhat in consistency, so as to resemble a chymous mass; whilst internally it was as if it had been chewed and swallowed. The lungs were engorged, though not quite so much as usual. During the process, the respiration exhibited the phenomena seen in the other cases. The trachea contained a frothy fluid. This animal ate nothing after the operation, and nothing was found in the œsophagus. In half an hour after, (six hours and a half after the operation,) the other rabbit died: the stomach and its contents resembled in every respect that of the galvanised rabbit. The lungs were more largely engorged with blood, which constituted the only apparent difference.

Experiment 4.—A rabbit, after fasting, was afforded as much parsley as it would eat; when the hair was shaved on the back, near the region of the stomach, and a small plate of tin bound thereon: the eighth pair of nerves were divided, and about a quarter of an inch of the lower section of each coated with tin foil. The tin foil and tin were connected with the opposite poles of the galvanic trough, and a uniform effect kept up for five hours and a half, when the animal died. Its respiration during the process, the state of its stomach, food, lungs, and trachea, differed in no particular from those in the immediately preceding experiments.

Experiment 5.—Two rabbits were caused to fast for twelve hours, when there was given as much cabbage as they would eat. The one remained in its natural state. In the other, the pneumo-gastric nerves were divided, and submitted to the galvanic power as in the last experiment, and a uniform effect was kept up for seven hours, when the animal died. Upon examination, it was found to differ in no perceptible degree from those in which the nerves had been divided. Whilst the stomach of the healthy rabbit exhibited the contents diminished in quantity, and in a completely chymous state, and in the pyloric portion comparatively dry and compact.

These experiments, made with much care, time, and labour, serve to show the great caution with which we should receive the accounts of even experimental inquiries. They afford results agreeing with those of Dr. Philip, respecting the effect on digestion by the division of the par vagum; for by that section digestion is almost totally arrested; and, although they would indicate partial action, it is so slight that it may be justly attributed to the healthy secretions of the stomach poured out immediately preceding the operation. Although secretion, the alleged cause and, as we believe, the *primum mobile* of chymification, does not cease after the division of these nerves, but, on the contrary, appears to be augmented, yet, inasmuch as it is incapable of changing food to chyme, it must be morbid. Another apparent barrier to chymification is the deficiency of action in the muscular coat of the stomach, known from the violent and ineffectual efforts to vomit; symptoms constant and remarkable, particularly in cats; and, as proved in those rabbits which were permitted to eat after the operation, where food was found in the œsophagus itself. But when we endeavour to institute the galvanic irritation for that action carried on through continuous nerves, we cannot confirm either the facts or conclusions of Philip. Our results are entirely contradictory of his; and we are compelled to acknowledge our belief in the inaccuracy of his galvanic experiments, and stand prepared to deny that there is yet any good reason for believing in the identity of galvanism and the mysterious principle of life.

Death, in all the cases here related, seemed to be caused rather by the state of the lungs than by that of the stomach; for the engorgement and obstruction in the organ of respiration put finally an entire stop to the access of air into the bronchial cells, and suffocation ensued.—*North American Medical and Surgical Journal.*

HYDROPHOBIA.

To the Editor of THE LANCET.

SIR,—In the case of hydrophobia sent to you by Mr. Prout, and inserted in THE LANCET of the 14th June, there are some statements respecting the medicine prepared at Birling, near Malling, Kent, for the prevention and cure of that disease, which the facts of that case will scarcely be found to authorise. I beg leave, therefore, to submit to you a few observations on the subject, for insertion in your journal, in order to place the matter in its true light before your readers.

In the first place, the boy Roff, (alias Hills), after being bit by the mad dog on the 18th of March, *had the wound immediately sewed up*. Mr. Prout observes "that from the extent of the wound, it was impossible to excise it." But the man Kemp, a workman of Lord le de Spencer's, in the neighbouring parish, *was bitten by the same dog —in the same parts—severely in the face*; "he had *four lacerated wounds;*" he went instantly to a surgeon, who "completely removed the bites (I quote his own expressions) by excision, and after allowing them to bleed freely, their surfaces were destroyed by applying nitric acid to them." *Why could not this have been done in the one case as well as in the other?* If the knife could not have been used, at least the wound might have been cauterized. But, further, the man Kemp, after the operation was performed by the surgeon, went *the same hour to Birling* for the medicine, and took a portion of it on the spot. (Its efficacy is said to depend, in a great measure, *upon its being taken in time.*) Not so, the boy Roff; no part of the medicine was given, or said to have been given to him, *until the 20th*, and he *was bitten on the 18th*; here was much time lost, which, taken together with the sewing up of the wounds, gave the poison ample time to spread through the system.

It is said, however, that he took the medicine; and we find, from Mr. Prout's statement, *that he continued well up to the 16th May.* You should here be informed that the venders of the medicine desired his friends to send for more on the 13th April; this is partly denied by them, except on condition that the boy grew worse; however this may be, *none of the medicine was sent for after the 30th March.* Mr. Prout observes "that the boy had, *from the time he was bitten, been taking the medicine* sold at Birling, in strict conformity to the directions given." On the contrary, Sir, *not an ounce of it was given after the 30th March, until the 17th May.* It is important to observe that, early in May, the boy was sent to work in the fields for a week or two; the weather was hot; he often *violently over-heated himself*, and while in this state, *drank largely of cold water;* so much so, as to alarm his friends for the consequences. Immediately after this, we find an alarming change in him; the doctor is sent for, and on the 17th May, a consultation is held, *then more medicine is sent for*, which Mr. Prout himself administers. But, pray observe, *this was nine weeks after the bites were inflicted*, and, actually, but little more than *nine hours before the boy was a corpse!* In fact, it may fairly be presumed, that when Mr. Prout and his medical friends agreed to give the medicine in question a fair trial on the 17th, *the boy was then actually in a dying state!* Yet this is called taking the medicine regularly, *and giving it a fair trial!* Was this the way Kemp acted? Why Mr. Prout has entirely passed over this case I cannot imagine. The two cases are so similar in some respects, yet so different in others; both were bitten *by the same dog*, *in the same neighbourhood*, nearly *at the same time*, and *exactly in the same parts—severely in the face.* The contrast is so striking as to *the conduct of the parties*; the treatment of the cases *so totally different*, attended with *such different results*, that to give the particulars of the one to the public, without noticing the other, seems singular indeed. Kemp, after being bit on the 19th March, takes the medicine *immediately, and perseveres in using it.* After a delay of many hours, the boy is *said to have taken it, but we have no certainty that he did so.* We all know how difficult it is to make children take medicine at all. In Kemp's case, the bites were *immediately and completely removed by excision*; in the boy's, the wounds were *immediately sewed up*. The former perseveres in using the medicine; the latter *neglects it from 30th March to 17th May. The one dies*; *the other is now alive and well.*

It is unquestionable that this medicine has been extensively used for many years; and, upon enquiry amongst the oldest inhabitants of this neighbourhood, not one person recollects ever hearing of a single instance of its failure, *when taken in proper time and quantity*. This must be allowed to be a strong argument in its favour. Had Mr. Prout made out his case against the efficacy of the medicine, would a single instance of failure be sufficient to out-weigh its successful application for many years? Who would reject the use of the cow-pock, because it is said to have failed in some dozen of instances, while it has been successful in millions?

These remarks, in a more extended form, were inserted in the Maidstone Gazette of the 3rd, 17th, and 24th June, in reply to a letter from Mr. Prout the elder, inserted in that paper of 27th May. To the editor of that paper the writer of this is personally known. I have no connection whatever with the venders of the medicine in question, nor the slightest personal interest in promoting its use; but, believing it to be effectual in preventing and curing this dreadful disease, I think it right to endeavour to prevent your readers from being prejudiced against its use; without by any means wishing to exclude the knife and the cautery where they can be used, although they are not considered essential to the success of the medicine.

I am, Sir,
Your obedient Servant,
A. B. C.

July 19*th*, 1828.

ON THE FALLACY OF THE DOCTRINE OF "OCULAR ADJUSTMENT."

To the Editor of THE LANCET.

By too frequent intrusion on the notice of the readers of a public journal, a writer not unfrequently involves on himself the humiliating duty of submitting, in return, a public apology; and he who can truly acknowledge an earnest desire to promote the interests of science, cannot prefer a more potent or more effectual plea. For he who labours to enlarge the sphere of natural knowledge, aids in extending the limits of human felicity, and does honour, not only to man, by enhancing his dignity, but to universal Nature, by displaying her wisdom. Many may labour in vain; yet it is not always by those whom Nature has endowed with pre-eminent genius, that scientific truths are established, and prevailing errors exposed. The wisest philosophers are prone to accede to most impotent theories; and it were impossible to advance a more remarkable instance in kind, than that men deservedly distinguished for learning and sagacity, should countenance the doctrine of *ocular adjustment*.

I have presumed to maintain* the negative position, that the optical organs of animals do not require adjustment in order to perfect the function of natural vision. I have, in previous essays, plainly disproved the necessity of the slightest change in the refractive power of the eye, whether the visible objects subtend large or minute angles; or (as the same conditions, in an optical point of view, are commonly, yet vaguely expressed) whether they be seen at different distances, only providing they be not nearer than the point of distinct vision. I have clearly shown the fallacy of the following positions:—

---

* See THE LANCET, No. 242, 244, and 250.

1. That images formed by the refractive power of a lens, with rays emitted from such objects as subtend different angles at the eye, must necessarily have *different focal distances.*

2. That optical instruments always require a varied adjustment for the representation of objects which subtend different angles, or which are situated at different distances.

It is on the credit of these positions, that the theory of ocular adjustment mainly depends, and I defy the ingenuity of man to prove the veracity of either. Each equally involves the fate of the other, and consequently that of the theory in question; for the latter position is generally considered as a practical proof, or necessary result of the truth of the former, as an optical principle. I do not offer a vain challenge to controversy, nor vaunt an idle bravado against a world of professors, but as one who is anxious to establish a demonstrable truth, I court the advantage of a rigid inquiry. That problem is surely thought worthy of solution, which to the optician has long been a subject of vain speculation, which still urges the anatomist to fruitless research, and which tends to swell the volumes of modern science with discrepant conjectures.

I have been induced to conclude, from the result of experiment and frequent observation, not only on the total inutility of a varied adjustment of the perfect eye; but that the eye *does not possess the power* of self-adjustment, even when such power is in actual demand, i. e. when the refractive power of the eye is from any cause defective, or when similar effects are factitiously produced by means of the intervention of lenses. Nor are these conclusions deduced from a series of experiments, endless in extent, and difficult to prove; they are neither arduous to perform, nor equivocal in result. One alone is sufficiently decisive. Let the inquirer be provided with a common telescope, and let him adjust it with precision, exclusively for the observance of any single object; then, if he find that he have occasion to re-adjust the tube, or vary the positions of the lenses, to obtain a distinct view of any other object, the necessity of an analogous change in the eye is satisfactorily proved. But if he find that he cannot, by the most careful contraction or elongation of the tube, obtain any perceptible advantage in attempting distinct vision of any nearer or more distant object, but that the instrument commands a perfectly clear field of view, when once correctly adjusted, then it will be plainly evident, that this susceptibility of adjustment is not essential, in the slightest degree, for the perfection of the telescope, *on account of the different distances of objects.* And although it be required for the accommodation of different eyes, yet the same eye will always recognise but one determinate adjustment as essential to the faculty of perfect vision. Then if it be found that this instrument *does not* require a varied adjustment for the perfect representation of promiscuous objects, why should any variation be deemed requisite in the eye? I have already shown that every object which is seen beyond the point of distinct vision of the natural eye, will always have its image at the principal focus of the lens, i. e. at *the same focal distance*, and also that the distance of this point will always be inversely as the refractive power of the lens. Then the animal eye must have a refractive power equal to secure the proximity of the verge of distinct vision. With this power it is endowed. Then since it is not necessary to see objects nearer than the point of distinct vision of the eye, I again interrogate, why should any adjusting agent be deemed essential to its structure, or any adjustment be suspected as a requisite function? I solicit a reply; and shall acknowledge myself deeply indebted to any optician who, through the medium of THE LANCET, or any other journal, will candidly avow his ideas on the subject; for I know not how to support the modern theory of ocular adjustment on optical principles, neither can I adduce in support of the same a single experiment. But principles which are worthy of being taught, are worthy of discussion; and that public teacher is guilty of egregious dereliction of duty, who, in defiance of irreputable evidence, inculcates a farrago of groundless theories. But there are, doubtless, many who will not slight facts which are proved, because they are novel, and who will not allow error, when fairly exposed, again to pass current through the mind as legitimate truth; but, as men duly inspired with the science they teach, reject it from the stores of intellectual treasure, even though it be honoured with the stamp of age.

THOMAS WILLIAMS.

THE LANCET.

London, Saturday, August 9, 1828.

The subject of the letter, under the signature of a Medical Benedick, which we inserted in our 256th Number, p. 540, was formerly brought under the notice of our readers in our remarks on an Association instituted by Dr. Allison of Edinburgh, called the Medical Provident Institution of Scotland. It is a subject which well deserves the attention of the Profession. It would not be easy to make even a rude estimate of the proportion between the number of married and unmarried men in the medical profession; and perhaps any estimate, however accurate, might be deemed rude by certain arbitresses of taste, to whose judgment we should be disposed to pay the most implicit deference,—we mean the ladies whom the members of our profession have the happiness to call their own. If a census were instituted, however, for the purpose of ascertaining this fact, the fair sex would have no reason to be dissatisfied with the result; for, we believe that there is a far greater proportion of married men in the medical, than in any other profession, not even excepting that supposed to be κατ' ἐξοχην capable of appreciating the blessings of the hymeneal state, to wit, the clerical. In fact, marriage is almost a necessary incident to embarking in the medical profession, for families will not readily give their confidence to young unmarried practitioners; nor is it surprising, considering the unreserved nature of the communication which must often take place between professional men and their female patients, that the strongest moral security should be desired for the propriety with which such communication should be conducted. But early marriages are frequently improvident ones; improvident, at least, in a pecuniary sense, though, upon other and higher grounds, perhaps, perfectly justifiable; for, we are far from acquiescing in that cold-blooded philosophy, which converts the expediency of entering into the married state into a dry question of arithmetic, and which rejects from its calculation the influence of moral circumstances and probabilities, which influence is, in many cases, a material element of the question. Young medical practitioners often marry without paying much regard to those circumstances under which political economists hold that men have no right to indulge the best feelings of their nature. They rely rather upon what they consider their fair professional prospects, than upon their present means of meeting extraordinary demands on their pecuniary resources, and this reliance may be justified by moral probabilities, though it may find little favour in the eyes of political economists. The medical profession, though it offers no very brilliant prospects to those who embrace it, affords, perhaps, opportunities of acquiring a moderate competence to a *greater number* of its members, than any other profession. The emoluments derivable from it may be less in amount, but they are, upon the whole, more equally distributed. Hence the probable income which may accrue, in a given time, to a young medical practitioner, becomes more readily the subject of prospective calculation. But, on the other hand, human life, always uncertain, is, in the persons of medical men, exposed to some peculiar hazards. The laborious nature of the occupation, frequent exposure to vicissitudes of weather, and to the influence of contagious diseases, even the apparently trifling accident of a cut in the finger, on opening or dissecting a body, the consequences of which too often baffle all the resources of our art, and hurry a practitioner in the prime and vigour of life, to an untimely grave—these circumstances undoubtedly render the tenure of life more precarious in the medical, than in any other civil profession, and have been justly urged by Dr. ALLISON, among the grounds for instituting an establishment for granting pensions to the widows and orphans of medical practitioners.

Of the utility of such an establishment, there can be but one opinion; nor is the suggestion of the Medical Benedick liable to objection, on the ground of its interfering with existing institutions of a similar nature, for these institutions are much too limited in their plan and operation, to meet the objects contemplated by our Correspondent. There are but two establishments in London of a similar description; one of which has for its object the relief of the widows and orphans of medical officers, and the other is confined in its operation to the districts within the bills of mortality. The latter institution has never been very warmly supported, and it seems to us, that its useful objects would be far more likely to be attained by a plan in which the whole profession might be induced to co-operate. Our Correspondent intimates, that he has some preliminary arrangements to suggest, towards carrying his proposition into effect, if it should appear that the plan would be likely to obtain the approbation of the profession. The Medical *Benedick* may rely upon receiving all the assistance which we can render him in promoting his excellent suggestion; and if this Number of our Journal should happen to meet the eyes of any medical *Beatrices*, we trust that his proposition will, in all such cases, receive a more powerful support than ours.

WE did not intend to return to the affair between Dr. HARRISON and the College of Physicians, but as we have given insertion to the communication of Dr. GORDON SMITH, presuming that he would redeem his pledge of transmitting to us a defence of Dr. HARRISON, it may be right, now that Dr. GORDON SMITH has abandoned his original intention, that we should make one or two further observations on this subject. We never decline inserting communications on the ground of their containing sentiments opposed to our own, nor do we conceive it necessary on such occasions to state our dissent from the opinions of our Correspondents; but after the pledge first given by Dr. GORNON SMITH, and the reason which he has subsequently assigned for not fulfilling it, we might be supposed to acquiesce in the views and statements of this Gentleman, if we did not distinctly expose their fallacy and inaccuracy.

Dr. GORDON SMITH says, he conceives that he has done Dr. HARRISON justice enough in the communication already transmitted to us. The expression is equivocal, and if we adopted one construction of it, we should agree entirely with Dr. GORDON SMITH; but if, in stating that he has done Dr. HARRISON justice enough, Dr. GORDON SMITH mean to intimate that Dr. HARRISON requires no better vindication, he labours under a delusion in which we will venture to say that no other individual in the profession participates. Dr. GORDON SMITH tells us, that he is "much gratified in being able to assure all concerned, or interested in the matter, that Dr. HARRISON met the grand question manfully, and was resolute *in his own mind* on the score of defence." Now we have no doubt that Dr. GORDON SMITH sincerely believes Dr. HARRISON to have acted with all the intrepidity which he here ascribes to him, but he seems to be quite unconscious that the world is too malicious to take one man's word for the courage of another, when the verbal assurance is not only unsupported by facts, but made directly in the teeth of them. Dr. HARRISON may be "a very lion for his valour," as well as a "fox for his discretion;" but, unfortunately for his reputation, *quà* lion, he has, in the late contest, suffered the profession to see nothing but his *brush*. It is the unseemly exhibition of the Doctor's tail, as contrasted with the magnificence of his preliminary roar, which renders his present position ludicrous and humiliating.

> "Fortified," says the Doctor, in his letter to the College Censors, dated Aug. 6, 1827, "with the concurring approbation of accomplished lawyers and physicians, I thought that I could not bestow greater service upon the medical profession, to which I am enthusiastically devoted, than by bringing all disputed matters formally into open court, under a conviction that, however they may be decided, the interests of the faculty, and of the public, will be essentially promoted by the investigation. Actuated by these motives, I have tendered to the College for a series of years, through some of its Fellows, opportunities of examining legally their pretensions, to interfere with me or my practice. My solicitors are furnished with instructions *to give every facility* to a legal investigation of your assumed privileges; but they are directed neither to compromise my rights, nor those of my professional brethren."

After all this, one can scarcely conceive an act of more consummate self-degradation on the part of Dr. HARRISON, than that of not only declining to furnish *any* facility to the College, with a view to the legal investigation of their assumed privileges, but of actually resorting, by way of defence, to the miserable expedient of contending, that he was a surgeon, and no physician. But still Dr. SMITH assures us, that Dr. HARRISON met the *grand question* manfully, and that he was resolute *in his own mind*, on the score of defence. "Resolute in his own mind!" Why, so was Bob Acres, when he set out for the scene of action; Bob repaired thither with the most courageous intentions, and it was not till he arrived upon the ground, that he felt his courage ooze out at his fingers' ends. Dr. GORDON SMITH seems to have yet to learn, that the world will measure the courage of men by a standard of its own, in preference to the assurance of any individual, however respectable; and that this standard will be, not what they declare their intention, but what they prove themselves capable of achieving.

But Dr. GORDON SMITH would have us believe, that the defence set up by Dr. HARRISON's counsel was a *dernier resort*, suggested by the dexterity of Mr. Campbell, after all other resources had failed. "Finding," says Dr. SMITH, "that he could not raise the points of *law* which he was instructed to argue, he resolved to attempt getting his client safe out of Court, and, as we have seen, made a successful application to the Jury, on the point of *fact*." This is a mis-statement, and, consequently, the inferences founded upon it fall to the ground. Dr. HARRISON's Counsel *did* raise two points of law, which Lord TENTERDEN declared his intention of reserving, and which would have been solemnly decided, upon argument by the Court of King's Bench, if the verdict had passed for the plaintiffs, as it must have done, if a sham defence to the action had not been successfully set up. We have shown, in a former article, that the legal objections taken by Dr. HARRISON's Counsel, would, probably, have availed him nothing upon argument before the Court of King's Bench; and Mr. CAMPBELL, no doubt, felt their weakness, but this is beside the present question. If Dr. HARRISON believed that he had a case in point of *law* against the College of Physicians, he cannot justify the circumstance of shrinking from an opportu- of trying its validity, and resorting to a miserable subterfuge upon the question of *fact*. But, says Dr. GORDON SMITH, "though the verdict obtained by Dr. HARRISON be no great cause of triumph, since the grand question remains where it was, yet men of sense cannot shut their eyes to the consequences which would have ensued, had the matter gone the other way; and we have to thank Mr. Campbell for a service, which it is not very creditable to those who pretend hostility to the College, to have been so little able, or inclined, to appreciate." It is plain, from this passage, that Dr. GORDON SMITH, though he piques himself upon his knowledge as a jurist, is, in reality, rather ignorant of the legal bearings of the question. What service, we should be glad to know, has Mr. Campbell done us, by showing that Dr. Harrison is a surgeon, and no physician; for this is the sole fact, if we may so term it, which the late verdict tends to establish? Dr. Harrison, by his magnanimous contest with the College of Physicians, has established one fact, and that fact is a fiction. Verily, the gain of the profession by the Doctor's exertions is about equal to the loss of the spendthrift, who, having dissipated the *whole* of his property, contrived to lose the *remainder* of it;

> "Nil habuit Codrus, attamen infelix ille
> Perdidit totum nil."

But Dr. Gordon Smith hints at the consequences which would have ensued, if the verdict had gone the other way; and this, be it observed, immediately after he has declared that the grand question remains where it was. First he assures us, that Dr. Harrison met the grand question manfully; then he tells us, that the verdict may be no great cause of triumph, and that physicians of Scottish Universities could have wished it otherwise, for the grand question remains where it was; thirdly, that although Scotch physicians could have wished it otherwise, yet, if it had been otherwise, *men of sense* could not have shut their eyes to the consequences—an oblique thrust, we suppose, at the Scotch physicians; and, fourthly, that although nothing came of the meeting between Dr. Harrison and the grand question, seeing that the grand question is where it was, we have, nevertheless, to thank Mr. Campbell for a service. We do not advise the Doctor to make any attempt at reconciling these contradictions, but rather to fix his attention upon a single point, which involves the whole merits of Dr. Harrison's case. Was the substantial question between Dr. Harrison and the College of Physicians a question of law, or a question of fact. If it were a question of law—if the matter in dispute were, whether the College had or had not the right of exercising the powers which they claimed, this was a question which could not be entertained by a jury, and the verdict *must* have gone against the Doctor, as the judge, sitting at *Nisi Prius*, did not think fit to decide at once on the points of law, in order to bring that question to a legal decision before the proper tribunal, namely, the Judges sitting *in Banco*, of the Court of King's Bench. Had Dr. Harrison, therefore, really acted upon public grounds—had he been sincerely desirous of bringing the rights claimed by the College of Physicians to a legal investigation, he would, instead of resorting to a miserable subterfuge for the sake of obtaining a verdict, have readily submitted to a verdict, subject to reversal, in case of the legal points raised by his counsel being decided in his favour, as the only means, after he had made his election, instead of demurring, to go before a jury, by which his object could be accomplished.

The following are the conclusions at which Dr. Gordon Smith arrives, on reviewing the late proceedings; conclusions which are certainly not calculated to impress us with much respect for his forensic acumen.

> "These gentlemen are now reduced to the following alternative (venturing their cause again in the hands of a jury being altogether out of the question): they must either obtain the powers they certainly do not possess, from the legislature, or refuse to meet those who disown their authority. It may save some estimable individuals from pain, and some amiable families from sorrow, if I declare it to be within the scope of my private knowledge, that if this unpardonable insult be repeated, there is a great probability of some GENTLEMEN taking the law into their own hands."

Whatever Dr. Gordon Smith may mean by Gentlemen taking the law into their own hands, he is entirely mistaken, if he supposes that a Jury has the power of doing so. Dr. Harrison is only indebted for his verdict to the circumstance of the plaintiffs having left their case short in respect to the evidence as to the fact of practice. A new trial cannot, indeed, be obtained, where a verdict has been given for the defendant in an action on a penal statute; but if, in any subsequent action against Dr. Harrison, or any other person, the fact of having practised as a physician were admitted, or indisputably proved, no judge sitting at *Nisi Prius* would suffer a verdict, in the teeth of such admission, or indisputable proof, to be returned for the defendant.

An Essay on the Nature, Various Causes, and Treatment, of Lingering or Protracted Labour; with Preliminary Observations on the Female Pelvis, and Natural Labour. Designed as a Pocket Companion for the use of Students, and Junior Practitioners. By Walton Kent, Surgeon-Accoucheur. W. Jackson. London. 12mo. pp. 51. 1828.

A Manual of Midwifery, for the Use of Young Practitioners of both Sexes. By William Maclure, Surgeon-Licentiate of the Faculty of Physicians and Surgeons, Glasgow, and Member of the Glasgow Faculty of Medicine. Underwoods. London. 12mo. pp. 34. 1828.

A Synoptical Table of Midwifery, showing the Management of Natural and Difficult Labours; their Consequences and Treatment. By Henry Hurry Goodeve, and Thomas Evans, Late House-Pupils to Dr. E. J. Hopkins. Highley. 1828.

It is one of the consequences, we presume, of Mr. Brougham's "Schoolmaster" being abroad, that we have lately been favoured with so many horn-books and primers. "Quem Jupiter odit, facit pedagogum," was the opinion of the ancients; not so, it would seem, of the moderns.

Mr. Kent's Essay is limited to a consideration of the various causes and treatment of protracted or lingering labour, which he thus defines:—"A case of parturition, in which the head of the child presents, and where the process is not completed in twenty-four hours." Following the arrangement of Burns, this class of labours is treated of under two heads; first, where the delay proceeds from some imperfection or irregularity of the uterine action; and, secondly, where the delay is principally dependent on some mechanical impediment. The most that we can say, in praise of Mr. Kent's Essay, is, that it contains a faithful enumeration of the causes of tedious labour according to the best authorities, with an accurate statement of the appropriate remedies. Half an hour's attentive perusal of Denman, Burns, or some other standard work, would put the student in possession of all that Mr. Kent has written.

Mr. Maclure's work, and the synoptical table of Messrs. Goodeve and Evans, are of a more comprehensive nature, embracing the whole science of midwifery. Of the two we decidedly prefer the chart, but we consider that its large size is highly objectionable. It is scarcely to be supposed that students will carry about with them a large folio sheet; whereas, if in a convenient and portable form, it would serve as an useful remembrancer; Mr. Maclure's little book has an advantage in this respect.

EXCISION OF THE UTERUS,

By Dr. Blundell.

To the Editor of The Lancet.

Sir,—As the following account of successful Excision of the Uterus may be interesting to the profession, perhaps you will favour me by inserting it in your Journal.

I am, Sir,
Your obedient servant,
James Blundell, M.D.

1, Great George Street, Westminster,
August 2, 1828.

Some Account of a Case in which the Uterus, in a state of Malignant Ulceration, was successfully removed. By JAMES BLUNDELL, M.D., Lecturer on Physiology and Midwifery, in the School of Guy's Hospital.

Mrs. A. B., ætat. 50, of grey eyes, and tranquil disposition, broad in her make, and disposed to obesity, was seized with offensive discharge from the vagina, soon followed by eruptions of blood in large quantity, so that according to her own report, frequent faintings were produced, and the blood occasionally sank through a bed about twice as thick as a sofa-cushion, collecting on the floor; and day after day, for months together, with little intermission, one or two pints of blood were discharged.

Although Mrs. A. B., in her general conversation, is by no means prone to hyperbole, it seems evident that she must have greatly overrated the quantity of these daily floodings. Certain, however, it is, from her repeated and considerate declarations, that very large quantities of blood were lost, during a period of many months; and though, with the exception of slight œdema of the legs, there were no signs of general dropsy, the paleness, coldness, and weakness, and the frequent attacks of faintness, or complete deliquium, showed pretty clearly that much vascular inanition had been produced. In other particulars, the patient's condition was not altogether discouraging, for the bowels were regular, and the appetite was occasionally good, and the appearance, though cachectic and perfectly similar to that of other women perishing under malignant ulceration of the uterus, was not such as to indicate a constitution wholly unfit for surgical operation.

The woman having been under the care of three or four different practitioners before I saw her, I deemed it proper to examine immediately with great attention; when I found that the womb was moveable, and about as large as a goose egg; that its mouth was broad, open, and of cartilaginous hardness; that it manifested the usual marks of malignant disorganisation, in which also, about one quarter of the contiguous vagina was involved; and, further, that on the surface of this diseased mass, was formed an ulcer, about as broad as a shilling. The adjacent structures appeared to be healthy enough; the bladder and rectum were sound, the inguinal glands were not enlarged, whence it was presumed that the lumbar glands were perhaps healthy; the ovaries could not be felt to exceed their ordinary bulk, and there evidently was no tangible enlargement of the liver, spleen, kidneys, or omentum; all of which were examined with the nicest care. The breathing was easy; the pulse, various in its frequency, ranged between 115 and 120 in the minute; and the patient, though certainly very much debilitated, had sufficient remains of strength to walk to my house, (the distance of a furlong,) though not without considerable difficulty. To be short, it seemed clear at this time, that the case was ulcerated carcinoma of the uterus, *as it is called*, and that extirpation was the only remaining remedy.

The bowels having been cleared, and the patient being resolved to submit to the operation, on the 19th of February, 1828, I determined to remove the diseased parts without further delay. For this purpose, having placed the woman in the obstetric position usual in this country, (on the left side, close upon the edge of the bed, with the loins posteriorly, the shoulders advanced, the knees and bosom approximated, and the abdomen directed a little downwards towards the bed,) I began the operation.

First Stage of the Operation.

I commenced by passing the index and second fingers of the left hand to the line of union between the indurated and healthy portions of the vagina; the finger being converted into a cutting instrument (varying with the exigencies of the operation,) by means of a moveable knife, which requires a word or two of description. The blade of this knife, not unlike that of a dissecting scalpel, was mounted upon a long slender shank, which, including its large handle, was about eleven inches in length; and with this stem the blade was united, so that its flat, or plane, formed, with the stem, an angle of 15 or 20 degrees. The first and second fingers of the left hand, then, being in the back of the vagina, contiguous to the diseased mass, (as before observed,) by taking the stem-knife in my right hand, I could at pleasure lay the flat of the blade upon the front of these fingers, and urge the point of the instrument a little beyond the tip. The apex of the fore finger being, in this manner, converted into a cutting point, by little and little I gradually worked my way through the back of the vagina toward the front of the rectum, so as to enter the recto-vaginal portion of the peritoneal cavity, frequently withdrawing the stem-scalpel, so as to place the point within the tip of the finger; and then, making examination with great nicety, in order to ascertain whether the vagina was completely perforated; minute care being necessary, in this part of the operation, to avoid wounding the front of the intestine.

Second Stage of the Operation.

A small aperture having been formed in this manner in the back of the vagina, through this opening, the first joint of the fore-finger was passed, so as to enlarge it a little by dilatation and slight laceration (safer than incision). This done, and a cutting edge being communicated to the finger, by placing the plane of the blade in such a manner that its incisory edge lay slightly advanced *beyond* the side of the finger now lying in the aperture, after drawing the point of the instrument within the tip of the finger, which operated as a guard, I proceeded to make an incision through the vagina transversely, that is, in a direction from hip to hip; for this purpose carrying the finger with its cutting edge from the opening in the vagina already made, to the root of the broad ligament on the left side, so as to make one large aperture. I then took a second stem-scalpel, formed on the same model as the preceding, with this difference, that the incisory edge lay on the other side of the blade, and laying this instrument on the fore-finger as before, in such a manner, however, that the cutting edge lay forth on the other side of the finger, (to the right of the pelvis, I mean,) I carried the finger, thus armed, from the middle of the vagina, where the former incision commenced, to the root of the broad ligament on the right side; so that at the end of this, which was the second step of the operation, the diseased and healthy portions of the vagina behind became completely detached from each other by transverse incision, which stretched across the vagina, between the roots of the broad ligaments immediately below the diseased parts. At this time the intestines could be felt hanging about the tips of the fingers; but the blade of the scalpel lying on the finger, in which it was, as it were, imbedded, the risk of a wound, whether by point or edge, was completely prevented.

Third Stage of the Operation.

The back of the vagina, then, having been divided in this manner, I urged the whole of the left hand, not of large size, into the vaginal cavity, and the more easily, because the woman had borne children; afterwards, passing the first and second fingers through the transverse opening along the back of the uterus, this viscus lying, as usual, near the brim of the pelvis, with its mouth backward, its fundus forward, and a little elevated just above the symphysis pubis. This manœuvre premised, under full protection of these fingers now lying between the womb and the intestine, taking a double hook, mounted on a stem eleven inches long, I passed it into the abdominal cavity, through the transverse aperture, along the surface of the fingers already mentioned, and laying it in front of them near their tips, I converted these fingers into a sort of sentient tenaculum, which, with little pain to the patient, I pushed into the back of the womb near the fundus, and then drawing the womb downward and backward, towards the point of the os coccygis, as I carried the fingers upward and forward, I succeeded ultimately in placing the tips over the fundus in the manner of a blunt hook; after which, by a movement of retroversion, the womb was very speedily brought downwards and backwards into the palm of the left hand, then lodging in the vagina, where, at this part of the operation, the diseased mass might be seen distinctly enough, lying just within the genital fissure.

Fourth Stage of the Operation.

The process of removal being brought to this point, the diseased structure, still in the palm of my hand, remained in connexion with the sides of the pelvis, (by means of the fallopian tubes and broad ligaments,) and with the bladder by means of the peritoneum, the front of the vagina, and interposed cellular web, parts which were easily divided, so as to liberate the mass to be removed. The broad ligaments were cut through, close upon the sides of the uterus; and, in dividing the vagina, great care was taken to keep clear of the neck of the bladder, and the ureters. This division of these attachments, and the removal of the diseased mass, constituted the fourth step of the operation. Some bits of indurated vagina, altogether not larger than the common bean, were left in the pelvis, to be removed at some future period, should symptoms require. This fact is worth recording.

To this circumstantial account of the operation, may be added a few remarks. The intestines did not protrude. About an ounce of blood was lost, when the back of the vagina was divided; three or four more ounces following, when the vagina was cut in front. Ligatures, tenacula, and forceps, were in readiness to secure the vessels, but these were not required. The intestines were felt at one time only, namely, when two fingers were lying out through the opening in the vagina behind. Of course some pain was felt when the first incisions were making, and when, as in ordinary obstetric operations, the hand was urged into the vagina; but the principal distress was occasioned by drawing down the uterus, when the retroversion was accomplished, and the ligaments were put upon the stretch. The pains and complaints scarcely exceeded those observed in instrumental deliveries. The patient lay in the ordinary obstetric position, and required no restraint. The insertion of the hook into the back of the uterus, did not occasion much suffering. The operation, from first to last, occupied about an hour, but much of this time was spent in reposing, and in considering what might best be done. With better instruments and greater activity, the whole operation might most probably be completed in five minutes. In obstetrics, however, celerity is considered to be in itself a secondary merit, and the operation was conducted on obstetric principles. The general range of the pulse was between 120 and 130, a frequency common in delivery by instruments.

When the last gush of blood was observed, the pulse became imperceptible in the wrist, returning, however, in the course of ten or fifteen minutes. A few ounces of spirit were administered to the patient as the operation proceeded. Throughout the process, the forefinger of the left hand was the principal instrument, and the scalpels and hooks were employed merely as the means of arming the finger for its various operations. The professional friends who favoured me with their presence, were Dr. Elliotson, Mr. Callaway, Mr. B. Cooper, Mr. Key, and Mr. Morgan. An accident deprived me of the presence and assistance of my friend Dr. Roots. The operation was not undertaken at a venture, but in conformity with certain principles laid down in two papers read before the Medico-Chirurgical Society; the first of them in the year 1819, and the last in the year 1823. The latter, which was not published, contains the proposals for other abdominal operations. The fundamental principles of these operations, as there stated, are rested upon numerous observations made upon the human body, and a sufficient number of experiments upon brutes. Should the case here narrated come before the eyes of the public, I hope it may tend to diminish any unreasonable prejudices against experiments and experimentors. The feeling is respectable, but by the designing it may be misdirected. In Lisfranc's operation, I conceive there must be some misapprehension. I think I run no risk in saying, that by *his* method of procedure, as understood here, what the English accoucheur means by cancer of the uterus, must frequently be irremoveable.

It is now five months since the parts were extirpated, and the patient is fat and well, and designs to return to her husband. The interception of the access to the ovaries, is a complete security against extra-uterine impregnation. The head of the vagina is closed by the bladder which lies upon it. The recovery was easy enough; but as the details may, perhaps, be deemed desirable, they shall be communicated at an early opportunity. The patient had been ill for eight or nine months before the operation was performed.

ON THE MECHANISM OF THE ACT OF VOMITING.

By Marshall Hall, M. D., F. R. S. E., &c. &c.

Two opinions have divided physiologists respecting the nature of the act of vomiting. It was originally and long thought that this act consisted simply in a sudden and forcible contraction of the stomach itself.[*] Afterwards Bayle, and Chirac, and more recently M. Majendie, considered that the stomach is inactive, and evacuated by being subjected to pressure by the simultaneous contraction of the diaphragm and abdominal muscles.

It appears to me that neither of these opinions is correct. M. Majendie distinctly proves by actual observation, and by the substitution of a bladder in the place of the stomach, that the contraction of this organ is not usually subservient or necessary to the act of vomiting. I refer to the interesting paper[†] of that eminent physiologist for the more full elucidation of this first question. I proceed to state such observations as appear to me to controvert the second, and to establish that view of this subject which I have myself been led to adopt.

It is obvious that, if vomiting were effected by a contraction of the diaphragm, it must be attended by inspiration. If this were the case, the fluids ejected from the stomach would be drawn into the larynx, and induce great irritation, events which are not observed. These events are, indeed, effectually prevented by an accurate closure of the larynx, a fact observed in an actual experiment by M. Majendie, who makes the following observation:—"Dans le vomissement, au moment où les matières vomies traversent la pharynx, la glotte se ferme très-exactement."[‡] It is astonishing that this observation did not lead its acute author to see that, under such circumstances, a contraction of the diaphragm, unless the thorax followed precisely *pari passu*, was impossible.

Complete vomiting has been observed, too, in cases in which the stomach had entirely passed through a wound of the diaphragm into the thorax, and in which it could not, consequently, be subjected to the action of that muscle.* In some experiments, vomiting was observed also to take place, although the diaphragm had been paralysed by a division of the phrenic nerves, or its influence subtracted by a division of its anterior attachments.†

---

[*] Such was the opinion of the great Haller.

[†] Mémoire sur le Vomissement, par M. Majendie. A Paris, 1813.

[‡] Mémoire sur l'Usage de l'Epiglotte dans la Déglutition, p. 3, note.

This view of the subject is still further confirmed by facts, which I now proceed to state, which prove that the act of vomiting is an effort, not of inspiration, but of expiration. This is obvious enough, indeed, on a mere observation of the state of the thorax and abdomen during vomiting. The larynx is evidently abruptly and forcibly closed, the thorax drawn downwards, and the abdomen inwards.

Such, indeed, appears to me to be the precise nature of the act of vomiting, in ordinary circumstances. The contents of the thorax and abdomen are subjected to the sudden and almost spasmodic contraction of all the muscles of expiration, the larynx being closed so that no air can escape from the chest, and the two cavities being made one by the floating or inert condition of the diaphragm. The mere mechanism of the act of vomiting differs little, therefore, from that of coughing, by which, indeed, the contents of the stomach are frequently expelled: the larynx, in the former, is, however, permanently,—in the latter, only momentarily closed; and there is, doubtless, a different condition of the cardiac orifice and of the œsophagus.

It appeared to me, from these views of this subject, that, if an opening were made into the trachea, or through the parieties of the thorax, the effort of expiration constituting the act of vomiting, would issue in expelling the air through these orifices respectively, and the evacuation of the stomach would be prevented; and I determined to submit the fact to the test of experiment. I took a little dog, made an ample opening into the windpipe, and gave a few grains of the sub-sulphate of mercury. The animal soon became sick. The first efforts to vomit induced a forcible expulsion of air through the orifice in the trachea. These efforts soon became very violent, however, and the stomach at length yielded a part of its contents. It was perfectly evident that the violent contractions of the abdominal muscles pressed upon the viscera of the abdomen so as to carry the diaphragm upwards to its fullest extent, and that at this moment vomiting was effected. The act of expiration was so forcible, that a lighted candle placed near the tracheal orifice was several times extinguished. In a second experiment, a free opening was made into the thorax between the sixth and seventh ribs of the right side. The lung collapsed partially only. During the first efforts to vomit, air was forcibly expelled through this orifice, the lung was brought almost into contact with it, the stomach was not evacuated. But as the efforts to vomit became extreme, a portion of lung was driven through the thoracic opening with violence and a sort of explosion, and at the same instant the stomach yielded its contents. These experiments appear to admit only of one explanation, of one conclusion,—that the act of vomiting is a forcible expiratory effort, the larynx being firmly closed, and the diaphragm perfectly inert.

It must be regarded as singular that M. Bourdon, by whom the action of the expiratory muscles, in their various "efforts," has been so well investigated,* should have adopted other views of the act of vomiting.

It is not intended to state that the act of vomiting is simply such as I have described. There are many facts which appear to show that the œsophagus is not without its share of influence in this act, and it is plain that the cardiac orifice must be freely opened; for mere pressure upon the viscera of the abdomen will not, in ordinary circumstances, evacuate the contents of the stomach. To effect this open state of the cardiac orifice, it is probably necessary that the diaphragm should, indeed, be in a relaxed rather than in a contracted state.

A singular and interesting fact was noticed by M. Majendie, of which he has not given any explanation. During the state of nausea which preceded the act of vomiting, in some of his experiments, air was drawn into the stomach. I am disposed to think that this effect was produced in the following manner: the larynx being closed preparatorily to the act of vomiting, an attempt at inspiration is made before the effort of expiration. In this attempt, air is drawn into the œsophagus, the larynx being impervious, and it is afterwards probably propelled along that canal into the stomach itself. It is not improbable, too, that, in some instances of vomiting, in which the action of the abdominal muscles was subtracted,† a similar effort of inspiration has drawn substances from the stomach into the œsophagus, which has eventually expelled them by an inverted action. Neither of these phenomena could result from any action of the diaphragm, and much less from contraction of the abdominal muscles. But it is easy, by closing the larynx and attempting to inspire, to draw air into the œsophagus. A similar act, if very forcible, might draw a portion of the contents of the stomach through the cardiac orifice.

---

* Such a case is mentioned by Wepfer. A similar one was also recently witnessed by Dr. Webster and Mr. Hunt. The whole of the stomach was found in the thorax, having passed through a wound of the diaphragm. There was repeated vomiting of a substance resembling coffee-grounds.

† Œuvres de Car. Legallois. A Paris, 1824, tom. ii., p. 104.

* Recherches sur le Méchanisme de la Respiration, &c. Par Isid. Bourdon. A Paris, 1820.

† Œuvres de Legallois, tom. ii., p. 105.

Such, then, appears to be the nature of the act of vomiting. How different is this act from one in which the diaphragm does, indeed, contract suddenly, under similar circumstances of closure of the larynx,—viz. singultus: the action of the diaphragm being an effort of inspiration, air is apt to be drawn into the œsophagus with considerable noise; and there is occasionally pain, not only about the insertions of the diaphragm, but about the closed larynx.*

---

* Brande's Quarterly Journal

OBSERVATIONS ON THE STRUCTURE OF THE HEART OF ANIMALS OF THE GENUS RANA.

By John Davy, M.D. F.R.S.

It is commonly asserted by the highest authorities in comparative anatomy, and generally believed, that the animals belonging to the genus Rana, and indeed all the animals included in the natural order 'Batraciens' of M. Cuvier, have a single heart like fishes, composed of one auricle only and one ventricle.

Many observations which I have made on the common toad have led me to a different conclusion, and have satisfied me to demonstration that the heart of this animal has two auricles.

This structure is diplayed without much difficulty by minute dissection. It is best exhibited by making a transverse incision into the ventricle, close to its base, and inflating the cavities with the blowpipe. In this way, and using fine probes, it may be demonstrated clearly that the heart has two auricles, divided by a transparent membranous septum, possessing fibres that appear to be muscular; that these auricles communicate with the ventricle by a common and very short passage, provided with three semilunar valves; and that they have no possible communication with each other, excepting through the passage above the valves common to both of them.

The same fact as to structure may also be demonstrated, by blowing air through either of the two pulmonary veins, which return the blood from the lungs to the heart. The pulmonic auricle, the smallest of the two, is thus distended, and not the systemic; or, by blowing air into the large sinuses into which the venæ cavæ terminate, when the reverse of the preceding experiment takes place; and this, at the same time, shews that the margin of the septum acts as a valve, and must prevent the blood of one auricle passing into the other.

But, even did not the margin of the septum perform the function of a valve, the blood from one auricle could not pass into the other, the contraction of the two being synchronous, the auricles first contracting, next the body of the ventricle, and, lastly, that part of the ventricle of a conical shape, which may be considered almost as a second ventricle.*

I have observed the same kind of structure of heart in the bull-frog and the common frog. Whether it exists in all the other species of the genus, I have not ascertained, but most probably it does; and, reasoning from analogy, the probability is very strong that all the other genera of the order 'Betraciens' have a similar conformation, both of this vital organ and of the sanguiferous system in general.† Should the inference prove correct, and its truth established by observation, these animals, in their mature state, will no longer be an anomaly in the classification of reptiles, on account of their heart; and they will still continue as a link connecting the reptiles with fishes, by the peculiarities of their respiratory organs in the first stage of their existence.

---

* I am almost induced to consider this part as a second ventricle, from its peculiarities, which I am not aware have hitherto been noticed. It is separated from the body of the ventricle by three valves, of a semilunar form. To the side of its cavity is attached a fleshy projection, or moveable septum, above which it gives origin to four arterial trunks, viz. two aortæ and two pulmonary arteries, the former considerably larger than the latter, each provided with its own semilunar valve; and the action of this part seems to me to be as peculiar as its structure. When I have watched it, it did not appear to contract simultaneously, but first one-half and then the other; as if intended, in conjunction with the various anastomoses of the arterial system, to preserve a constant, though small, current of blood, to supply all the parts of the body acording to their various demands.

† It is a mistaken notion that the pulmonary arteries in the toad and frog are derived from the aorta. When given off from the heart, and a little above it, the pulmonary arteries are closely attached to the aorta, so as not to be distinguishable till they quit their juxtaposition; and, hence, probably, the error in question originated.

UNQUALIFIED PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—'A Regular Surgeon,' of the North Riding of Yorkshire, has stated to you that, in his neighbourhood, "almost every town and village, and hamlet, has its impudent and uneducated charlatan, who will boldly beard the regular surgeon, and interfere with him at every turn." Within a narrow circle, in the immediate neighbourhood of my residence, are nine persons who exercise the solemn, and all but sacred functions of the medical profession; yet, Sir, five at least of these nine, are men of the grossest ignorance, and of the most superficial, or of no medical education, who have not even served an apprenticeship to a rural apothecary on the cheap, and, shall I say, most disgraceful terms, of discharging the duties of groom and footboy, as well as apprentice; I speak from facts, Sir, within my own knowledge. Such are the majority of my competitors, and they beat me hollow in the race for public favour. Alas, Sir, the sage, who the other day earned an honest living as a labouring mechanic, is now drinking and bustling from house to house, and hamlet to hamlet, dispensing either health, disease, or death, with the confidence of infallible wisdom, and prescribing ten times where I prescribe once. Your correspondent informs us, that the law will silence these persons; I know not the law; but I have some faint recollection of the results of prosecutions by the Apothecary's Company for such offences, and they were failures.

As to *protecting* the regular surgeon or regular apothecary, it is not the basis on which the merit of this question must be tried; nor have *we medical men*, merely as such, a right to call on the legislature for protection. If we have been cajoled into an expensive line of study, we must bear the loss of our folly, or our misfortune; but let us not be so very dishonest to the rising generation of medical men, as to mislead them, because we have been misled; rather let us tell them honestly, and at once, that they have no occasion to sacrifice their precious time, health, and money, in the painful and laborious pursuit of medical and surgical knowledge; let us discard prejudice, and direct the aspirant to the bold career of the irregular practitioner! Why, Sir, should you and I daily augment the number of our grey hairs for the benefit of mankind, when our very labour, taken in the aggregate, is prejudicial to ourselves? Jenner, the immortal, the honoured distributor of good to all mankind, except the medical profession, from whose pockets he has stopped the flow of millions! besides all the other odious medical men, who are daily devising means to preserve health and abridge disease, ye are all faithless to yourselves and to your professional brethren!!! Oh! for the days when the Doctor acquired honour, as his patient, after a long and doubtful struggle, recovered in spite of his drugs and his blunders, days not positively goneby, but they do not fall to the lot of every man, and are wonderfully and ruinously abridged by the labours of those inconsiderate men above alluded to. Do the lawyers act thus? they are too profound. Do any class of tradesmen act thus? they are men of much more solid sense. All other classes of society contrive to protect and augment their individual interests; in commerce, witness the prohibitory laws, as regard produce and manufacture; in law, the heavy stamp duties on articled clerks, and the highly-laudable district societies of attorneys for the suppression of irregular practitioners and unauthorised persons, there they vigilantly watch; but should a dunce by bad grammar, or bad law, cause an obscurity in a will, which may require the luminaries of chancery to render legible, at the expense of a few thousands to the unfortunate client, this is all correct! and the learned sages may safely congratulate themselves on their blunders as they count the golden gains, protected as they are by common usage, and what not. Let us, then, unite to protect the initiated, and thrive by our ignorance! Let us apply our talent and genius, if we have any, in gaining the confidence of our patients, and leave the study of pathology, &c. &c., to the philosopher; depend on it, we shall gain both in fortune and reputation. Am I not right? What have society done for us, that we should thus labour for their good, and our own injury? The quacks are the only rational men in the medical profession!

Let us try again. Of the great mass of society, not more than one in a thousand is capable of forming a tolerable estimate of the relative merits of any two persons claiming to be medical men, though the one shall be the most ignorant and the other the most learned, person in the practice of medicine. Is it not then the imperative duty of the conservative body to protect this immense majority from the most insidious, the most fatal injuries to which they are hourly exposed? Horrible! horrible! Sir, are the facts that now press on my memory; the higher class of medical practitioners in the country could, I am persuaded, unfold such secrets as would astound mankind! I say the higher class, because they are the more frequently called in by the doubting sufferer; though this is very seldom, for these irregular practitioners, for reasons sufficiently obvious, assume the utmost confidence, the most astonishing confidence, and strenuously object to any interference; because if infallibility be any where, it is with themselves.

An immense majority of society is unprotected, and, from their want of knowledge, cannot protect themselves; they are at the mercy of the unprincipled quack, whose pilfering might excite a smile, if it were not accompanied by personal injury, and frequently by death; is it not then the bounden duty of the legislature to look into this matter? I allege, Sir, that the most frightful evils, and to a very astonishing extent, are constantly being endured by a large portion of society from unqualified persons practising both medicine and surgery; *this is a secret and hidden evil, and can only be dragged to light by the profession itself*, for no other body of men can detect it. Am I not stigmatising ourselves with a disgraceful and a wicked supineness? and ought not the government to have penetrated to these crying evils; is the government justified in permitting such monsters to prey on their fellow-subjects, because no petitions are presented against them? how can the public petition against an evil which they do not perceive? Let a committee of the House of Commons be appointed to inquire into the practices of all irregular medical men, more particularly in the country; and I am quite convinced the result would be, efficient laws to protect the unwary from the worst of all possible cheats, and to put them down, however long they may have existed. It was not my design, when I took up my pen, to write a long letter; but the subject urged me on, and it would be very inconvenient for me to copy and correct; should you, Sir, with all its faults, give it a place in your excellent Journal, of course I shall be proud of it; should you reject it, I at least have the pleasure of assuring you that I am your constant reader and hearty

Good-wisher,
'Medicus.'

Hundred of High Peak,
Derby, July 24th, 1828.

PHRENOLOGY.

To the Editor of The Lancet.

Sir,—I have perused with some attention the wild hallucinations of "Der Frieschutz," in your 253d Number, p. 432,; whether his production be intended as a specimen of his logical deductions, his accuracy of expression, or his total ignorance of the subject on which he has written, it must be allowed by every impartial mind, that his anathema against the science of phrenology, arises either from his ignorance, his obstinacy, or his malice, or from what is still more probable, the union of the whole, which I shall now demonstrate. As regards his ignorance, let us revert to the latter part of the first sentence in his letter; he says, "and the stubbornness with which truth resists fiction is pretty strongly exemplified in the examination of the female skull by Dr. Epps;" surely this sagacious author meant to reverse his sentence, and say, the stubbornness with which "fiction resists truth," at least according to his own definition.

In the next sentence, in alluding, as I presume he does, to the examination, he observes, "It is one of the most complete death-blows this monstrous tom-foolery has received;" if his opinion be allowed to determine the point at issue, it may be so, but certainly he discovers great obstinacy of character, if he refuses assent to what was offered by Dr. Epps in allusion to this very case reported in The Lancet. Fortunately for the science, this case, which has been so frequently alluded to, fell under the notice of Mr. De Ville; he being an overseer of the parish where the facts took place, he has a cast of the female's head, and will afford every information, if applied to for that purpose.

In the third sentence, "Der Frieschutz" supposes a probability, whilst phrenology establishes a fact. Many phrenologists are in the constant practice of meeting each other, and are or can make themselves well acquainted with each other's organisation, yet they enjoy each other's society without the least distrust, evil tendency, or shyness, to which this writer alludes; and it would be well for him if he availed himself of the same advantages, he would then, perhaps, be able to check the free indulgence of a very probable organ in his own head, self-esteem, and call into action a little more benevolence. I grant, to use his own expression, his self-esteem may be so friendly to him, as to enable him to remain blind to his own weakness, until removed by calling upon another conspicuous organ to assist him, viz. love of approbation, which it is more than probable he possesses, and makes great use of; and, lastly, instead of crying down the unassuming pretensions of a truly superior mind, (D. Spurzheim's,) he would be more usefully employed in attempting to discover and correct the morbid development of his own, and then, instead of emphatically exclaiming in the language of an ignorant pretender, as in his last sentence, he would instinctively be convinced, and more justly observe, "Hear this, ye phrenologists! how justly do I fall a victim to my own ignorance; at the time when I first yielded to those prejudices which induced me to pervert the path of truth! but being now convinced of my error, I exclaim, it was the jealousy of observing in others the supremacy of qualities which I knew I did not possess, made me as stedfastly oppose, as I now as firmly uphold the truth of a system which, by facts alone was discovered, and by them alone can be established." That this may and must be the conviction of every one who will take the trouble to investigate for himself, is the unaltered opinion of

Your constant reader,
A PHRENOLOGIST.

GUY'S HOSPITAL.

FRACTURE OF THE RIBS, WITH EMPHYSEMA—FATAL TERMINATION—BANDAGING.

W. CARTER, æt. 64, a healthy-looking and muscular man, was admitted into Accident Ward, early in the forenoon of the 29th of July, under the care of the senior surgeon. He stated that he was carrying a basket upon his head, and that in crossing the street he was knocked down by a cart, the wheel of which passed over the right side of the chest near the shoulder. He was taken up immediately, and conveyed to the hospital. When admitted, he was in a state of collapse; the surface generally was cold, the pulse thready and feeble, and the respiration very difficult and laborious, and he had copious bloody expectoration. On examination, the third, fourth, and fifth ribs, were found to be fractured, attended with considerable displacement. An emphysematous swelling had already made its appearance above the clavicle, below which two of the ribs could be plainly felt to be driven in. A bandage was immediately applied around the chest, and the body placed in an elevated position; by one o'clock, P.M., the pulse had risen to 100, and had become hard and quick, and the heat of the surface was considerably restored. The respiration was exceedingly difficult, the countenance anxious, and the eye staring and wild. The bloody expectoration, which appeared to consist chiefly of frothy mucus, had increased, and he complained of severe pain in his chest. He was then bled to twelve ounces with some little relief, though, in an hour afterwards, the pulse became hard and sharp, and there was emphysema of the surrounding cellular texture, covering the ribs and abdomen.

30. He has passed a very sleepless night, but there is rather less anxiety of the countenance, and the respiration is not quite so laborious. The tongue is coated; the pulse small and feeble. The bloody expectoration has diminished. Emphysema has extended itself to the face, which is very tender, as well as his belly. The bowels have not yet been evacuated. Ordered to take five grains of calomel immediately, and to have a common enema in the evening.

31. He has passed a restless night. The face is swollen to an enormous size; the countenance is very anxious and wild; the pulse has become full and hard, and the respiration more difficult and laborious than at first. Last evening, two common enemas were administered, which, after a short time, were followed by a very copious evacuation. The bowels have not been relieved since. He was bled to sixteen ounces, and an ounce of castor oil administered.

Seven o'clock, P.M. The pulse is much softened by the bleeding, though it is still quick and jerky. The respiration, however, is not much ameliorated, and the poor fellow has scarcely power to expectorate.

August 1. Upon the whole, he slept rather more last night than on the preceding, but his breathing is distressingly difficult. The bowels have been copiously purged; the pulse is scarcely perceptible at the wrist; the face is enormously distended with air, and the countenance is ghastly and wild. The surface is universally cold, and, in short, he is evidently sinking. He lingered out till eleven at night, when he expired.

Inspectio Cadaveris.

On cutting away the integuments and muscles of the affected side, and opening the thorax, no less than six ribs were found to be fractured. The three upper of which were so forcibly driven in as to wound the pleura, and the fractured ends had penetrated to the extent of an inch and more into the substance of the lung. The third lobe of the right lung (the portion which was wounded by the ribs) was much congested, and its pleuritic surface inflamed. Adhesive matter had been already thrown out, which had partially glued it to that part of the pleura costalis, to which it was directly opposed. Effusion of blood had taken place into the right thoracic cavity.

SLOUGHING ULCER OF THE LEG—FORMATION OF NEW SKIN.

William Boulton, æt. 25, of short stature and cachectic appearance, was admitted into

Naaman's Ward, on the 9th of July, under the care of Mr. Morgan. The patient stated that, at Christmas last, after standing a number of hours at his employment, (that of a cabinet maker,) and returning home, he felt a tingling sensation in the calf of his leg, which was accompanied with itching, and which led him to remove his stocking, when, on examination, he perceived some red streaks of inflammation. The itching increasing, he could not refrain from scratching the limb till he made it bleed. The next morning, on awaking, he found in the room of the streaks, a diffused patch of redness. He however continued his work, but, in a few days, the leg became so much inflamed and painful, that he was obliged to relinquish it. He then applied a poultice to the part, but, in a short time, ulceration took place, and extended itself very rapidly, forming a large irregular unhealthy-looking sore. Under these circumstances he consulted a surgeon, who used various applications to it, without any beneficial effect. He continued getting worse, until his admission into the hospital.

When admitted, he was much emaciated. The appetite was defective; the bowels costive; the tongue furred, and the pulse quick and irritable; the ulcer had a very unhealthy appearance, and was extended over a large surface. The *original cutis was completely destroyed*, and the subcutaneous cellular tissue sloughy to a great extent; the edges were inverted and irregular. He was ordered the nitric acid lotion, and over it a linseed meal poultice; both to be renewed night and morning. To take a purge of colocynth and calomel directly, and five grains of Plummer's pill every night. Infusion of cascarilla, with soda, three times a day.

In less than a week after the adoption of this plan of treatment, the man's health improved, and the ulcer put on a healthy character. The granulations rose upon a level with the surrounding skin, and the ulcer began to cicatrise. About the same time that cicatrisation commenced, small patches of *new cutis* became discernible in the very centre of the sore. These have gradually increased, and have become incorporated into one, and the sore is now very nearly healed.

[This is another striking instance in refutation of Sir A. Cooper's opinion, that new skin is never formed in the centre of a sore, when the original cutis has been completely destroyed. It occurred here, too, in an enfeebled state of constitution.]

ST. THOMAS'S HOSPITAL.

ENCYSTED TUMOUR OF THE SCALP—OPERATION BY MR. GREEN.

A SAILOR lad, ætat. 17, was admitted into King's Ward on the 31st of July, under the care of Mr. Green, on account of a tumour of the scalp.

He stated, that the swelling had existed since he was three months old, and that it was occasioned by a kick he received from a cow, when carried by his nurse. Immediately on receiving the blow, a swelling arose, which had gradually increased to the present time. When admitted, it was of a circular form, having a broad base, which was but loosely adherent to the pericranium beneath it. It projected about two inches above the top of the head, and was almost eight inches in circumference. It was exceedingly soft and moveable, and had a fluctuating feel. When the hair was shaved off, it had a very singular appearance.

At the request of the patient it was removed on Thursday. The operation was commenced by making two elliptical incisions, commencing from the left side of the tumour at its base, and carried over the top of it to the other side. A large portion of scalp was thus left between them. The scalp was then dissected off on each side, and reflected back, and the tumour carefully detached from its connexion with the pericranium. One or two small arteries were secured by ligature. The flaps of the scalp were laid down, the wound dressed lightly, and the patient was put to bed.

Aug. 6. The patient is doing well.

INTERESTING POST-MORTEM EXAMINATION OF A CASE OF PHRENITIS.

The patient was a man between forty and fifty years of age, who was admitted into the Hospital on the 24th of July, under the care of Dr. Scott.

On inquiring into the history of this case previous to admission, we found that he had been labouring under the symptoms of acute phrenitis for some few days. When admitted, he was in a state of coma, and this state continued till his death, which took place in five days afterwards.

Inspectio Cadaveris.

On removing the calvaria and the dura mater, which was not more vascular than usual, the arachnoid membrane exhibited traces of acute inflammation. It was opaque, and beneath it there was considerable serous effusion. The pia matral vessels were highly injected. On slicing off the hemispheres of the cerebrum on a level with the corpus callosum, the vessels of the brain were very numerous, showing themselves in numberless small bloody points; and the whole medullary structure presented one pink blush, which is so truly characteristic of acute inflammation of the substance of the brain. On opening the ventricles, there was not more serum than usual. The choroid plexuses were unusually pale, and were covered with numerous little hydatid cysts, which were congregated together into clusters. Flakes of coagulable lymph were found adhering to the underpart of the corpus callosum, and also upon the corpora striata. The cerebellum was much more vascular than usual.

On opening the chest, there was hypertrophy of both ventricles, but particularly of the left. The lungs were entirely altered in structure. There was infiltration of tuberculous matter generally, with hepatization. In some parts they were emphysematous, and several large vomicæ were found, and there were two or three cicatrices of old vomicæ completely formed. The liver, and almost the whole of the abdominal viscera, were apparently healthy.

ST. GEORGE'S HOSPITAL.

FATAL CASE OF TRAUMATIC TETANUS.

William Hayes, ætat. 16, was admitted in the forenoon of the 26th of July, labouring under an attack of tetanus; the muscles chiefly affected were those of the back and lower jaw, hence he has opisthotonos and trismus; the jaw being firmly locked.

On the 14th he wounded his right foot, near the ball of the great toe; the wound, to all appearance, was of the most trifling nature, and caused by a prick from the iron spike of some railings over which he was climbing; the foot was painful for two or three days, when it was poulticed, and then got better. Seven or eight days elapsed, and the wound had healed, or nearly so. At this period he took a severe cold, in consequence of being exposed to the rain for some hours, and remaining for a considerable time in his wet clothes; two days after this, he observed a trifling discharge of matter from the wound.

On the morning before his admission, (the 25th,) he complained of pain in the back, and this time may be dated as the commencement of the tetanic symptoms. When we saw him, the jaw was stiff and slightly open; the muscles, in general, spasmodically affected, especially the pectorales and the recti, and the latter felt hard and knotty; the lower limbs stretched out, and stiff; the superior limbs not so much affected, (excepting the shoulder, which was fixed;) pulse 126, and full, and convulsions coming on continually, he had been taken into the yard of the Hospital, and several pails of cold water thrown over him, with no other good effect than the cessation of the convulsions for a few minutes; the effusion was again repeated, and again there was some slight and temporary relief of the convulsions. The muscles of the back have become more rigid, but only continued so for a few minutes. He was ordered *three grains of the sulphate of quinine*. After he had been in bed some little time, he was much annoyed by thirst; body hot, and pulse 120; the spasmodic convulsions occur thrice in a minute.

27. After our visit of yesterday, the cold bath was twice repeated *by his own desire*, with some slight benefit; he remained 20 minutes in the second bath, and when he came out, his pulse was 104, and small; shortly afterwards he had rigors, and the spasmodic convulsions became worse than ever. Continue *the quinine every hour*. At eight o'clock he had *one drop of the hydrocyanic acid*, and the pulse rose considerably after it; in the course of the night it was repeated, but with no effect. Soon after 12, the diaphragm became affected. The "*drop*" was again repeated; pulse rose to 190, small. He has had a severe convulsion, during which his pulse fell to 72, and afterwards rose to 150. The larynx is now affected, and there is great difficulty in swallowing.

28. Last night, before 12 o'clock, he had seven convulsions, during the last of which he died, apparently strangled.

Inspectio Cadaveris.

A branch of the internal plantar nerve was included in the cicatrix of the wound, a small quantity of lymph was effused around it, but it was *uninjured;* neither did the nerve itself exhibit any uncommon appearance. The brain and spinal marrow were examined, but there was not the slightest indication of inflammation, or any unhealthy appearance whatever.

Erratum *in the last Report from this Hospital.*

Line 17, in second report, for "*retreated,*" read "extracted."

BOOKS RECEIVED FOR REVIEW.

Elements of Physics, or Natural Philosophy, General and Medical, explained, independently of Technical Mathematics, and containing New Disquisitions and Practical Suggestions. By NEIL ARNOTT, M.D., of the Royal College of Physicians. 8vo. pp. 647, with numerous Engravings. Longman and Co., and T. and G. Underwood.

Commentaries on the Causes, Forms, Symptoms, and Treatment, Moral and Medical, of Insanity. By GEORGE MAN BURROWS, of the London College of Physicians. 8vo. pp. 716. T. and G. Underwood.

An Essay on Diseases of the Jaws, and their Treatment; with Observations on the Amputation of a part, or the whole, of the Inferior Maxilla; tending to prove that such Operation is seldom, if ever, necessary. With two Plates. By LEONARD KEOCKER, M.D., Surgeon-Dentist. 8vo. pp. 95. T. and G. Underwood,

A Practical Essay on Strictures of the Rectum; illustrated by Cases, showing the Connexion of that Disease with Irritation of the Lungs, Affections of the Urinary Organs, and of the Uterus, with Piles, Fistula in Ano, and various Constitutional Complaints. By FREDERICK SALMON, Surgeon to the General Dispensary, Aldersgate Street. 8vo. pp. 223; 2d edit. G. B. Whittaker.

Medical Botany, or Illustrations and Descriptions of the Medicinal Plants of the London, Edinburgh, and Dublin Pharmacopœias, with those lately introduced into Medical Practice; with Figures coloured from Nature. By JOHN STEPHENSON, M.D. and JOHN MORSS CHURCHILL, F.L.S. London, John Churchill.

The Glasgow Medical Journal. Edited by WILLIAM MACKENZIE, M.D. No. 3 and 4. Allan, Glasgow. Highley, London.

Letter to the Earl of Eldon on the Report of the Finance Committee. By GEORGE FARREN, Esq., Resident Director of the Asylum Life Office. Richardson, Cornhill.

A Medico-Legal Essay on Infanticide, Translated from the Author's Inaugural Dissertation. By ROBERT ARROWSMITH, M.D. President of the Royal Medical Society, Edinburgh. Ballantyne.

IT is with great satisfaction that we announce the following additional Subscriptions for the distressed Medical Gentleman and Family.

Henry Edwards, Esq.	1	0	0
H. R. C. Hillier, Esq.	1	0	0
B. C.	1	0	0
— Hudson, Esq., Hay Market	1	0	0
Joseph Moore, M.D.......	1	1	0
Thomas Wormald, Esq.....	1	1	0
M. M. B.................	1	0	0
M. Tupper, Esq..........	1	1	0
John G. Perry, Esq.	1	0	0
David Uwins, M.D.	1	0	0
James Hume Spry, Esq. ..	1	0	0
James Saner, Esq.........	1	1	0
— Curtis, Esq.	1	0	0
John Hooper, Esq.........	1	1	0
J. C. G.	1	1	0
Thomas Watson, M.D.	1	0	0
Dr. Jephson, Leamington..	2	2	0
The Publisher of THE LANCET	0	10	0

Total amount £89.

TO CORRESPONDENTS.

Communications have been received from Mr. Miller—Mr. Wilson Easthope—Mr. G. F. Knox—J. G.—A Pupil of St. Bartholomew's—Mr. James Wells—Paul Pry—X. Y. Z.—Mr. Matthew Jackson—Mr. C. Smith—A Friend to the poor Maniac—T. H.—Dr. Allison—Dr. Ward.

The letter of ARGUS next week.

If Mr. P. Pry will authenticate the facts of which he speaks, his communication shall be inserted without the least hesitation. We had no previous knowledge of the transaction.

We are not aware of the *vas deferens* having been tied in the human subject, unless by accident.

Mr. C. Smith's paper, on the extraction of the Uterine Polypus, shall be published in an early Number.

We once more repeat, that we cannot insert "*Cases*" from *anonymous* Correspondents. M. J. B. will probably favour us with his name.

The PLEA OF JUSTIFICATION has NOT been withdrawn, nor *will it be* withdrawn. The report is a malignant falsehood. Harrison must and shall be examined, if he be "alive and well" at the *period* of the Trial.

The "Continuation of Mr. Crampton's case of Inguinal Aneurism," did not reach us sufficiently early for insertion in this Number.

THE LANCET.

Vol. II.] LONDON, SATURDAY, AUGUST 16. [1827-8.

LECTURES

ON THE

THEORY AND PRACTICE OF MIDWIFERY,

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

Lecture XXXV.

Delivery after the Death of the Mother.

You are not to suppose, Gentlemen, that as soon as the life of the mother becomes extinguished, the life of the fœtus is extinguished also; for it is a well-ascertained fact, that children will continue to live in utero for minutes, or even half an hour, after the maternal circulation is stopped. When the death of the mother creeps on her gradually, whether from bleedings or other causes, the chance of saving the child by removal from the body of its deceased parent, is exceedingly small; nor is it unlikely in these cases, that the fœtus dies before its parent; but where the death of the mother occurs in consequence of apoplexy, or some sudden accident incident to the most vigorous health, the probability that the fœtus may survive the mother is much greater. What may be the longest time that the child may continue to live in the liquor amnii, after the circulation of the mother is stopped, is a very interesting problem, well deserving of your consideration. In the country, more especially in a farming district, you may have an opportunity of making your observations on the sheep or cow when with young; and after death takes place, whether by accident or intentionally, it would be easy to observe, in these cases, how long a term afterwards the fœtus is capable of resuscitation. Facts are not wanting, which may encourage us to hope, that the child, within the body of the deceased parent, may live even for a considerable time. To Mr. Moseley I am indebted for the history of a *heifer* which, in the end of its pregnancy, died in consequence of some accident in a farm yard; in about three quarters of an hour afterwards it was flead and embowelled, during which operation it was observed, that there was some little motion in the uterus; this led to closer inspection, when, on laying open the abdomen and uterus, the calf was taken out in a state of suspended animation, from which, in the course of a few hours, it became completely resuscitated. Thus, then, Mr. Moseley's statement, which, I trust, is to be relied upon in all its parts, furnishes us with an interesting example of the prolongation of the life of the fœtus for three quarters of an hour after the vitality of the parent was become extinct.

It sometimes happens that a fœtus is still-born, and in that condition it may remain dead, to appearance, for twenty, thirty, or forty minutes, or even for a longer time than this. Now, while it is in this still condition, there is no obvious respiration or circulation, yet, nevertheless, though it is in a state very nearly approximated to that of a person after death, it is now and then very unexpectedly resuscitated. I have myself resuscitated a child that had been lying in this state, without any obvious signs of active life, for more than twenty minutes together; and Mr. Tomkins, of Yeovil, in Somersetshire, a gentleman formerly of this class, gave me a case in which a fœtus, after lying still for more than an hour, as measured by the watch, was nevertheless resuscitated by the artificial respiration; and, as Mr. Tomkins is a very accurate observer, I can rely on his statement with more than average confidence. Now if a fœtus lies in this way after birth, apparently dead for an hour, to be resuscitated, however, by artificial respiration, I think it is not unreasonable to hope that a fœtus might remain equally long in utero, without, however, getting beyond the reach of resuscitation; if by the Cæsarian operation, or otherwise, it could be brought forth, so as to secure a trial of the remedies which I shall presently enumerate. To be short, then, in the present state of our facts and knowledge, we may reasonably hope, if a child be taken out of the uterus within half an hour, or an hour after the death of the mother, and more especially if the mother have perished by a sudden and violent death, that the life of that child may be preserved. Some three or four years ago, a woman, in the end of her pregnancy, crossing a street near this Hospital, was run down by one of the stages; the wheel of which passing over the body, divided the liver into two pieces, death following in the course of a very few minutes afterwards. This poor creature was brought into the Hospital, and Mr. Green, who chanced to be going round at the time, gave it as his opinion, that the Cæsarian operation ought to be performed. I was accordingly sent for, to give a little obstetric assistance, when, within thirteen minutes from the last respiration of the deceased, the abdomen was laid open; and the child was taken out, within fifteen minutes from the last respiration. The lungs were inflated by means of the tracheal pipe—my principal resort, the warm bath also being afterwards tried; in thirteen minutes more, the child first began to breathe a little, and the umbilical chord began to act; and by perseverance in this method, the fœtus was completely resuscitated; it lived for a day or two, and would probably have been living still, had it been more judiciously managed by those to whose care it was committed. Should you be called, then, to a case in which the parent had suddenly deceased but a short time before, it is then highly probable that the fœtus is alive; and should motion be perceived in the abdomen, there can then be no further doubt, and, of course, removal must be made the subject of deliberation. Now there are two ways in which, after the death of the mother, the child may be taken away; the one is by making an opening into the abdomen with a razor, or any other convenient instrument, this method, on the whole, being the shortest and the best; the other turns on the introduction of the hand into the uterine cavity, and the abstraction of the fœtus by the operation of turning. This operation may be easily performed here, as the passages may be dilated with more force and celerity, provided the mother be really and thoroughly dead; though even in these cases, such is my strong dislike to obstetric violence, that I would not employ a greater degree of effort than is absolutely necessary in order to get the fœtus away. Arte, non vî. And here let me observe, that it is only when the woman is dead beyond all doubt and controversy, that deliveries in these wretched cases ought, I conceive, for one moment to be thought of. Who that has a heart of flesh in his bosom, could coolly sit down in a real case to argue for the advantage to be derived to the fœtus from the performance of the Cæsarian incisions, before the maternal life is totally and beyond all doubt extinct? Who that has a heart of flesh in his bosom, could have firmness sufficient to perform his operations under such circumstances? Who could look on the dying eyes of his patient, without suffering the knife to drop from his hand? Who would himself like to be disturbed in such a moment? As long as men are surgeons, surely surgeons may continue to be men; and while they make it their duty to subject their feelings to their reason, doubtless it is still their duty to act under that moderated influence of the feelings which gives the last finish to the manly character. I like the sentiment of the lively Figaro, "Elle a raison, ma mere; elle a raison, raison, toujours raison! Mais accordons, maman quelque chose à la nature; on en vaut mieux apres."

Of Delivery and latter Gestation, in conjunction with Pregnancy.

In the end of pregnancy, you will sometimes find inflammations taking place in the thorax, abdomen, or head, more especially of the thorax and abdomen. If those inflammations are unattended with any extraordinary symptoms, which probably they will be, you should treat them precisely in the same manner as you would an inflammation in which there is no pregnancy; because, though it may be true your remedies, and more especially large bleedings or purgings, may not altogether suit the pregnant condition, yet, nevertheless, where you have inflammation of the thorax or abdomen, it is absolutely necessary that such inflammation should be subdued. It is to be remembered, however, that where there is an inflammation going forward, and where a great deal of blood is taken away, not very uncommonly miscarriages and floodings occur; nor is it to be forgotten, that during the abstraction of the placenta and the membranes, further and large quantities of blood may be discharged from the uterus, which, with the previous venesection, may sink the patient, at least, unless transfusion be interposed. Three cases of inflammation in the end of pregnancy I have had occasion to see; two of those cases did very well, and in the third, in which the inflammation supervened but a short time before delivery, the inflammatory action was completely subdued, but in a few days afterwards parturition commenced, a good deal of blood was lost, and ultimately, as my informant tells me, the lady sunk.

You will sometimes find, what I have seen myself, an inflammation concurrent with parturition; perhaps inflammation begins with delivery, or it may supervene after the process is begun. When delivery is coming on, and there is inflammation in the abdomen, if you do not perceive that the abdominal inflammation is aggravated by the labour, meddlesome midwifery being bad, I would not have you to interfere. On the other hand, however, if it is clearly obvious that the labour is hurrying the inflammatory action, then the more promptly delivery is terminated the better. If the head is within the reach of instruments, you may endeavour to accelerate the delivery by the use of the lever or the forceps, or, in some rarer cases, by the perforator; or, if the head is above the brim, then that undesirable operation of turning must be adopted, and by it the fœtus may be brought away.

It may not be amiss to note here what I think I stated before, I mean, that where women have spasmodic and inflammatory pains, about the lower part of the abdomen more especially, they are mistaken sometimes for the pains of parturition. That they are not the pains of parturition, we know by their seat, by the tenderness of the parts, by their wanting the ordinary regularity of return; that they are the pains of parturition may be safely inferred, when we find, on examination, that the os uteri is becoming more and more dilated, that during the pain the membranes are tense, and lax during the absence of pain; or, that the head bears down on the tips of the fingers during pain, and recedes during the absence of pain. And by these characteristics it is that I myself, in general, judge.

Of Delivery, or latter Pregnancy, in conjunction with Fever.

In the end of pregnancy, or during delivery, it sometimes happens that fevers supervene; and, on this variety of disease, it may be now proper to add a few remarks. When fever occurs in the end of pregnancy, if the attack be severe, it is not improbable that the expulsion of the child may take place; and for this accident, therefore, you ought to be prepared. So long, however, as there are no peculiar obstetric symptoms occurring, so long it is unnecessary you should interfere; and even if the delivery should supervene, I think the process ought to be conducted on the general principles of midwifery. I need scarcely repeat what I have so often asserted, I mean, that a meddlesome midwifery is bad, and this being admitted, it follows that, in these cases of fever, the mere concurrence of the disease with the end of gestation, is, in itself, no valid argument why you should interpose. Should there be a concurrence of any other urgent symptom, which delivery alone can relieve, then assist if you please, provided you can assist with safety; but, remember, that fever alone will not justify your interference.

If fever concur with *parturition*, in the general, I believe, the labour will proceed well enough, though it may frequently linger, the pains not being so frequent and powerful. If floodings supervene, or other dangerous symptoms, you may then assist artificially, helping with your instruments, the lever, forceps, or perforator, or turning the fœtus, according to the circumstances of the case; but if, on the other hand, the labour lingers, and no symptom of danger concur, then, agreeably to the doctrine already laid down, you had better trust to the natural efforts, of which you are never hastily to despair. If the fever be *infectious*, and it becomes necessary to turn the child, some precaution becomes necessary. A friend of mine being engaged in turning a child, in a case where the mother laboured under fever of the typhoid kind; he to all appearance caught the disease from his patient, and it had very nearly cost him his life. If a woman is labouring under the measles, for instance, or the scarlet fever, and you have not been secured by a previous attack, it becomes necessary that you be upon your guard; I think you would be doing but justice to yourselves and your friends, were you to send for a practitioner who has had those affections already, because, if it can be avoided, valuable lives ought not to be exposed; if, however, it become your duty to act, of course you must, at all risks, never retreating from your post; fall we all must sooner or later, nor can we fall better than in the ranks. In cases of this kind, however, it may be proper to have the patient lifted on to another bed; or, if this cannot be done, in order to keep down the steaming vapour, it may not be amiss to raise the patient a little, and to spread out two or three blankets beneath her, before you begin your operations. The prognosis, in these cases, is not favourable.

Extra-Uterine Pregnancy.

In general, when women conceive, the ovum takes place, as it ought to do, in the uterine cavity, but sometimes it lodges in the peritoneal sac, and far more frequently in the fallopian tube, or the ovary; and this it is that constitutes the *extra-uterine gestation*, divided into *three* varieties, the *tubal*, the *ovarium*, and the *ventral*, according to the situation of the ovum. To these three varieties may be added a fourth first shown me by Dr. Ramsbotham, the younger, the utero-tubular, as it may be called, in which the fœtus lodges in the uterine portion of the tube.

I have myself seen a fœtus, on the whole not imperfectly formed, about the size of six or seven months, and which was taken from the body of a boy where it lay in a sack, in communication with the child's duodenum, the boy being pregnant. It being, therefore, not impossible for a fœtus to form within the body of a male, in such a situation too, I cannot accede to the opinion advanced by some, namely, that it is impossible that a fœtus should form in women within the peritoneal sac among the abdominal visceræ. The probability is, that this accident is possible, but that it is of very rare occurrence; and I think with Dr. Merriman, that it is not impossible that some of those cases that have been looked upon as ventral pregnancy, have, in reality, been cases of rupture, the case having been mistaken for ventral pregnancy, in consequence of the discovery of the ovum after death among the abdominal viscera, the rent in the womb being overlooked.

The ventral pregnancy being rare, of its symptoms I personally know nothing; but it is said that, in those cases, the placenta and fœtus form, in the ordinary way, the blood-vessels of the maternal viscera, enlarging wherever the placenta chances to adhere. Again :—

When patients die, the victims of ovarian pregnancy, a disease which is far more common, we sometimes find a great deal of blood effused among the viscera, with a fœtus, perhaps, not bigger than the thumb, and an ovary laid open by laceration. More generally, however, in these cases, the ovary becomes as large as the uterus, at the seventh, eighth, or ninth month of pregnancy, when it is found to contain a full-sized fœtus, with a placenta often remarkable for its tenuity, or (as observed hereafter) this fœtus becomes putrid, and is contained in a sort of abscess, where its softer parts gradually disappear, or, in the course of years, it is transmuted into fat or bone.

When tubular pregnancy has been the cause of death, it rarely happens that the fallopian tube becomes as large as in the ovarian pregnancy. I have never seen any case of tubular pregnancy, in which the tube was of great size; more generally this canal enlarges to about the size of a small fist, sometimes to the size of a pullet's egg only, and, in the early part of gestation, say in the second or third month, this cyst bursting open, the child escapes into the peritoneal sac, and the woman suddenly perishes by an internal hæmorrhagy. Many women, I have little doubt, die in this way, but being buried without examination, the real cause of their death is never ascertained. Three or four tubal gestations of this kind have taken place within the circle of my own obstetric acquaintance, whence I infer, that the case is by no means rare.

In extra-uterine pregnancy, the state of the womb varies somewhat, but it is remarkable that it generally becomes two or three times as large as in its virgin condition. In some cases the tunica decidua is found to form in its cavity, much in the same way as if the fœtus were there; this, however, is by no means constant. Mr. Langstaff, who has paid so much attention to morbid anatomy, examined a case in which there was no well-formed tunica decidua, and I have myself seen two tubal cases, in which the decidua was wanting; while, in a third case which I saw, where the patient died between the second and third month, the tunica decidua being very distinctly produced in the uterus.

When extra-uterine pregnancy occurs, whether of the ovarian, tubular, or perhaps of the ventral kind, the symptoms by which it is marked are not always very intelligible in the earlier months, whence it is not improbable, should you meet with a case of this kind, that you may not recognise it till after the decease of the patient. In the early months of extra-uterine gestation, the woman believes herself to be pregnant, for she observes all the ordinary signs; but in ventral pregnancy, according to Burns, there is more irritation than usual in the alimentary tube. In ovarian pregnancy, too, and more certainly in the tubal, in connexion with this pregnancy in the earlier months, there is a great deal of anomalous tenderness and pain and spasm, which is referred to one or other side of the abdomen, its lower part more especially; and after these symptoms have continued for some time, suddenly perhaps, the patient is seized with a fit of collapse, under which she sinks, and this, perhaps, not always in consequence of abdominal hæmorrhagy.

Gestation advancing to the latter months, as in the ovarian pregnancy more especially, the case may still remain obscure; the patient believes herself to be pregnant, but perhaps she exceeds the ordinary term of gestation, proceeding, perhaps, for ten, twelve, or fourteen months, before any very conspicuous changes occur. After the full term of gestation is passed away, however, it may be she is seized, sometimes earlier and sometimes later, with pains very like the pains of parturition, so that she fancies herself in labour; under these pains, in some cases very slight, and in others very severe, there comes away a little blood, and if the tunica decidua is formed, it is expelled also, but of course no part of the fœtus, this not being contained within the uterine cavity. If, then, the practitioner examines carefully at this time, he finds that the tunica decidua is expelled alone, and, inserting a finger or two into the uterus, easily searched in this manner, he finds it enlarged and opened a little, but without the vestige of a child there. These abortive attempts at parturition usually, I believe, cease in a few weeks; but in some cases, and in one of *analogous* kind which I myself saw, the patient may suffer in this way for years. The woman to whom I allude, a native of Aberdeen, was anxious to have a sort of Cæsarian operation performed, that she might either get rid of her pains or her life, and she came to London for that purpose, the surgeons of Aberdeen (as she said) having refused, and very properly refused, to perform the operation under the circumstances in which she was placed. Her sufferings had been protracted, and dreadful indeed, so much so, that she had taken a razor, and had attempted to perform the operation herself, and she showed me the scar.

Again: before the parturient efforts occur, or after these symptoms are gradually worn away, the patient is liable to be attacked with an inflammation in the cyst, where the fœtus is; this giving rise to tenderness, pains, and stabbings, to adhesions, suppurations, and absorptions; and under these operations the cyst opens on the abdominal surface, or less desirably into the vagina or rectum, and, morsel by morsel, the fœtus may be expelled. In other cases, instead of terminating in this manner, the extra-uterine pregnancy is brought to its close in a way very different; nor is this the least interesting. In this termination of the disease the ovum lies inert within the abdomen for ten, twenty, and thirty years, or longer; and during this time, as observed before, it becomes gradually changed into a bony, or sebaceous, substance, occasioning the patient little further inconvenience than that which arises from its bulk and weight. In this state of the genitals another impregnation may, I believe, occur.

I have considered these extra-uterine cases in a mere cursory manner, as, in the present state of our knowledge, they are rather matters of curiosity than the subjects of much active treatment. If, in the earlier months, the woman have spasmodic or inflammatory pains, you must treat them on general principles. I have nothing peculiar to recommend for them; they are, however, both severe and dangerous. If you suspect an extra-uterine pregnancy, you ought to mention to the friends the chance of sudden death from internal bleedings; and should that occur, this previous intimation to the friends may, with reason, tend to preserve their confidence in your skill and knowledge. If in the end of gestation a great deal of parturient effort occur, and the wound be found to contain nothing but the tunica decidua, and the abdomen is as large as in a pregnancy of nine months, and the woman have exhibited previously all the indications of pregnancy, there can be little, if any, doubt respecting the nature of the case, and anodynes and opium ought to be administered. In such cases, too, it might come to be a consideration, whether a sort of Cæsarian operation ought to be performed, or, at least, whether an opening should be made into the abdomen to take out the child. On the whole, however, considering the danger of the incisions and the risk of a fatal bleeding internally, when the extra-uterine placenta is taken away, abdominal incision seems to promise but very little success, and, therefore, I should be averse to try it. If the fœtus, piece by piece, is coming away from the abdomen, the best office which you can render the patient is, nothing forbidding, to enlarge the opening, and to take out any parts you can without violence. Sometimes the discharge of the fœtus occupies many months, or some years, and during all that time the patient is kept in a state of cachexia, though, in some cases, I believe, she is relieved in a few months. Now if, by dilating prudently if the orifice of the cyst, and removing the bones with forceps, or otherwise, you can accelerate the evacuation and shorten this period, you may render the patient a very effectual service.

After what I have observed respecting the history and treatment of this disease, it is not necessary that I should say much apart respecting the characteristics of it, for these have been involved, in good measure, in the statement I have already made. In the earlier months of extra-uterine pregnancy, say in the first, second, third, fourth, or fifth, I have observed already that the characters are so obscure, that it may not be very easily recognised; but if the woman, after all the signs of pregnancy, be seized with severe, but anomalous pains and spasms of the abdomen, together with fits of fainting and collapse, you may always suspect a tubal pregnancy more especially; and sudden death, in the earlier months, is in a high degree probable. When the full pains of parturition come on about the ninth or tenth month, then there is a fair cause for suspecting that the pregnancy is extra-uterine. The woman, up to this moment, has believed herself to be pregnant in the ordinary way, and now she supposes herself to be in labour: if you at once examine the abdomen, you find it much of the usual form, its enlargement, however, tending laterally; but if you empty the bladder, and make a careful examination through the abdominal coverings, you may, at least, sometimes, distinctly feel the fundus of the uterus, just above the symphysis pubis, large as after recent delivery; and if you can do this, why then there is a good proof that the fœtus is not there; moreover, if you can slide one or two fingers along the neck of the womb, after the decidua comes away, and if you thus insert your fingers into the uterus, you may thus clearly ascertain the absence of the fœtus; so that, by examining the uterus after the expulsion of the tunica decidua, by feeling the fundus of the uterus above the symphysis pubis, and by finding that the woman has all the pains of delivery, you obtain pretty decisive characteristics that the pregnancy is extra-uterine. Of course, if inflammation and suppuration form, and you have a discharge of the fœtus piece by piece, there can be no doubt of the case. The only difficulty of detecting it will be while the inflammation is going on, and before the discharge of the fœtus; a difficulty of less importance, because, while the inflammation is proceeding, it must be treated on general medical principles.

I shall now close my observations by showing you some preparations. Here is a tubal pregnancy: from the size of the child it would appear to have been about three months old: of the age I judge from observing its bulk. You will perceive, in this extra-uterine pregnancy, that there has been an enlargement of the uterus, and the mouth is so capacious, that you may readily insert two or three fingers into its body. There is no tunica decidua here.

Here is another preparation, very lately enclosed in the glass. You see, as before, that the fœtus is about the size of three months; it rarely exceeds this size in the tubal pregnancy. The woman died from internal bleeding; an ordinary termination of this case. The uterus is enlarged, and the fœtus lies below the fallopian tube.

If the woman survive, the fœtus may come away after months or years, piece by piece; and here are bones which were discharged from the rectum—the tibia, fibula, and bones of the cranium, and so on. I should think, from observing the size of the parietal bones here, that the child must have been of 7 or 8 months old, and that it was an ovarian pregnancy.

I here, also, show you some plates, for which we are indebted to Bœhmer, illustrating the escape of the ovum, when the pregnancy is extra-uterine.

Dr. Blundell showed the plates.

LECTURES ON ANIMAL CHEMISTRY,

BY

PROFESSOR BRANDE.

Delivered at the Royal Institution of Great Britain.

LECTURE LII.

Gentlemen,—We may now go on to the examination of some other proximate principles of animals, and there is one very important proximate principle to which we have not yet adverted, namely, *gelatin*, or *jelly*, which exists in various forms, and is derived from various sources; but I may state, that the true skin of animals is composed chiefly of this substance. Accordingly, if you take a portion of the skin of an animal and boil it, you will find that it furnishes, upon evaporation, a quantity of matter, which, as it cools, assumes a tremulous form, which is known under the name of jelly. You may obtain it from a number of other substances, as from *isinglass*, which is the air-bladder, and membranes of a species of sturgeon imported into this country, almost exclusively from Russia; you find it in a variety of animal structures, but chiefly in the true skin. I have stated, that it concretes into a tremulous mass, but it differs from albumen, in being readily dissolved in water, and you may coagulate it and liquefy it any number of times, differing in that respect also from albumen. It is easily soluble in acids and alkalies, but does not form soaps with an alkali, as is the case with albumen. It is prone to decomposition in its liquid state, but when dried, as in isinglass and glue, it is, comparatively speaking, a very permanent substance; it is supposed to be very nutritive, but of that I have some doubt, at least I do not think that it comes any thing near to albumen in nutritive power; but it is found to agree with the system when other kinds of animal food will not.

Another character of jelly is, that it is precipitable by the astringent principle of vegetable infusions, with which it forms an indestructible compound. Here is a mixture of jelly and water, which would soon be decomposed; but if I add an infusion of galls, a precipitate is thrown down; there is a combination of the astringent matter of the galls with the jelly, and you have here the principle of the art of *tanning* developed; because in the skins of animals you have jelly in an organized state, which, when soaked in astringent vegetable infusions, the tan and jelly gradually combine, and you have *leather* produced, which is a very insoluble compound, applicable to a great variety of useful purposes. In the operation of *tanning*, it is necessary that the jelly should be combined with the astringent vegetable matter very gradually. The tanner steeps the skin at first in a weak infusion of bark, until it has acquired a nutmeg brown colour, and then he gradually increases the strength of the steeping liquors, and after a time he draws the skin out, and finds that it is converted into leather. A thick piece of hide requires ten, twelve, or fourteen months, to be converted into good leather, and when you consider the length of time consumed in the process, and the great capital necessarily employed, you cannot feel surprised that various plans should have been proposed to lessen both. It was proposed to tan with warm instead of cold liquors, and although the tan appeared to promote the skins in a shorter time, the quality of the leather was so much injured, that it was soon given up. Then it was tried to force the tan through the pores of the skin, by employing great pressure; but this was not found to answer. But you may ask why the tanner does not put the skins at once into a strong liquor? The reason is, that the exterior surface of the skin would soon become tanned, and the central part would remain untanned, which, in a short time, would begin to rot and decay, and the leather so treated would soon fall to pieces. The tanner, therefore, judges of the perfection of the tanning by cutting through the leather, and if he finds it of an uniform brown colour, without any white streak in the centre, he considers that the process has been successfully conducted. It would require much time to describe all the operations of the *tan-yard*, but many of them are interesting, as regards the chemical agents employed. I might have mentioned to you, that the mode of preparing the skin for tanning, is first to soak it in lime-water, by which the hair is easily detached; but the cuticle and under part of the skin, the cellular substance, are scraped off after it has been soaked in the lime-water. A great variety of substances have been used for tanning, as the acorn cup of the oriental bark; catechu and sumach have been also used; but the oak bark is most generally used, as furnishing a large quantity of astringent matter. It is not the business of the chemist to describe the different kinds of leather, but I may just mention, that the upper leather of shoes is called *curried* leather, the leather having been tanned, is rubbed over with oil before it is dried, and it is then very flexible, pliable, and durable; but if you take a piece of dry leather, and try to rub it over with oil or grease, you cannot make it enter the pores of the leather; the black colour is produced by rubbing it over with a solution of green vitriol, the sulphate of iron. *Russian* leather is tanned in an infusion of birch bark, and is said to be afterwards mixed with a quantity of birch tar, to give it that odour for which it is peculiar, which renders it valuable for book-binding, on account of preventing it from being attacked by insects. *Tawed* leather, used for gloves, is made by impregnating the skin with a liquor containing alum and salt, and afterwards washed in a mixture of yolks of eggs and water; the saline and animal matters combine, and give it that peculiar softness, and such leather is afterwards coloured as may be required; having been rolled over wooden rollers, in which are grooves, it is called *Morocco* leather. These are the principal varieties of leather employed in this country.

Now, to detect jelly in animal fluids, you have recourse to astringent vegetable liquors, which causes a precipitation of the jelly, in the way you see here; but albuminous fluids are also precipitated by vegetable astringents, and therefore you might be misled. We are indebted to Mr. Edward Davy for the discovery of a valuable test of the presence of jelly, which is the *sulphate of platinum*. Now, when this is dropped into a solution containing jelly, it furnishes an insoluble precipitate, and you have nothing of this kind from albumen, or from the other animal solids, the properties of which have been named. If you have, then, this appearance in conjunction with the others, you may be satisfied that jelly is present. Although jelly exists in great abundance in the body, especially in the membranes, tendons, and ligaments, it has not been discovered in the blood, although it was, at one time, supposed to exist there; so that jelly must be regarded as a product of the blood, not one of its component parts, as albumen.

You are now in possession of the principal natural ingredients of animal bodies, and here I have drawn up a table intended to show the value of different kinds of animal food in albumen, jelly, and water, in their natural state. For example: 100 parts of beef contain 74 parts of water, and the remainder is composed of 20 parts albumen, and 6 of jelly; the term *fibrin* has been used to indicate the compound of albumen and jelly, as it exists in animals. Now, in this table, you see that

100 parts of beef yield 26 of albumen and jelly

Veal	25
Mutton	29
Pork	24
Chicken	27
Cod	21
Haddock	18
Sole	21

So that when you talk of eating a pound of beef, you must recollect how large a part of it is water. A countryman, for example, would easily eat a pound of bacon, and you will find that he has consumed in that pound a large quantity of animal matter, because it has been previously dried. And when you take hung beef and ham, and other things used as *bonnes bouches*, you, accordingly, are consuming a large quantity of nutriment.

Fat.—Fat has been supposed to be a highly-nutritive substance, but that is not the case; nor can it be put in competition with albumen and jelly; and it seems a matter of doubt, whether fat is absolutely digested in any quantity, and whether a large proportion of it does not pass off undigested. Now I have little to say on the subject of fat, since the vegetable oils have been already described to you, and as animals' oils agree with them in most particulars; like the vegetable oils, fat is destitute of nitrogen, and is composed of carbon, hydrogen, and oxygen, in various proportions. Fats are in various states of consistency, being sometimes liquid, as in oils; semi-solid, as in lard, and other soft kinds of fat; indurated, as in suet; and still harder, as in spermaceti. When combined with alkalies, they form soaps; and when these soaps are decomposed, they yield *margaric* or *stearic*, and *oleic* acids, which have been already described. Like the vegetable, the animal fats or oils are made up of two parts *elaine* and *stearine*, the former liquid at common temperature, and the latter solid; the combination of the two forms the fat; and, in those fats which are the hardest, of course you have the largest proportion of stearine.

Spermaceti, the produce of a species of whale, is a crystallised fatty matter, and when boiled in alcohol, and cleaned, it assumes a beautiful flaky appearance, combines with the alkalies in that state, and forms soap. Chevreul, who has examined these bodies with great attention, has found that, in its concrete state, spermaceti affords a peculiar acid, which he has called the *cetic*, capable of uniting with potash and other bases.

Ambergris appears to be an intestinal concretion in some species of the whale; it is picked up in masses upon the sea, and valued on account of its odour, and for the property it has of increasing the power of other odours, which it certainly does. It is probably a biliary concretion of the whale, and is sometimes found in large quantities in the intestines of that animal. It is found to contain forty or fifty per cent. of a peculiar fatty matter.

Shell and Bone.—The last set of animal substances, or products, to which I have to call your attention, are those included under the general term shell and bone. Under the head *shell* there are two leading varieties to be considered, speaking as a chemist, the one like earthenware, which is called, therefore, *porcellaneous* shell, composed almost entirely of carbonate of lime, having very little animal matter in it, so that if you steep it in acids, you have very little matter left behind. Most of the univalve shells, such as the limpets, cowries, &c., belong to this class. The other kind of shell is known under the name of mother-of-pearl shell, and when dipped in acid, instead of being dissolved in it, like the porcellaneous shell, you have a membraneous texture remaining, which is neither more nor less than albumen. If you dry it, it looks like horn; but you find that the acid, in taking up the earthy matter, takes up a portion of jelly also, so that the only difference between the porcellaneous and mother-of-pearl shell is, that the one consists of jelly and carbonate of lime, and the other of jelly, albumen, and carbonate of lime, and to the variety in the proportions which these materials exhibit in the different layers, the beautiful variety in the appearance of the shell is owing.

Corals.—The chemical history of corals is interesting, as forming an intermediate link between shell and bone, and they admit of being divided into *four* principal varieties *First*, such as are composed of carbonate of lime and jelly, as in the common white coral, corresponding nearly in composition with the porcellaneous shell. The *second* variety is composed of carbonate of lime and cartilage, or albumen, and there is a large number of corals of that kind; but there is one very curious one, the *madrepora ramea*, in which you have carbonate of lime united with cartilaginous, or albuminous matter, so as to form joints, by which a considerable degree of motion is allowed. The *third* variety consists of carbonate and phosphate of lime and albumen; of this kind is the *gorgonia nobilis*, or red coral, so celebrated for its beauty. In its composition it approximates to the bones of the higher order of animals. There is a *fourth* variety, the *sponges*, which consist of little else than albuminous matter, for if you burn them you find that they leave little else than animal matter. The history of these substances is very curious and interesting, especially for the manner in which they are accumulated by the small animals which form them; but the manner of doing this has never been satisfactorily accounted for. If our time permitted, we might point out a number of curious facts respecting shells and bones, but they belong rather to the naturalist than to the chemist. Here is the shell of the *cuttlefish*, in which we have a number of beautiful layers of carbonate of lime between layers of animal matter; and if you steep it in weak acids, and gradually increase their strength, you will separate the earthy from the animal matter, and leave the layers of the latter like the leaves of a book. In some of this species, however, phosphate of lime begins to make its appearance.

Bone.—Now, in bone, phosphate of lime is a principal elementary ingredient; but there is, combined with the phosphate, a quantity of the carbonate of lime, and a minute quantity of phosphate of magnesia. The composition of bone is easily arrived at; if you burn it, you destroy the animal matter and leave the earthy, and we have already adverted to the composition of this ash, when speaking of the phosphate of lime. If you steep a bone in acid you will take up all the earthy matter and jelly, and you will find that a quantity of fat separates, which is, apparently, an ingredient of the bone itself, and that there is another substance in it which, when dried, has the appearance of horn; this is albumen. You have, therefore, albumen, jelly, and fat, in the animal portion, and phosphate and carbonate of lime, phosphate and carbonate of magnesia, and minute portions of other salts, constituting the earthy portion of bone. Bone is of considerable importance in the arts; by boiling, it furnishes a considerable quantity of nutritious matter, and dogs, as you know, have the power of extracting this nutritious matter from the bones on which they feed, by digestion, and of voiding the earthy parts, which, in ridicule, was called by some of the old philosophers, *album græcum*. From the burning of bones a black powder is procured, called *ivory black*, which is applied to a great many useful purposes, but is chiefly consumed in the manufacture of blacking. The clippings of bones furnish, by boiling, jelly, glue, and so on.

Enamel.—There is a variety of bones met with in the teeth of animals, which it may be worth while to remark on; and you find that the teeth of animals are mixtures, as it were, of two kinds of bone, and sometimes of three. In the human teeth there are only two kinds; you have there a plug of bone, surrounded with enamel, but when the enamel is steeped in an acid, instead of leaving a cartilaginous substance, it is wholly dissolved, the enamel being composed of phosphate of lime and jelly, and therefore resembles, in its composition, the porcellaneous shell. In the teeth of carnivorous animals the enamel is generally external; but in graminivorous animals it is generally internal, and beautifully arranged in layers, and the surface becomes grooved, in consequence of the friction taking away the softer parts and leaving the harder, so that by attrition the teeth are gradually converted into saws and rasps. When you steep the tooth of a carnivorous animal in acid, it leaves nothing behind but the cartilaginous skeleton of its bony part, In the tooth of the elephant is a part called the *pars petrosa*, or petrous portion, which appears to hold a middle place between enamel and common bone.

Now, what remains of our time, we may devote to the examination of some of the animal functions, a subject on which chemistry has thrown but little light. Chemists, for the last three hundred years, have written upon digestion, respiration, animal heat, and so on, but they have taught us little, and that little is by no means free from doubt.

Physicians have sometimes entered into long disquisitions to prove the necessity of food for animals, but we shall take that for granted. When food is taken into the mouth of the larger animals, it is torn to pieces by the teeth, and largely mixed with saliva; I am now speaking of the human subject, and, during mastication, the saliva is poured out in considerable quantity, as may be easily seen from what happens when a hungry man smells his dinner; the salivary glands pour out a fluid in such quantities, that his mouth is said to water, and this saliva is blended with food taken into the stomach, and then the food is converted into a pultaceous mass called *chyme*. It is there acted upon by the *gastric* juice, as it is called, of the nature of which we know nothing; it has been analysed, and found to contain mucus and common salt, and so forth; but why it is that the gastric juice coagulates and dissolves albuminous substances, and so acts upon the food to produce chyme, is a question upon which chemistry has thrown no light. By the time it has reached the pyloric extremity of the stomach, it is fit to be mixed with the bile, which is found in the duodenum, and during its passage through the small intestines it is separated into two parts, the one excrementitious, and the other a milky fluid called *chyle*, which is taken up by a set of vessels called the lacteals, which are gifted with the miraculous power of taking up only the nutritious part of the food. It would appear also, that the alkaline and watery portions of the bile are taken up by the lacteals, and that the resinous parts pass through the intestines to stimulate them to action. The chyle is found to be a milky sort of fluid, more or less opaque, depending upon the quantity of albumen which it may contain, and it has the peculiar property of separating into a clot or crassamentum, and a fluid part; and this clot is more like the clot of milk than of blood, although it may be regarded as perfect, as far as its conversion into blood is concerned, the colouring matter being formed during the circulation. The chyle may be detected in the large veins leading to the heart, in white streams, but in the passage of the blood through the lungs it acquires a red colour.

Respiration.—The cause of this change of colour of the blood in the lungs, has been differently accounted for; but it appears to me that the dark colour of the venous blood depends upon the presence of carbon, which, in its passage through the lungs, is thrown out in the form of carbonic acid, and that the red particles of the blood being no longer obscured by the black or carbonaceous matter, again resume their red appearance. Chemists have continued to institute a great number of experiments on the subject of respiration, but their results have been very discordant, and no wonder, when you consider the difficulty in which the subject is enveloped. First, it is not easy to determine the number of respirations made in a given time; secondly, the quantity of air taken in at each inspiration is difficult to determine, because the very nature of the experiment puts the animals in pain, and therefore excites unusual actions; but we will suppose that, under ordinary circumstances, a healthy man makes about twenty respirations in a minute, and that at each inspiration he inhales about fifteen cubic inches of air. The question has been asked, does the air suffer any change of bulk during the process of respiration? Some have said that it does, and that about ten per cent. of the inspired air disappear; but Messrs. Allen and Pepys have stated, that the quantity thrown out is exactly equal to that taken in; so that it is very difficult to arrive at any certainty. They suppose that the quantity of oxygen which disappears during the passage of the air through the lungs, is compensated for by the quantity of carbonic acid which is liberated during expiration. If this be the case, from what has been already said of the nature of carbonic acid, it would appear pretty clearly, that the only effect of respiration is to bring oxygen into contact with the bulk of carbon of the blood, to form carbonic acid; so that no air disappears, or is absorbed during its passage through the lungs, and that is the opinion of chemists generally. The air expired contains about 3½ per cent. of carbonic acid, but the amount varies very much; for if you examine the air expired a short time after a full meal, you will find about twice the quantity of carbonic acid that there is at other times, when the stomach is empty. There is also a quantity of aqueous vapour given out from the lungs, but that is not essentially connected with the process of respiration. The great end of respiration is to fit the blood for the support of all the functions of life; and it is a curious physiological fact, that if you deprive the blood of its oxygen, the secretions become altered, and many of the functions, especially those of the brain, entirely suspended; so that oxygenised blood is necessary for the support of life. The blood undergoes great changes in its passage through different viscera; it throws off urine in the kidneys, and you are aware how great the change must be which the blood undergoes in the liver, skin, and glandular system. It is a curious physiological fact, that no animal appears capable of existing long without oxygen, or, in other words, without throwing off carbon from the system in the shape of carbonic acid; and that the greatest part of the large quantities of carbon taken in with our food, is thrown off by respiration.

Temperature of Animals.—All the higher order of animals preserve a very uniform temperature under great external changes; and it is found that whatever may be the temperature of the air, that of the body will be about 98° or 100°, or thereabouts. You may ask what is the source of animal heat? and that is a question not so easily answered. It was supposed that the capacity of carbonic acid for heat was less than the capacity of oxygen; and therefore that, when the blood was deprived of carbonic acid by respiration, its capacity for heat was increased; this was the theory of Dr. Crawford, but of late it has received a death-blow, more especially from the experiments of Mr. Brodie. He decapitated an animal, and he found that he could keep up respiration by artificial means; that the heart would go on beating; that the change of the blood from venous to arterial was perfect, and that there was a due abstraction of carbonic acid as before, but the temperature of the animal gradually cooled down to the temperature of the atmosphere, and then the heart ceased to act. So that you see the preservation of animal heat appears to depend on the influence of the nervous system on respiration; but if you should ask me why? I cannot tell; I might assume a style of importance, and say that it was owing to electrical or magnatical influence since we now refer to that to explain every thing. Such is the uncertain state of physiological discoveries, connected with this subject, that we know nothing of the absolute cause of the preservation of the temperature of animals, and it will, probably, continue to remain among those arcana of nature, which, perhaps for the wisest purposes, are hidden from the ingenuity of man.

[This Lecture concludes the course.]

A NEW METHOD OF TREATING BURNS AND SCALDS.

By Michael Ward, M.D., *Manchester.*

Having been formerly one of the surgeons of the Manchester Infirmary, Dispensary, &c. (from September, 1790 to January 1805,) it was frequently my lot to meet with cases of extensive burns and scalds, which, when severe, I had generally the mortification to see prove fatal, without being able, with very few exceptions, even to mitigate, much less remove, the excruciating torments with which these melancholy accidents are attended. The method of treatment then in use was to apply liquor calcis & oleum lini, p. æ. to the burnt or scalded parts, for some time at first; followed by a variety of ointments or salves, either with or without the carbonate of lead or prepared calamine, according to the views of the practitioner. How extremely inadequate to fulfil the indications of rational practice these must have been, it were needless to show.

Finding my efforts to afford relief in cases so pitiable, and of such frequent occurrence, were almost always defeated, the subject often occupied my mind, in order to discover an application of some kind or other, calcuated, if not to cure, (which in the worst cases it would be unreasonable to expect,) at all events to relieve the pain, by allaying the irritation, and thus, if possible, arrest the progress of the inflammation and consequent vesication and ulceration, the invariable attendants of severe burns and scalds; and which might also have the advantage of being procured, and applied without loss of time, (circumstances which are of the utmost importance, on account of the rapid progress which the inflammation thus excited constantly makes;) by any person of mature age who might happen to be present at the time of the accident. These appeared to me great and necessary desiderata; but little did I imagine that any external application, possessing most, much less all these good qualities, could be found to reside in one simple substance, and that always at hand, cheap, (no trifling consideration where the quantity required in bad cases must of necessity be large,) admitting also of being applied with the greatest practicable facility. Yet such, I am happy to say, has been the result. See Part 1, in "The Lancet," of May 10, 1828; to which will now be added, (in accordance with the pledge there given,) a brief narrative of the cases.

The first happened about nine months ago, when my attention was aroused by the screams of some one who seemed to be in pain. On proceeding to the kitchen, I found the mistress busily employed in rubbing the maid's arm, (which was scalded from the elbow to the fingers' ends), with *goose grease*, which she intended to cover with *a poultice* of *scraped potatoes*.* My first object was to remove the goose grease, which was effected by applying soft linen cloths, in such a way as, by gentle pressure, to absorb it from the arm and hand; the patient shivering as if she had been in the cold stage of an intermittent. I then procured a flour drudger, (which happened fortunately to be full,) and sprinkled the scalded parts as completely and expeditiously as I could, and had scarcely begun this operation, when the cries of the patient ceased, her countenance and actions, which were before expressive of agony and torture, assumed a contrary aspect, and, like her expressions, conveyed no ideas but those of gratitude and pleasure. "Oh! how cool and comfortable it is," "I have no pain now," "it is quite gone,"—were her own words, which were frequently repeated, (accompanied by corresponding actions) the instant (almost before) the flour could be said to be fairly in contact with the parts affected.

Nor did the pain return till several hours had elapsed, then only slightly, and was speedily removed by repeating the use of the flour drudger; which was continued at first three times, and afterwards twice a day, for three days, when scarcely any appearance of the accident remained, and the patient returned to her usual business.

Cases 2 & 3.—The second and third cases in which I had recourse to flour as a remedy for burns and scalds, happened five or six months ago to the same individual. A brief sketch will suffice.

Mrs. —— scalded the top of her foot and instep. The effects extended the size of a hand, and were more severe from the difficulty experienced in removing the stocking; the most central part having sustained the greatest injury. With all speed flour was applied, and repeated at proper intervals, with the effect of immediately banishing all pain and uneasiness from the scalded parts, *which it had no sooner touched then she pronounced it "to be worth a guinea a grain."* Except in the centre of the scalded part, where an ulcer was formed, (which was treated as described in "The Lancet," p. 176. vol. II, 1827-8.) very little appearance of the accident remained after the first few days. Before the ulcer was healed she had the misfortune to burn her hand by exposing it to the action of wax and oil of turpentine in a state of ignition. In this case also the application of flour produced immediate relief, and was the only remedy required, prepared calamine excepted.

---

* Not only goose grease and scraped potatoes, but even vinegar, and cloths dipped in cold water, extraordinary as it must appear, have their advocates; than which nothing can be imagined more irrational and absurd. It is to be hoped, however, that the profession will at length be rescued from the charge of empiricism on the one hand, or inadequacy in the means employed to fulfil the ends proposed, on the other.

The train of reasoning which led to the experiments, appears to me as plain as the inferences, to be drawn from the latter, are unavoidable.

To attempt to prove that the methods of treatment commonly resorted to are quite inadequate to produce the desired effect, would, I conceive, be superfluous. They are, in fact, and have long been, a disgrace to the profession, and must, at all events, be superseded by others of a more rational description. If this be admitted, very little more, I conceive, need be added to what has been already said in favour of the mode of treatment now recommended. Indeed, it is only recently that the idea of applying flour by means of the drudger occurred to me. Long ago, in reflecting upon the subject, I had reasoned myself into the belief of its efficacy, accompanied by a determination to try the experiment on the first occasion that might offer.

So far I had proceeded in Part 2, (which has been unavoidably delayed,) when I was agreeably surprised by a letter from Mr. Tatham, Surgeon, at Kendal, (a gentleman who was previously unknown to me,) of which the following is a copy. To me it appears to do equal credit to the head and heart of the writer, demonstrating, as it does, his wish to diffuse generally, what he considers valuable information, upon a subject of great and general importance, arising from the opportunity he has had of putting to the test, "*with the happiest consequences*," the plan of treatment recommended in "The Lancet" of May 10, 1828, p. 175, &c.

The remaining observations which I intended to make, I will, with your leave, defer at present,—only adding, that the delay from the 19th of July (when the letter is dated) to the 31st, was accidental.

Yours respectfully,
Michael Ward, M.D.
Manchester, July 31, 1828.

"Kendal, July 19, 1828.

"Sir,—The following case being illustrative of the excellence of your plan of treating burns and scalds, I have sent it to you by an eminent physician of your acquaintance,[*] to dispose of in any way you choose.

On Friday morning, July 11th, I was hastily sent for to attend a fine boy, aged 5, who had just met with a most violent scald, from receiving upon his face and neck the contents of a small pan of boiling water, which had blistered the skin to a considerable degree. On entering the apartment, I witnessed great distress on the part of the attendants, owing to the piercing cries of the sufferer, who complained of burning pain, and the uneasiness created by the application of cold cloths, which greatly irritated the tender parts by his perpetual restless condition and desire to be moved. Finding that the greatest difficulty would arise from his resistance to the application of the cloths, or any thing that would require frequent change, I determined to make trial of the plan of covering the affected parts with flour, as stated a short time ago in "The Lancet;" therefore immediately requested to have the drudger brought up from the kitchen, that I might cover the whole of the scald with flour, which I did to the almost instantaneous relief of the sufferer, and the great gratification of his mother and relations, who seemed rather astonished with the simplicity of the remedy, and its happy effects. I was soon enabled to leave the house, after directing that the drudger should be copiously used whenever there was any exposure of the injured parts, and that a little of an anodyne, composed of laudanum and tr. hyosciami, should be given, though there appeared no absolute necessity for such medicine. At my next visit, a little before noon, every thing wore a comfortable aspect—the flour covering the face and neck, the boy perfectly quiet, expressing himself as very easy whenever spoken to concerning his condition. In the evening, there was nothing untoward; a little swelling about the mouth and nates was to be noticed, but the whole system was wonderfully composed. I ordered barley water, or tea, for drink, and another dose of the anodyne at night,—likewise that flour should be put upon any part that might appear moist or uncovered. At my visit next morning, I had the gratification of finding the little patient in every respect as well as could be wished, having passed a tolerably easy night, and able to answer questions very comfortably. Pulse nearly natural—tongue moist—breathing free and quiet—swelling about the mouth, &c., rather abated, though still rendering the taking of any thing painful. The inflammation, which, at my first visit, threatened the most unfortunate consequences, had been amazingly kept under; in short, under existing circumstances, nothing could proceed more favourably. As the bowels had not been moved lately, I wished a dose of ol. ricini to be administered, and the diluents to be continued. At night there existed the same composure as before, and freedom from fever or extension of inflammation. *The flour kept the part quite cool*, and had, in many places, formed a compact paste. Some diluents were taken in the course of the day, and as the ol. ricini had produced but a slight effect, it was ordered to be repeated. No anodyne to-night. On Sunday I had the pleasure of still observing my patient go on satisfactorily—in a way, indeed, such as I had never seen before in similar cases, where so much pain and distress had commonly rendered attendance truly unpleasant. Here the suffering was, for the most part, trifling; little, nay, almost no re-action had taken place, nor was there what could be deemed one unfavourable symptom. The ol. ricini answered better to-day; I considered any thing further unnecessary, beyond a few drops of tr. hyosciami now and then, for the purpose of allaying any restlessness that might arise from the stiffness of his face, as well as for keeping his bowels regular. To relate any thing in detail further concerning this case, would only be an useless expenditure of time; it will be sufficient to say that the boy is speedily recovering his wonted spirits and looks, his face and neck becoming free from the flour, which was allowed to come off in flakes, leaving some parts underneath dry and free from excoriation, and others undergoing very slight suppuration, so as to afford hopes of there being in the end but small if any disfiguration, notwithstanding the appalling nature of the accident.

---

[*] Dr. Holme, of Manchester.

It would have been no easy matter in some houses to have kept the inmates satisfied with a method of cure apparently so simple and homely; but, in this instance, the father and mother of the child being persons of intelligence, there was no difficulty of such a nature; to obviate which it may be needful, occasionally, to have the flour sent in a formal manner. Covering the whole with a cloth, or cloths, is recommended generally for the sake of keeping the air more perfectly excluded, which must be desirable, especially in winter; but in this case it could not be done, owing to the repugnance of the child, *who would allow nothing but flour to be applied*; and it could not fail to strike one that this substance possessed a high power in conducting caloric, whether in powder, or after it had formed that amylaceous paste, which it did in many places. *There was an expression of comfort after each application of the flour.*

It ever must afford satisfaction,

> ———————— "conferre labanti
> Rober et afflictis solatia reddere membris," &c.

But when a method in itself so simple, and yet so effectual, can be had recourse to for the purpose, it is but fair to express a sentiment of gratitude towards the person who has had the good fortune to make the discovery, and give it publicity.

I am, Sir, Yours respectfully,
EDWARD TATHAM,
Surgeon."

"Dr. Ward, Manchester."

ON INCURABLE DISTORTIONS OF THE FEET.

To the Editor of THE LANCET.

SIR,—I now send you an account of some cases that were alluded to in my last communication.

I am, Sir,
Your most obedient servant,
T. SHELDRAKE.

No. 73, Great Titchfield Street,
Portland Place.

CASE 1.—In the year 1792, I was desired to meet the late Dr. Alderson at Norwich, in consultation on the case of a young lady. At that time she was about two years old; she was finely formed in every particular, except that her feet and knees were strait, and rigidly confined in the positions that are represented by the annexed figures, which I drew from them at the same time. When looked at, as she sat behind a table, she had all the appearance of good health; but her legs and thighs were under the influence of palsy, and quite void of sensation, as well as rigidly confined in the positions that are represented here. It was imagined by some gentlemen, who had been previously consulted, that this was a case of paralysis, connected with disease in the spine, and it was proposed to subject the patient to the treatment that had been proposed by Mr. Pott for the cure of that disease; but the parents refused to subject the child to that treatment, and it was left to Dr. Alderson and me to ascertain, so far as it might be done, what was the real state of the case, and what could be done to assist the patient.

After the most accurate examination, we agreed that there was no disease, or peculiarity, in the spine, or in any parts of the body that were connected with it; what disease there was, was confined to the thighs, legs, and feet, which were exactly as I have just described them.

Presuming that the disease was palsy, and confined to the situation that has been described, and having seen many cases of paralytic affections in young children, some of which had long existed, and then disappeared suddenly, while others had disappeared after having existed but a short time, it occurred to me, that if this child should, at any future period of her life, get clear of the paralytic affection, either by the effect of medicine, or the effort of nature, she would still have her legs and feet useless, and, from the position she would necessarily keep them in, have them a very great incumbrance to her.

For this reason, I proposed that I should be allowed to reduce her feet to their natural form and position, and take such precautions as would be necessary to keep them in the situation to which they would then be brought; all this I was certain that I could effect; if she, afterwards, recovered the power of using her feet, she would walk without difficulty; if she did not, her situation, sitting with her feet before her in the natural position, would be more comfortable than it would be if she was obliged to keep them in the very inconvenient situation they were in at that time.

I was permitted to do this; in about three months I reduced the feet to their natural form and position; gave them so much flexibility, that, with my hands, I could easily place them, or the knee-joints, in any position that was within the range of their natural action, but they showed no muscular power, or tendency, to remove themselves from the position in which I placed them. I supplied such means as were necessary to keep them in that situation, and then took my leave.

I never saw this patient afterwards, but I lived in familiar intercourse with Dr. Alderson so long as he remained alive, and learned from him, that as he lived upon terms of intimate friendship with the family, he was well acquainted with every thing that related to our patient. From time to time he tried every thing in medicine that suggested itself as being likely to be of service to this lady, but no alteration was ever produced; her health was always good, but her feet remained in the same state that I left them. She was a member of a wealthy family; all her relations exerted themselves to the utmost to procure and give her every enjoyment of which she, in her unfortunate situation, was capable. She was highly educated, and acquired every literary and elegant accomplishment that wealth could procure; she was very highly accomplished in every thing of this kind; and, so long as Dr. Alderson lived, I knew from him that she continued without any alteration in the form or power of her legs; she had become a very beautiful woman, in every other respect, and enjoyed whatever health, wealth, and the most affectionate relations could procure for her. Since Dr. Alderson died, I have been many times in Norwich, and ascertained that this lady was still living in the same state that Dr. Alderson described her to be in; and I have reason to believe that she is still living in the same state; if she is, she has passed thirty years in a state of happiness that she would not have enjoyed had she been subjected to the ill-judged experiments that it was proposed to make upon her in the early part of her life.

Case 2.—In the year 1793, I was consulted about the child of a gentleman in Dublin; he was then about ten years old. About two years before he had a long illness, of which I did not get a clear account; it was said, however, that upon recovering from that illness he did not walk so well as he had done before; he, at the time that I saw him, walked, with some difficulty, upon his toes; this peculiarity was increasing at the time I saw him.

The general appearance of both his legs resembled that of the leg of Capt. Darley's son, as it is represented by the figures at page 270 of The Lancet. When attempting to reduce them to their natural position, I found considerable resistance from the contractile action of the gastrocnemii muscles and tendo-achillis; it required much force to counteract this contraction, and, during the time that I attempted it, he complained of great pain in the whole course of those muscles. There was, likewise, a tendency to keep both the elbows and knees bent, and the fingers on each hand straight, so that he passed from one side of the room to the other holding by chairs, tables, or other pieces of furniture, or by leaning his hands against the walls, when there was no furniture in the direction in which he wished to go.

This appeared to be a proper case to try what could be done by instruments, which should be applied to keep the feet extended, to confine them to their natural positions, with an attendant to lead him about, and thus to ascertain what advantage might be derived from exercise that was so obtained, and regularly kept up. Upon my return to Dublin the following summer, he was worse in every respect; his attendant could not manage his instruments, which, therefore, had been laid aside. Medicine, in every form that could be devised, had been administered by many gentlemen who were consulted, but no benefit was obtained from them. When I attempted to make extension of any of his limbs, as would enable me to bring them into their natural positions, he resisted my attempts with all his strength; when I used so much force as overcame the resistance he made, he seemed to feel great pain, and, upon removing my hands, his feet instantly relapsed into their former state of contraction. When he attempted to move round the room, in the same manner he did when I saw him the preceding summer, he crouched with his seat much nearer to the ground, and all his limbs were very much contracted, so that he could scarcely move at all. *It was evident that I could not render him any service.*

On my return to Dublin, the third year, all the symptoms were greatly aggravated; he was no longer able to move himself from one situation to another, but remained in one place, till, by his desire, he was removed to another. The contraction and rigidity of all his limbs was very greatly increased, but not so much as prevented me from attempting to extend them, but this attempt required so much exertion and caused so much pain that I did not repeat it; it was evident that the cause of the resistance, whatever it was, was greatly and rapidly increasing.

On my returning to Dublin, the fourth year, I saw this patient, with all his symptoms so much aggravated that he was no longer capable of locomotion, but was removed from his sofa to his bed, as occasion rendered it necessary. From the first time that I saw him he never talked freely, as other children of his age usually do; his ideas seemed to be confused, and there was much irritability in his temper; all these peculiarities had increased in the same proportion as his other symptoms, and the last-mentioned had now greatly increased, and become so violent as to be very troublesome to all that were about him, and he had now the appearance and manner of a passionate ideot.

My last visit to Dublin was in the year 1800, when I was told that he died some years before, with all the symptoms that I had seen him labour under for so long a time, very greatly aggravated, till the time of his final dissolution.

Case 3.—A gentleman, in Dorsetshire, had a son born with his feet distorted, like one of the cases that is described and represented at page 142, &c., of The Lancet, but they were not distorted to so great an extent. He was placed under my care when he was about three months old, and, at the end of four months, his feet were reduced to their natural form so completely that he was removed, to all appearance, perfectly well.

Three years afterwards he returned under my care, as he had, in the intermediate time, relapsed; he had been placed upon his feet, and walked, when I now saw him, very imperfectly upon his toes, something like the feet that are represented in the annexed figures, but were not so much distorted, or so rigid, as the feet were which those figures represent. His knees were a little bent and contracted; he used his hands but imperfectly, and his speech was so imperfect that he was not very intelligible to those who were not always with him, but those who were understood him very well. His health, at this time, was so indifferent, that it was thought necessary for the family to live in the country, that he might have the benefit of the air while I attended him. At this time, peculiarities in his manner began to appear, which rendered much caution necessary in the management of his feet. After an attendance of several months they seemed to be restored to nearly their natural state, and he was again removed.

When he was about nine years old he was brought back a third time; all the symptoms, both mental and corporeal, were now greatly exaggerated, beyond what they had been on my second attendance; his legs were much worse; he was less able to walk, or to make use of his hands; his eyes were fixed, and his speech was less intelligible, although he knew, and would talk, in his own way, to those who were then about him. He was quite reconciled to me; but when I was employed in doing what was necessary to his feet, he watched my proceedings with anxiety; he held my hands with all his strength, but still I was able to out-manœuvre him, till I brought his feet upon the ground, when his resistance ceased, and every thing went on well till I saw him again the next day. In this way I proceeded, and, after a long attendance, I brought him again to walk with his feet flat on the ground, but all the other peculiarities of the case remained in full force. In this condition he returned into the country, and I was afterwards informed that he became worse and worse, and, at the end of several years, he died under circumstances that were very similar to those which took place in the case that was last described.

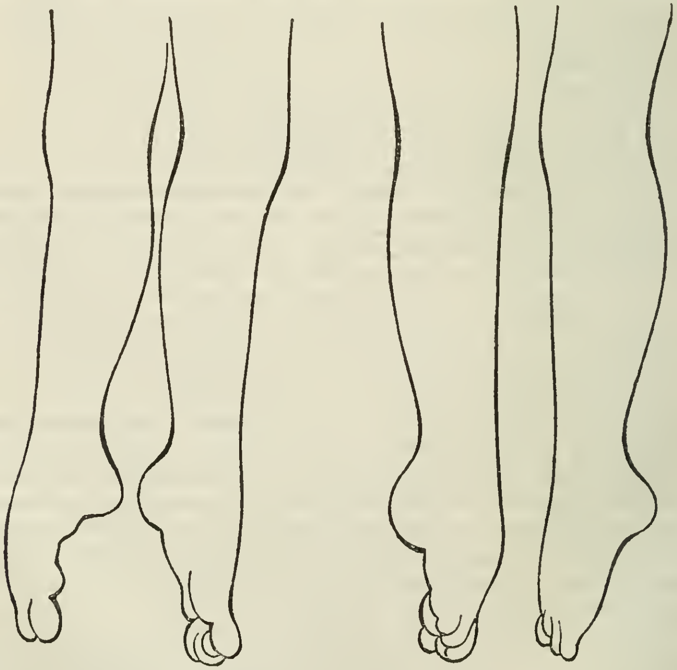
The late Dr. Rowley desired me to visit a patient who was placed in his house, that his health might be under his care, at the same time that I was employed in curing the defects of his feet.

This patient was a boy, about six years old, whose case was in every particular similar to that which was last described, except that he appeared to have less intellect, and more violence in his temper, so that I found it was very difficult to keep him still, while I took the measures that were necessary to prepare what I should have occasion to use in curing his feet. I asked Dr. Rowley what was his opinion of the case? He said, the defects in his feet and legs were such as I should be able to cure, and the rest of the case he would manage himself. I mentioned the two cases that I have just described, and the conjecture I had formed, that there was some peculiarity in the constitution, which affected both the nerves and muscles, and might oppose obstacles to the cure, which it might be difficult to overcome, if it should be at all practicable to do so.

Dr. Rowley said, that in all this I was mistaken. The patient was an artful, ill-tempered, spoiled child, who, having been accustomed to gain whatever he wanted from his mother, by flying into violent passions, had adopted this practice upon all occasions; but I, said Dr. Rowley, will effectually cure him of it, as he would now show me. Something that I did, in taking my measures, displeased the child; his usual fit of passion came on; the Doctor placed him in a chair, and ordered him to be *quiet instantly*; the child stormed; the Doctor made more noise than the child made, shook him heartily, gave him some slaps on the hands, and he became quiet. That is the way, said Doctor Rowley, that I will bring him to good order. I proceeded to make the preparations that would be necessary for my part of the business, but, ere I had completed them, Doctor Rowley wrote to inform me, that I needed to do nothing more, because the *child was dead*.

This led me to make inquiries upon the subject from the Doctor, who told me, that on the morning when the case finished, something was done that displeased the patient, who became violently enraged, and stormed with more than usual violence; the Doctor stormed with more violence than his patient, who still rose in energy above the Doctor. The rage of the child still increased; the Doctor slapped the patient's hands, the child's violence still increased, *and he suddenly fell dead upon the floor*.

I have seen many other cases of distortion of the legs and feet, which nearly resembled cases that I could easily and certainly cure, but which were connected with circumstances that rendered the cure difficult, uncertain, and even impracticable; therefore, at the same time that I am authorised to say, all the cases that I have seen, where the distortion is *only* produced by the interruption or disuse of muscular action, the powers and the forms of such members may be completely restored by the treatment that I have described; but it must likewise be observed, that cases which, in appearance, resemble these, are often confounded with them; and when this is the case, disappointment must ensue, that will be disagreeable to all the parties that are concerned in them.



THE LANCET.

London, Saturday, August 16, 1828.

The plan of the Medical Provident Institution of Scotland, which originated with Dr. Allison of Edinburgh, embraced a variety of objects, beside that of securing annuities for the widows and children of members of the Medical Profession. It seems to have been the aim of Dr. Allison to unite the advantages of a Life and Annuity Assurance Company, a Friendly Society, and a Savings Bank; the funds of each branch of the institution, however, being kept separate, and made applicable only to the particular object which the contributor might seek to secure. In the first of these departments there is this important modification of the ordinary operation of life assurances, that members have the option, at certain ages, of converting their policies into annuities for themselves, or for their widows, or other nominees; an arrangement by which the assured may render the value of their past contributions available during their own lives. The principle of a tontine is also introduced into this department of the institution, with a view of raising endowments for children. The sums deposited for different classes of children of the same age are to accumulate at compound interest, and to be divided among the survivors, when they attain the age of twenty-one; the interest of the accumulated fund of each class to be applied, at certain ages, towards the expences of their education.

That branch of the Institution, of which the principle is, in part, founded on that of the Friendly Societies of the mechanics, has for its object, the payment of sums during professional incapacity from sickness, or other personal disability, in the middle ages of life, to be succeeded by permanent annuities, to commence in old age. Thus a person of the age of 21, by the payment of 48*l.* 17*s.* 3*d.* in one sum, or of 2*l.* 16*s.* 4*d.* till he attains the age of 60 will be entitled to 1*l.* per week during professional incapacity, subject to certain limitations; to a permanent annuity of 26*l.*, to commence at the age of 60; and to the sum of 26*l.* to his heirs, or others, as he may direct, payable within three months after his death. The same benefits may be assured at any other age, by a contribution regulated according to a graduated scale; thus, at the age of 40, the single payment amounts to 105*l.* 0*s.* 6*d.*, and the annual payment till 60, is 8*l.* 7*s.* The Institution also assures deferred annuities, or annuities commencing in old age, unconnected with any benefit during professional incapacity.

The Savings Bank department of Dr. Allison's institution would perhaps require, in order to render it available to any beneficial extent, the same species of parliamentary encouragement which is extended to the national Savings Banks. This encouragement would, in all probability, be easily obtained, provided the objects to which the savings are to be applied be sufficiently defined; and the temptation of a higher rate of interest might reconcile some individuals to investing their money in such a fund, who might otherwise feel their dignity somewhat compromised by contributing to it. Considerations of pride or dignity, however, may well be dispensed with, in judging of the expediency of promoting the interests of such an institution as that which has been founded by Dr. Allison. The object of such an institution is to do good, and no man need be ashamed of the means by which this object is accomplished. Besides, the proudest among us are not exempt from the vicissitudes of fortune, and may one day lament the bitter consequences of improvidence; but no man ever yet reproached himself with having been too provident.

How far the plan of the Scotch Institution, or, at least, some parts of that plan, might be successfully adopted in forming a Medical Provident Association in this country, may be matter for future consideration. The part of the scheme, which appears least likely to meet with general support, is that which assures annuities commencing in old age. Few men, in the outset, or, indeed, at almost any period of their professional career, would make any great sacrifice of their capital, or income, for the sake of providing against the possible necessities of their o'd age. Men seldom think of remote calamity; or, if they think of it at all, their self-love prompts them to believe that they will be exempted from it. MACHIAVELLI, by way of illustrating the readiness with which men, for the most part, despise distant danger, has observed, that if a man's passion for a woman, of whom he was violently enamoured, could be gratified only on the condition of his instant and inevitable decapitation, the lady's virtue would be in no danger; but that if the condition annexed to the gratification were the lover's perdition in the world to come, he would not answer for the preservation of her honour. This remark is founded in an accurate, though, in respect to the particular illustration, not a flattering estimate of human nature. To apply it to a case in which the feelings of mankind are less open to censure, we may observe that men generally want a stronger inducement to be provident, than that which is suggested by the dread of any remote evil which may befal themselves. This stronger inducement is supplied by the anxiety which they feel for the future welfare of those who are nearest and dearest to them—their wives and their children. It is that part of Dr. ALLISON's plan, therefore, which has for its object the assistance of the widows and orphans of medical men, to which the most general support is likely to be given, and which may, we think, be most beneficially adopted, in the event of an association being formed in this country, embracing the interests, not of a particular class of practitioners, or of practitioners residing within certain districts, but of the whole medical profession.

The sentiments of the profession on this subject may, at the present period, be more conveniently collected through the medium of a medical journal, than at a public meeting. We repeat that we shall most cordially render all the assistance in our power towards accomplishing an object in which so large a proportion of the profession are, as husbands and fathers, already interested, and in which we trust the few, who are at present not so interested, may speedily become so.

Poor Dr. JAMES JOHNSTONE has again put forth a voluntary affidavit, sworn before Mr. ALDERMAN GARRATT, with a view of proving that the sale of his Fasciculi is undiminished, and he complains bitterly of the pertinacious malevolence with which we have declared his Quarterly Journal to be defunct. This, he says, is so far from being the fact, that he is ready, if need be, to make oath and say, that the thing which he publishes once a fortnight is, to all intents and purposes, a quarterly journal. Truly, we know of nothing to restrain the Doctor, provided he can find an Alderman to listen, and a clerk to take the fee, from making any *ad libitum* number of voluntary affidavits in confirmation of any phantasies to which, in his fits of cerebral congestion, his diseased imagination may give birth. Is the Doctor aware—we presume he is—that a voluntary affidavit, as it is called, that is to say, an affidavit having no reference to a judicial proceeding, gives no additional legal sanction to a man's affirmation, inasmuch as the party who swears is not liable to any punishment, if he makes oath to a lie? Neither is it any moral or religious sanction to a man's credit; on the contrary, the resorting to a nugatory ceremony creates a suspicion of his good faith, as when a Jew swears, as he hopes to be saved, that he loses by you in taking your bidding for his lemons. It is, we repeat, the last resort of forlorn blacking-venders, brewers of small ale, and expiring empirics; and it serves no purpose, except that of putting the public upon the alert, to reject the thing sworn to as utterly unworthy of credit.

POISONING BY PRUSSIC ACID.

The attention of the public in this country has recently been directed to the subject of poisoning by Prussic Acid, in consequence of the suicide of a condemned felon, by this means; and, in France, at the present moment there is much excitation on the same subject, from the occurrence of a most lamentable catastrophe in one of the public hospitals; no less than SEVEN patients having been poisoned by the incautious use of it.

It may not, therefore, be considered *mal-a-propos* at the present juncture to speak of this most energetic poison, generally.

The prussic, or hydrocyanic acid, is a colourless liquid, having a smell similar to peach blossoms; it has a sharp taste, at first cooling to the tongue, but subsequently hot and irritating. It exists as the poisonous ingredient in a great variety of native combinations in the vegetable kingdom, as in the cherry laurel, (prunus lauro-cerasus) bitter almond (amygdalus communis); the kernels of various fruits; the pips of apples; the leaves, flowers, and kernels of the peach,* &c.—The prussic acid was first obtained from the well-known colouring matter called *Prussian blue*, by Scheele, a German chemist, in 1782, and hence the name *prussic* acid. It was not, however, until the year 1808 that chemists were fully acquainted with its nature. Gay-Lussac, a French chemist, at this period, obtained it in a state of purity, and pointed out the elements of which it is composed. The result of his researches was, that the base of the acid is a compound of azote and carbon, which he denominated *cyanogen*, because it is the principle which generate sblue, or, literally, the blue-maker; and this cyanogen, uniting with hydrogen, constitutes the *hydrocyanic* or prussic acid, the hydrogen being the acidifying principle.

Prussic acid, in its concentrated state, is one the most violent poisons yet known, and its virulence is in proportion to its purity. Magendie states, as the result of his experiments, that a single drop of the prussic acid being conveyed into the throat of a strong dog, the animal fell down dead and stiff, after two or three inspirations. When a rod, dipped into it, is brought in contact with the tongue of an animal, death ensues before the rod can be withdrawn. A particle of the acid, applied to the eye, produces equally sudden death; and if a bird be held a moment over the mouth of a vial, containing the acid, it dies. Scharinger, a professor at Vienna, having prepared a pure and concentrated prussic acid, spread a small quantity on his naked arm, and died very shortly afterwards. Orfila relates the following instance: "M. B., a professor of chemistry, inadvertently left upon his table a flask, containing alcohol impregnated with prussic acid. The servant girl, enticed by the agreeable smell of the liquid, swallowed a small glass of it. At the expiration of two minutes she fell dead, as if she had been struck with apoplexy." Hufeland relates the case of a man who, being apprehended as a thief, swallowed some prussic acid at 2 P. M.; he staggered a few steps, and fell; the pulse could not be felt, and there was no trace of breathing. In a few minutes a single and violent expiration took place; the extremities were cold; the eyes half open and shining, but without any irritability. At night he was stiff.

These instances are sufficient to show that, in its pure state, the prussic acid is a most terrible poison, destroying life with the rapidity of lightning. There is no peculiar set of symptoms which can be considered as characteristic of the administration of this poison; if it does not immediately kill, convulsions generally supervene; but these, we scarcely need say, are the common results of the majority of poisons. Neither are there any distinctive signs revealed on dissection of bodies which have died from the exhibition of prussic acid. In the case related by Hufeland, the pia mater and vessels of the brain were filled with blood; the stomach was highly inflamed, and presented gangrenous spots of the size of a sixpence; the villous coat separated on the slightest pressure of the nails; all the blood was collected in the veins, whilst the arteries were empty, and it was generally of a black blue colour, fluid, yet thick, like oil, and had a most penetrating smell of bitter almonds. M. Robert, in examining a dog, found that the brain was healthy in appearance, but exhaled the odour of prussic acid. The tongue was soft, bluish, and hung out of the mouth; the mucous membrane of the trachea was preternaturally red; the lungs were of a bright red hue, and the heart was filled with very dirty deep red blood; the veins contained very thick and dark-coloured blood. The lungs and heart, and their contents, exhaled the odour of prussic acid.

---

* It is well known that the peach leaves are used for the purpose of flavouring the *liqueur*, called NOYEAU; as laurel leaves are also for custards.

Although we have no physical signs in the change of the structure of the body, by which we can recognise the exhibition of the poison in question; yet, by the aid of chemistry, we are enabled to detect even the most minute portion. One ten thousandth part of prussic acid in water, may be discovered by the addition of a few drops of a solution of sulphate of iron. The extreme delicacy of this test is, however, surpassed by another recommended by Lassaigne, in which copper is used, and which will detect $\frac{1}{20000}$ of hydrocyanic acid in water. The liquid containing the acid must be rendered slightly alkaline, with potash; a few drops of a solution of sulphate of copper are then to be added, and afterwards sufficient muriatic acid to re-dissolve the excess of oxide of copper. The liquid will appear more or less milky, according to the quantity of hydrocyanic acid present. It has been recommended, in examining the bodies of those suspected of being destroyed by prussic acid, to collect the blood contained in the ventricles of the heart, a portion of the contents of the stomach and of the duodenum, together with any fluid that may be found in the head, chest, or abdomen; these to be agitated for some time in distilled water, the fluid then to be filtered, and submitted to the chemical tests enumerated. Lassaigne injected into the œsophagus of a cat twelve drops of pure hydrocyanic acid, diluted with sixty drops of distilled water; the animal immediately appeared weak, the respiration became slow, there were slight convulsions of the limbs, and it died *one minute* after the injection of the poison. At the moment of its death a vapour came from the throat smelling strongly of prussic acid; and a paper, moistened with alkali, when held to it, was afterwards rendered blue by persulphate of iron. The stomach was cut into pieces under water, and both the stomach and water were then put into a retort, and subjected to heat; when about an eighth of the liquid was distilled, it was submitted to chemical examination, and by using the copper test, Prussic acid was readily detected.

In respect to the *antidotes* to prussic acid,—strictly speaking, there are none, for when the concentrated acid has been given, it acts with such tremendous rigour, that life is extinct before any succour whatever can be given. If the symptoms have been produced by a dose of the weak acid, or by plants which contain it, it is advisable first to excite vomiting by means of tartar emetic, and then to administer ammonia, brandy, camphorated spirit, or oil of turpentine, separately or conjointly.

The account which has reached us, respecting the death of seven patients by prussic acid, in one of the French hospitals, (Bicêtre), is as follows:—M. Ferrus, one of the physicians, was in the habit of employing prussic acid in cases of epilepsy; and the formula which he used was that of Magendie, under the title of syrup of hydrocyanic acid, consisting of one part of medicinal prussic acid to 128 of syrup. In private practice, the medicine had always been procured at the shop of M. Pelletier, and an ounce was usually prescribed for a dose. M. Ferrus, wishing to try the medicine in the hospital, ordered it in the dose of an ounce to fourteen epilectic patients. The house surgeon represented to M. Ferrus, that drachm doses only were given, and that these occasionally produced unpleasant symptoms. This induced M. Ferrus to prescribe half an ounce, although he had, as before stated, usually directed half an ounce to his patients in private practice. The medicine was procured from the *Pharmacien Centrale des Hopitaux*, where the syrup is prepared according to the *Codex*, or French Pharmacopœia, which is, one part of prussic acid to nine parts of syrup. The Infirmary-man commenced the exhibition on the 14 epileptics; by the time he had given it to the seventh, the first was dead, and the others expired in the course of twenty minutes. Magendie uses the acid prepared according to the formula of Gay-Lussac; he adds six times its volume, or 8.5 times its weight of distilled water, and he then designated it medicinal prussic acid. The acid directed in the French Pharmacœpia, is prepared according to the process of Scheele, which, in the opinion of Magendie, is exceedingly uncertain in its results. The formula of Gay-Lussac, or of Vauquelin, should always be followed. Mr. Garden, of Oxford Street, prepares it according to Vauquelin; it is made at Apothecaries' Hall by Scheele's process.

HARDENING OF STEEL BY A CURRENT OF COMPRESSED AIR.

From the observation of travellers, that the manufacture of Damascus blades was carried on only during the time when north winds occurred, M. Anozoff made experiments on the hardening of steel instruments by putting them, when heated, into a powerful current of air, instead of quenching them in water. From the experiments already made, he expects ultimate success. He finds that, for very sharp-edged instruments, this method is much better than the ordinary one; that the colder the air and the more rapid its stream, the greater is the effect. The effect varies with the thickness of the mass to be hardened. The method succeeds well with case-hardened goods.

INNOCUOUS NATURE OF PUTRID ANIMAL EXHALATIONS.

A COMMITTEE have been engaged in France in examining the circumstances relative to the knacker's operations. His business consists in killing old worn-out horses, and turning every part of their body to account. The most singular results which the committee have obtained relate to the innocuous nature of the exhalations arising from the putrefying matter; every body examined agreed that they were offensive and disgusting, but no one that they were unwholesome; on the contrary, they appeared to conduce to health. All the men, women, and children concerned in the works of this kind had unvarying health, and were remarkably well in appearance, and strong in body. The workmen commonly attained an old age, and were generally free from the usual infirmities which accompany it. Sixty, seventy, and even eighty, were common ages. Persons who live close to the places, or go there daily, share these advantages with the workmen. During the time that an epidemic fever was in full force at two neighbouring places, not one of the workmen in the establishment at Montfaucon was affected by it. It did not appear that it was only the men who were habituated to the works that were thus favoured: for when, from press of business, new workmen were taken on, they did not suffer in health from the exhalations.

In confirmation of the above observations, similar cases are quoted: above 200 exhumations are made yearly at Paris, about three or four months after death; not a single case of injury to the workmen has been observed. M. Labarraque has observed, that the catgut makers, who live in a continually putrid atmosphere, arising from macerating intestines, enjoy remarkable health. Similar circumstances were remarked at the exhumations of the Cimetière des Innocens.

Whatever disease the horse may have died of, or been killed for, the workmen have no fear, adopt no precautions, and run no risk. Sometimes, when strangers are present, they pretend to be careful, but, upon close inquiry, laugh at such notions. They handle diseased as well as healthy parts *always with impunity.* They frequently cut themselves, but the wounds heal with the greatest facility, and their best remedy is to put a slice of the flesh about the wound.

On making inquiry of those to whom the horse-skins were sent, and who, besides, having to handle them when very putrescent, were more exposed to effects from diseases in the skin, they learnt that these men, also, from experience, had no fear, and never suffered injury. Horse-skins never occasioned injury to those who worked them, but in this they differed from the skins of oxen, cows, and especially sheep, which sometimes did occasion injury, though not so often as usually supposed.

CUVIER'S EXPLANATION OF ACCIDENTAL COLOURS.

M. G. Cuvier thinks, that the production of all the accidental colours may be explained by this very simple fact, that the retina which has just been subjectd to the impression of a colour, becomes, from this very circumstance, incapable of immediately receiving the impression of a fainter colour of the same kind. A very simple experiment, and one which every body has made, without reflecting upon it, confirms this truth. When toward evening, one looks to a window, he sees the wood surrounding the panes of a dark colour, while the latter are still light. If, after looking steadily for some time at the window, he turns toward the opposite side of the room, which is darker, he sees there an image of the window. This phenomenon can only be explained by admiting, that the part of the retina on which the image of the window is painted, becomes, in consequence of the vivacity of the colours of which the image was formed, incapable of receiving any impression on the part of the dark points of the opposite side of the room; whence results the image seen on the wall. The phenomenon which the retina presents in this case exists more or less with respect to all our senses; each of which, after being submitted to a rather vivid impression, becomes, from that very circumstance, incapable of experiencing a weaker impression of the same nature. It is enough to eat a bit of sugar immediately before taking one's coffee, to find that the coffee is not sufficiently sweet. What takes place in this case, with reference to the sense of taste, is analogous to what was observed with respect to the sense of sight in the case of the window. The application of this to the phenomenon of accidental colours is easy. If, for example, an ace of diamonds be fixed on a card, one cannot look at it for a very short time, without letting his eyes vacillate to either side. From this moment, the eye, having become insensible to the red rays, will only see in the white of the card, the green of the band of that colour which surrounds the red. What proves the accuracy of this explanation is, that if, after looking at the red ace, one directs his eye to a distant part of the card, he sees a figure of the same form, and of a green colour, the perception of which is owing to the cause already pointed out.

RESPIRATION OF THE CRUSTACEA.

MM. Audouin, Milne, and Edwards, read lately to the French Academy of Sciences a fourth memoir "On the Anatomy and Physiology of the Crustacea." The following is the title of their memoir:—*De la Respiration aërienne des Crustacés, et des modifications que l'appareil bronchial éprouve dans les crabes terrestres* There result from the observations and experiments contained in this memoir, 1. That, in all the crustacea, the bronchiæ are fitted to perform the functions of respiratory organs, in the air as well as in water; 2. That the more or less rapid death of the aquatic species when exposed to the air depends upon various causes, of which one of the most direct is the evaporation from the bronchiæ, which produces their dessication; 3. That, consequently, one of the conditions necessary for the support of life in animals, which have bronchiæ, and live in the air, is having these organs defended against dessication; and, lastly, that these indispensable dispositions are actually met with in the tourlouroux and other land crabs, which all possess various organs destined for absorbing and keeping in reserve the quantity of water necessary for maintaining a suitable degree of moisture in the bronchiæ.

CURIOUS APPEARANCE OF THE BLOOD.

To the Editor of THE LANCET.

SIR,—Should the following case be found worthy your notice, you are at perfect liberty to insert it in your excellent publication, "THE LANCET."

Yesterday morning a patient came to me, complaining of pains in his head, chest, and back. His pursuit is that of a gardener; age 33; rather a spare fibre; temperate habits; his pulse hard and full. I advised him to lose blood; he consented, and the peculiar appearances which followed its abstraction, as a novelty, I am induced to transmit you an account of. Seven ounces of blood were taken away; but before the arm was tied up, the blood assumed a peculiarly white hue, obliterating altogether the appearance that *blood* had been drawn; for it resembled a basin of *milk* more than any thing else. Not being satisfied with its very odd appearance, I selected another basin, and took away five ounces more; which had the same complexion and character as the other. One ounce more in a separate vessel followed; and deliquium for a few minutes succeeded. A powder was given, composed of calomel and rhubarb; and, this morning, he says "he is quite well."

As the blood cooled, the *whiteness* of the serum became more and more opaque, resembling *cream*; the crassamentum in the first vessel assumed a type of inflammatory covering, with a coating of ⅛ of an inch in thickness, of the ordinary buff-colour; but its body would not resist the slightest elevation without falling apart; it is of a perfectly livid hue, and less in proportionate quantity to that of serum. The liquid, in the second basin, had the same appearance in colour, but rather thinner in consistence; while the coagulum was more natural, very little inflammation being visible on its surface. The last ounce bore the same appearance as the foregoing.

As I never met with an instance of the kind before, and find only two cases recorded by "Hewson, p. 144 and 146," as something similar,—I intend to repeat the bleeding in the course of a week, in order to afford another specimen of so very curious an appearance.

I am, Sir,
Your's obediently,
GAY SHUTE, Surgeon.

Watford, Herts, July 28th, 1828.

ABUSES IN ST. BARTHOLOMEW'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—I do not feel inclined to leave unnoticed a paragraph in the Weekly Excrescence of last week, under the head of "Notices to Correspondents," in which the editor politely declines inserting a letter of the "Bartholomew Pupil," in reply to my answer in THE LANCET to a former one in the Excrescence, headed "False charges against Messrs. Vincent and Earle;" I will not leave it unnoticed, because I believe the editor of the Weekly Excrescence to be afraid to publish that reply; I believe that he dare not do it, and for this plain reason, that he finds himself on the lame side of the question; I shall therefore take the liberty of telling him, that he shuffles out of the affair in a mean and dirty manner, like a cowardly boaster, whose effervescence of character shrinks back, at the hour of danger, into the insignificance of itself.

And now for a few comments upon this worthy editor's remarks; in this said paragraph he says, "That as his correspondent *fully refuted the charges* brought against Messrs. Vincent and Earle, he thought it unnecessary to publish the letter before him," and, in the next sentence, requests the "Bartholomew Pupil to bear in mind, that when THE LANCET has once asserted an untruth, HE never has the honesty to retrace it, but *reiterates his falsehood in the face of the clearest evidence.*" Here are a pretty pair of sentences, Mr. Editor! Why, really, if the editor of the Weekly Excrescence had wished to damn himself, I do not think he could possibly have hit upon a surer method, than that of stringing these two sentences together upon this subject; for I will openly appeal to any candid inquirer, whether I have not completely overthrown every assertion brought forward by the "Bartholomew Pupil," in favour of Messrs. Vincent and Earle; and if I have not, let the "Bartholomew Pupil" openly and honestly reply to my letter, and let the editor of the Weekly Excrescence not fear to insert that reply, and I will pledge myself to do so; I shrink not from the question, but, on the contrary, court inquiry. I asserted opinions in the first instance respecting Messrs. Vincent and Earle, which they thought proper to proclaim as false, and I am now ready to stand forth in defence of those opinions on any grounds, and upon any terms, honest terms, my opponents may think proper. I own that I feel anxious to have the truth properly investigated, because I should esteem it an act of the greatest possible atrocity, to accuse Messrs. Vincent and Earle of neglect of duty, did not their conduct fully warrant me in making such accusations. However, I have affirmed that to be true, which my opponent's endeavours have failed to prove false; and should their silence prevent their being more involved in the argument than they already are, I shall esteem that silence as an acknowledgment of the truth of the assertions which I have made. In order, by the by, still further to prove the superior management of Mr. Lawrence, I would request any gentleman to go into his wards, and look over the boards of the new patients which have been admitted during his late absence, and to compare those boards with the others in the wards. Mr. Lloyd has had the care of the patients during Mr. Lawrence's absence, and there are not more than three or four boards, at most, with the diseases named on them.

Allow me to say, Mr. Editor, that I cannot help feeling highly flattered by my second letter being attributed to yourself; however, I can assure the editor of the Weekly Excrescence, and his friends, that I shall not be particularly anxious to keep my name backward, should I see the smallest necessity for its coming forward.

As to the comparing of Mr. Earle and the pupils to a bitch and her litter of blind puppies, it is untrue; the editor of the Weekly Excrescence seems really to have a difficulty in comprehending the meaning of our English language, should it not be written in his own hum-drum, monotonous style; he makes some strange blunders: I said, in effect, what I will now repeat in substance, that the terms "so kind and so attentive," were more appropriate to a bitch and her litter of blind puppies, than to a hospital surgeon and his pupils. Let the "Bartholomew Pupil" rather look for an opportunity of using the terms *honest* and *able*, when speaking of the surgeons of St. Bartholomew's, than the expressions above.

I am, Sir,
Your obedient servant,
A PUPIL OF ST. BARTHOLOMEW'S.

4th Aug. 1828.

NON-MEDICAL CORONERS.

To the Editor of THE LANCET.

SIR,—Every one who has perused your observations on the subject of "Coroners' Inquests," must own their truth, and agree that some reform is necessary in this valuable branch of medical jurisprudence. It is necessary that the evidence of a medical man should be taken and appreciated at every inquest. I believe that both these essentials are too often neglected—that medical men are frequently passed over, and that, when their evidence is taken, it is often little understood, and consequently not thought of. This points out the necessity of an alteration in this branch of the laws; and, certainly, coroners should be medical men, or should be directed to appoint a medical man to examine into the department of the evidence which belongs to medicine. A very superficial knowledge of the laws is necessary for the office of coroner. This is sufficiently evident from the fact, that very few coroners are men much versed or practised in general law. But a coroner should be fully acquainted with several branches of medicine which can only be acquired by a study of the profession. How often do we see the most absurd questions put to medical witnesses at inquests—questions, often, which cannot be answered, and which, consequently, depreciate the witness in the eyes of the public.

But there is one point to which I would call your attention, hoping that, by its being made known, coroners will, in future, not omit calling in medical men. I was lately called to see a man who was very ill: his symptoms were violent cough, difficulty of respiration, and vomiting, or expectoration, of blood; I could not ascertain which. I found him dead. Notice was given to the coroner, and I expected to be called upon to examine the body, for the cause of his sudden death was unknown. Judge, Sir, of my surprise, on hearing, on the second day following his death, that the inquest had been held, a verdict given, and the man buried, or about to be buried. It was a case of great interest, and I was, as you may expect, surprised at not having been summoned, disappointed of an interesting dissection, and disgusted with the haste with which the affair was hurried over. But for this there is no remedy by law. If coroners are still to be chosen from the hordes of small attorneys, I trust they will show a little more respect to medical men than was here exemplified; but I sincerely trust the whole subject will soon undergo a parliamentary investigation, with a view to a thorough reform.

I am, Sir, yours obediently,
X. Y. Z.

London, August 5, 1823.

DR. FOX'S GLASS-LEECH.

To the Editor of The Lancet.

Sir,—As it appears to be Dr. Fox's object to give every publicity to his newly-invented glass-leeches for cupping, and as the inventor may be thought to be somewhat partial to his own invention, perhaps you will allow me to bear testimony to their efficiency.

I have been in the habit of using the glass-leeches occasionally for the last ten months, and have never failed in procuring the requisite quantity of blood; and on the temple, and behind the mastoid processes, I have found them to be peculiarly advantageous, being enabled to take the full quantity at once, and in less time than it can possibly be accomplished by the common glasses, the repeated applications of which, by pressing on the arterial branches, frequently occasion considerable delay and difficulty.

In answer to a letter which I wrote to Dr. Fox, soon after the appearance of his first letter in The Lancet, he very politely sent me a drawing and description of his glasses, by which mine were made. I have since lent patterns (some having small mouths, adapted for the temple, &c.) to Messrs. Millikin and Co., surgeons' instrument makers, 301, Strand, who now keep them on sale.

I am, Sir,
Your obedient servant,
George Frederick Knox,
Surgeon-Dentist and Cupper to the
Central Infirmary, &c.
14, George Street, Adelphi,
Aug. 2, 1828.

CASE OF EXTRA-UTERINE FŒTATION, IN WHICH THE FŒTUS REMAINED IN THE ABDOMEN FORTY YEARS.

Communicated by Henry Lee Heiskell, m.d. *of Winchester, Va.*

The following case occurred in the poor-house of the parish of Frederick, in Virginia.

Venus Collins, a coloured woman, late of the city of Philadelphia, became pregnant with her seventh child, which she bore until her death, which occurred in the summer of 1825. As near as could be ascertained by a reference to the records of the clerk's office, and the statements of her fellow servants (one of whom was her daughter-in-law,) she was from seventy to seventy-five years of age, and carried the fœtus forty years. During this period, and in particular the latter part of it, she enjoyed remarkably good health for one in her situation, being only occasionally incommoded by a sense of weight and bearing down in her right side, which was sometimes accompanied with slight pain. In the early part of her pregnancy, she had hydropic effusions, for which she underwent the operation of paracentesis abdominis. She had no show of the menses after this period, nor did afterwards conceive again. For several years before her death, the infirmities attendant on old age, and the difficulties of providing for herself, rendered her removal to the Poor-house necessary, where she remained until her death, which happened in consequence of an attack of dysentery.

A post-mortem examination of her body was conducted by Drs. A. S. Baldwin and Holliday, in presence of several medical students. On making a crucial incision through the parietes of the abdomen, and turning back the flaps, a large bony tumour was found in the lower part of the epigastric region, inclining rather to the right side, and firmly agglutinated in front to the parietes of the abdomen, and behind to the small intestines. The only morbid appearances of the viscera presenting, were a diminished size of the uterus, and an obliteration of the fallopian tubes: the ovaria were not to be found.

The tumour itself was of an oblong form, which, when removed from its attachments, weighed four pounds and six ounces. The envelope formed a perfect bony hermetically sealed sac, on all sides, but rather thin at the part corresponding to the anus; for, when considerable pressure was made in the direction of its short diameter, a few drops of dark fluid made their way through the covering.

The substance of the sac or covering was of an ossific nature, of a dirty-white or cream colour, varying from two to three lines in thickness, and so resisting, that it required not only a strong knife for its division, but also a very considerable degree of strength.

On removing the sac, which had formed adhesions to several parts of the fœtus, particularly the superior part of the right thigh, a fœtus, perfect in its form and configuration, was presented, having apparently gone the full period of utero-gestation. Its position in the sac exactly resembled that of a fœtus in utero; having the chin resting upon the chest in such a manner that the face looked towards the left side; the trunk was incurvated, the legs bent upon the thighs, the thighs upon the pelvis and abdomen, the feet crossed, and the arms folded between the head and knees. Owing to the firm pressure of the sac, the abdomen and lower part of the chest received the impression of the arms and thighs; and the latter, in turn, from the same cause, were somewhat flattened.

The weight of the fœtus, divested of its covering, was three pounds and three-quarters, and measured, in its contracted state, eleven inches and one-half in length. So faultless was every limb and feature, (with the exception of the above stated,) that not one of them presented an exception worthy of special remark. The general aspect, however, of the fœtus bore evident marks of *age*, (if the remark might not be considered a contradiction.) The muscles and integuments were firmer and more consistent than in the natural state, and the latter were very generally ossified, except those portions which were covered by the foldings of the arms and thighs: consequently the integuments which partook of the ossific character had a decided preponderance over the parts which did not take on a change of structure. The pericranium was entirely in an ossified state, over which some traces of hair were discernible, and the remains of the eyelashes were distinctly perceptible.

On examining the contents of the cranium, thorax, and abdomen, the following appearances were noticed:—The brain was a soft pulpy mass of an ash colour, presenting nothing very remarkable in its appearance. The contents of the thorax and abdomen were in a singular state of preservation, as perfect as those of a stillborn child; nothing of decay or putrefaction could be discovered in any portion of them. The meconium had the usual dark appearance and consistence. The tongue was firm and ash-coloured; and the nails of the toes and fingers perfect. There were no traces of umbilical chord or placenta.

SOCIETY OF GERMAN NATURALISTS AND PHYSICIANS.

This Society has existed five years, and was principally established by Oken and Blumenbach. It consists of all German naturalists and physicians, who, by the publication of some work, have contributed to the progress of natural sciences. Meetings are held once a year during summer, at one of the principal towns of Germany, which is always fixed at the preceding meeting. The members assemble daily for several hours, and the meeting continues for about a fortnight. During this time, the collections of natural history, anatomy, &c., botanical garden, physical and chemical laboratories, &c., of the town are inspected, discourses on scientific subjects are held, and the best means considered in order to promote the national study of natural sciences. Hitherto the meetings, which were held successively at Leipsic, Dresden, Frankfort, Munich, and Berlin, have been numerously attended. Almost every important town, and every scientific society, sends some representatives; and from the liberality with which the respective governments have promoted the objects of the Society, from the zeal, freedom, and harmony with which the assemblies are conducted, and from the scientific intercourse which thus is facilitated through the whole country, we may anticipate the best success from this national institution. From what we hear, an Encyclopædia, completing all branches of natural history, and a new edition of Pliny's Works, are contemplated by the Society. The last meeting was held at Berlin; Humboldt acted as president, and Liekhenstein as secretary.

EXTIRPATION OF THE PAROTID GLAND.

This operation has recently been performed in two cases of scirrhus, by Mr. Gensoul, of Lyons. During the first operation eleven arteries were tied, the external carotid included. The wound healed within three months, and the patient at this time seemed perfectly cured. After six months he died, from frequent dietetic excesses; and the examination exhibited several disorganisations of the liver and the stomach, which, entirely independent of the previous operation, accounted for his death. No trace of the parotid was found. At the second operation, the external carotid was also tied, and the internal carotid, jugular vein, and the pneumo-gastric nerve, were laid bare up to their entrance into the skull. The patient was perfectly cured, and enjoyed good health for three years afterwards, except a paralytic affection of the left side of the face, the portio dura of the seventh nerve having been divided during the operation.

COMMITTEE FOR INVESTIGATING THE PLAGUE.

Academie Royale de Medecine. This body has elected a committee of five members for the study of the plague in the Levant. MM. Panjet and Champollion are amongst the number. They were to embark at the end of last month at Toulon, for Alexandria. —*From La Clinique.*

ROYAL INFIRMARY, PHŒNIX PARK, DUBLIN.

Continuation of Mr. Crampton's Case of Inguinal Aneurism.

During the night of the day on which the operation was performed, the patient experienced some restlessness, with pain in the abdomen, and tenderness on pressure; these symptoms were relieved by bleeding from the arm to the extent of about sixteen ounces, after which he remained tranquil and free from pain, but did not sleep.

July 19. (Second day.) Patient particularly well; pulse full, and slightly throbbing; the veins of the limb operated upon are quite full, and its temperature equal, if not superior to that of the opposite side. Pulsation has ceased in the tumour, in the groin, and in a small aneurism which exists in the ham of the same side.

20. In the course of this day, (about fifty hours after the operation,) pulsation reappeared in the large tumour, faint and indistinct at first, but gradually growing stronger towards evening. No pulsation in the femoral artery or popliteal aneurism. The size of the inguinal aneurism appears somewhat less than it was, previous to the operation.

21. Pulsation in the tumour nearly as great as before the operation, and the peculiar aneurismal thrill is clearly perceptible. In every other respect, the patient is extremely well. He complains of want of sleep, but that is probably occasioned by the anxiety of his mind.

It became evident now, that, from some cause, the operation had failed, and as the ligature was hanging from the external wound, it gave rise to a great deal of speculation as to the cause of the return of the pulsation. Various remedies were administered, with a view to lessen the force of the circulation, which need not be mentioned here, but without avail; and on Monday, the 28th, (the eleventh day after the operation,) he suddenly complained of illness, endeavoured to raise himself in the bed, and fell dead, whilst in the act of speaking.

On the following day, about twenty hours after the man's decease, his body was examined in presence of Messrs. Colles, Wilmot, Rynd, and others, when it was found that the vessel had been tied in such manner as to divide the internal coats completely through; a small portion of lymph occupied the situation of the ligature within the vessel, and outside of it there was a larger quantity, together with about a spoonful of purulent matter. The vessel, however, was pervious into the aneurismal sac, and the ligature had disappeared altogether. One extremity of it had been seen hanging from the wound on the seventh or eighth day, and, therefore, it is supposed that the cat-gut (which had been very firmly tied with a double knot) had become macerated, and either gave way and broke before the impulse of the blood or had actually rotted. At all events it had ceased to operate, the blood flowed again into the aneurismal sac, and this burst into the wound on the eleventh day after the operation. The lips of the wound had healed so, that not a drop of blood escaped externally, but a vast quantity was found occupying the deeper parts, and passing upwards along the course of the psoas muscle.

The small aneurism in the ham was filled with a dense firm coagulum, that could scarcely be removed from the sac which contained it; and it was quite evident that the operation, which controlled the flow of blood for forty-eight hours, had cured the popliteal aneurism, although it had failed in the instance of the large one. Had the ligature remained sound for a few hours longer, it seems certain, from the lymph found within the calibre of the vessel, that it could not have remained pervious, and the operation must have succeeded in all its parts.

It is greatly to be regretted that an unforeseen circumstance should thus have influenced the termination of one of the best operations ever performed. Had the ligature been of silk, the patient would probably have recovered, and yet cat-gut has been used hundreds of times; it is preferred by many who have had great experience, and was used on the present occasion on the special recommendation of a person who had stated his having made use of it frequently, and found it invariably preferable to silk.

ST. BARTHOLOMEW'S HOSPITAL.

LARGE ANEURISM OF THE ABDOMINAL AORTA, PRODUCING COMPLETE PARALYSIS OF THE LEFT LOWER EXTREMITY.

Mary Bull, ætat. 32, a thin married woman, has always enjoyed good health previous to April, 1826, when she took fright, and suddenly jumped out of bed; it was followed by pain in the loins and back, which gradually increased in severity, and in a few weeks the secretion of urine became much diminished; her symptoms were, at this time, regarded as indicating some disease of the kidneys, and she was accordingly cupped from the loins, and alkaline and diuretic medicines were given. The pain continued, and was occasionally very severe, and she had great uneasiness in the abdomen, which seemed to her to arise from some swelling, but no tumour was felt externally. In February last, she experienced great beating and throbbing sensation in the left side, and she now lost all power of motion in the left leg, and was unable to walk; she had, for some weeks previously, great numbness and shooting pain, extending down the hip and leg.

She was received into the Hospital, under the care of Dr. Hue, in June, and then complained of severe pain in the back, preventing her sleep, and a paralysed state of the left lower extremity. She now first noticed a swelling, externally, on the left side, and just below the ribs; and the beating before complained of was now very distinct. The swelling rapidly increased in size, accompanied with severe shooting pain and sense of bursting. Fearing that some operation may be had recourse to, she had concealed the existence of the swelling for about three weeks, when the case was referred to the surgeon for examination, and the patient was removed into Mr. Lawrence's Ward.

July 8. On the left side there is a large swelling, filling up the space between the lower rib and wing of the ilium, and extending from the lumbar vertebræ to near the navel, where its edge is felt through the abdominal parietes; the lumbar portion of the swelling is prominent, and the skin is red, tense, and shining; the pulsation is sensible to the eye; it communicates a powerful impulse to the hand, and gives the feeling of forcible resistance to pressure. On applying the ear, the *bruit de soufflet* is distinctly perceptible, but this sound, and the pulsation, are less distinct in the abdominal portion of the swelling; the heart beats naturally; the pulse at the wrist is very frequent and feeble; the left leg and thigh are much wasted and contracted, and wholly deprived of motion and sensation. She is unable to lie on the right side; the pain and sense of tension in the tumour, as if it were going to burst, are severe, and prevent her taking rest; tongue clean; bowels costive, and only moved by injections. Her appetite is bad, and she is emaciated. Cold cloths to the swelling, and opium given at night to procure sleep.

20. All the syptoms are much aggravated; the tumour is considerably increased in size and more prominent; the skin is tense, of a red colour, and extremely tender and painful; the pulsation is very forcible, accompanied with loud *bruit de soufflet.* Her countenance is expressive of great anxiety, and features shrunk; pulse feeble, and very frequent. Laudanum is given at night, and repeated during the day, but it produces but little alleviation. She continued to grow worse, more feeble and exhausted, and died on the 22d of July.

Examination.

On laying open the cavity of the abdomen, an aneurismal tumour of immense size was seen occupying the left lumbar and iliac regions; it was of an oblong shape, and extended from the diaphragm, which formed its superior boundary, and part of the walls of the sac, to the wing of the left ilium. The descending colon, the left kidney, much flattened, and its ureter, were adherent to the front of the tumour; and when these were removed, its anterior and lower boundaries were formed by the psoæ muscles, expanded and thinned, and its posterior parietes by the muscles of the loins. The upper portion of the abdominal aorta, for about an inch and half in extent, was pushed on one side, and adherent to the sac, which had extended a short distance above and behind it. When the vessel was laid open, an oval aperture, about two inches in circumference, and nearly an inch in its short diameter, was seen in the posterior part of the aorta, an inch below the cœliac artery. The aorta, generally, was not dilated, and it retained its internal coat. Opposite to this aperture, the bodies of the two last dorsal, and two first lumbar, vertebræ, were ulcerated and excavated, but the intervertebral cartilages remained entire. The lining membrane of the artery was continued through the oval opening into the aneurism, and a great part of the upper portion of the cyst consisted of the extended arterial coats; these had given way, and the remaining part of the aneurismal sac was formed by the diaphragm and other surrounding parts. The aneurism contained about three pounds of coagulated blood, loose in the cavity, with fibrin of variable thickness adhering to the sides; a large mass of firm coagulum, of considerable thickness, was deposited in the upper portion of the cyst.

ANEURISM OF THE THORACIC AORTA, BURSTING INTO THE CHEST, AND CAUSING SUDDEN DEATH.

A. B., ætat. 40, a tall robust man, was admitted into the Physician's Ward, about a fortnight ago, complaining of pain in the lumbar region, to which he had been subject for some time, and which he attributed to an injury received some months since. He was cupped from the loins, and seemed to be doing well, complaining of no particular pain or uneasiness.

On the 6th of August, he expressed himself better; but, whilst getting into bed on the evening of that day, he suddenly fell back on the bed, and immediately expired.

Examination.

On opening the chest, a large quantity of fluid and coagulated blood was found in its left cavity, and the lung was pushed upwards against the ribs. There was a large aneurismal tumour, about the size of two fists, situated in front of the vertebræ, and extending a few inches above the diaphragm, and projecting into the left and right cavities of the thorax; the sac was formed anteriorly and laterally by the reflected pleuræ, and in that part of the aneurism which bulged into the left cavity of the chest were two ruptured openings, having irregular and ragged edges, and one of them sufficiently large to admit the end of the finger; through these apertures the blood had escaped from the aneurismal sac, and caused immediate death. The tumour had extended above and behind the aorta, which lay in a kind of groove in front of it, and divided it into two equal portions. On laying open the vessel, an oval aperture, large enough to admit a small hen egg, was observed in its posterior part. The aorta was not generally dilated, but its internal tunic was irregular, and raised into slight elevations by numerous yellow depositions. This membrane was continued into the aneurismal sac for some distance around the opening, where it ended in a ragged edge; the rest of the aneurism was formed by the condensation of the surrounding parts, excepting the part at which the sac was ruptured; it was lined by firm, and, in its right half, by laminated coagulum. The bodies of four of the dorsal vertebræ were considerably absorbed, and quite rough; the intervertebral cartilages remained entire.

OPERATION OF LITHOTOMY.

On Saturday, July 26. Mr. Earle performed the operation of lithotomy, on an elderly man, who had had symptoms of stone for a considerable time. The last two years his sufferings have occasionally been severe; the inclination to make water was very frequent, and almost insupportable; the urine was at times bloody, and deposited much sediment. He was a large muscular man, and had lived freely; he was under Mr. Earle's care for some weeks previous to the operation, and, by strict regimen, &c., had been much reduced. Two calculi, each about the size of a pigeon's egg, apparently consisting of lithic acid, were extracted. The operation was very well performed. The patient has been once bled; the last week he has taken port wine daily, and nourishing diet; he is now going on favourably.

On the same day, Mr. Lloyd amputated a thigh, in a case of compound fracture of the femur. We shall notice this case more particularly on another occasion.

COMPOUND FRACTURE OF THE LEFT TIBIA, EXTENDING INTO THE ANCLE JOINT, FOLLOWED BY CEREBRAL DERANGEMENT AND DEATH.—FRACTURE OF THE RIGHT OS CALCIS.

James Barnes, aged 40, a stout man, was admitted into the Hospital, July 2, under the care of Mr. Lawrence, having jumped from a window twelve feet high on the ground, and received a transverse fracture of the tibia and fibula, about two inches above the left ancle joint. There was a small wound on the inner side of the leg, through which a portion of the tibia had been protruded; and, on examination, the internal malleolus was found to be fractured longitudinally, and extending into the joint. The os calcis of the right foot was fractured transversely. Mr. Lawrence observed, that he had once before seen the os calcis fractured, and that it had been produced in the same manner, a heavy person being thrown from a coach, and alighting on his feet.

A pasteboard splint was placed in front of the right foot and leg, so as to keep the former extended, and to relax the tendo-achillis. The left leg was laid on its side, on a padded splint, in the semiflexed position; considerable bleeding took place from the wound, but it ceased in a few hours. The edges of the wound were then brought together by adhesive straps, and the limb kept wet with cold lotion. (He had a large hydrocele on the right side.) Inflammation of the leg and foot supervened; leeches were applied on the 3d, 4th, and 5th, with great alleviation of the inflammation, and diminution of the pain; the pulse was natural, and there had been no constitutional disturbance, and the patient appeared to be going on remarkably well.

On the 6th, the leg was of its natural colour; there was no heat nor inflammation, and he had no pain. There was, however, a very marked alteration in his appearance and manner; he did not answer questions readily, and there was great listlessness and disposition to sleep. He had slight delirium during the night.

The pulse had become feeble, 72; tongue natural; the fæces and urine were discharged involuntarily. Complained of no pain, nor uneasiness in the head. Wine and water occasionally.

> *Mist. camphoræ*, ℥j.;
> *Ammon. carb.* gr. v. M. ft. haust. quartis horis capiend.

On the following day, a blister was placed between the shoulders.

10. He was considerably improved; the disposition to sleep was less, and he was more sensible, and answered questions readily; pulse 90, and more full. The leg was looking very well, and he complained of no pain; there was slight discharge of bloody serum from the wound.

14. The last three days he has somewhat improved, being more sensible, and the pulse better; this morning there was increased stupor and listlessness, and he had been wandering during the night; pulse feeble; tongue natural. There was copious discharge of pus from the wound of the leg, and the leech-bites had gone into a state of ulceration. There was superficial ulceration of the back, produced by lying. Six ounces of brandy daily. The ammonia and wine to be continued.

21. The last few days he has taken scarcely any nourishment; the stupor has gradually increased, and he was in a continual dozing state; his countenance altered and vacant. There was great discharge of matter from the wound, and the ulceration, both of the leg and back, increased; he became very feeble and emaciated, and died July 24th.

Examination, four hours after death.

The arachnoid was raised by serous effusion, and the ventricles contained a large quantity of fluid. The medullary substance was of a mottled pinkish colour, arising from its very vascular state; but on slicing it, the blood did not exude from the vessels, and form the dotty appearance usually observed. The liver was firm, and of a granulated appearance.

The tibia was comminuted, and loose portions of bone, with offensive matter, were contained in the joint, which was laid open. There was a transvere fissure in the astragalus, and a portion of its cartilage, and that of the opposed surface of the fibula, was absorbed. The fibula was broken two inches above the malleolus externus. There was no union whatever of the fractured bones. The right os calcis was transversely fractured, and its upper portion displaced. The hydrocele was very large, and marked externally by a circular constriction about its middle, dividing the swelling into two unequal portions. On puncturing the lower and larger swelling, a quantity of white turbid serum flowed out, and it was then seen that the hydrocele was separated into two distinct cavities by a firm membranous septum.

DROPSY, WHICH WAS TAPPED,

Giving exit to a small quantity of Fæcal Matter, the Intestines being firmly adherent to the Peritoneum.

An elderly emaciated man, who had long been ill, was admitted into Mark's Ward several weeks ago, under the care of Dr. Hue. After having been in the Hospital some time, the Doctor requested that he might be tapped. Mr. Weekes, the house surgeon, in obedience to the order, performed the operation, and obtained about a pailful of fluid. A bandage was passed around the abdomen, and the patient put to bed. Some weeks afterwards, the Doctor requested the operation to be repeated; Mr. Weekes accordingly tapped him, believing, with Dr. Hue, that the abdomen was distended with fluid. On withdrawing the trochar, however, no water escaped, but instead of it, a small quantity of fœcal matter; the patient died on the evening of the same day. On the following morning the body was examined in the presence of Dr. Hue, and some of the pupils. The cavity of the abdomen being laid open, the intestines and convex surface of the liver were found in close contact with the abdominal muscles. The intestines were agglutinated together by deposition of lymph. The peritoneum lining the abdominal muscles was much thickened, and so intimately and firmly adhering to the intestines, that it was with great difficulty separated from them. A small aperture, corresponding with the external opening made by the trochar, was found in the adherent intestine, and in the cavity of the gut a small quantity of blood. When the adhesions were separated, and the intestines turned to one side, about two gallons of turbid fluid, in which flakes of lymph floated, were found posterior to the intestines, and in the pelvis.

GUY'S HOSPITAL.

FATAL CASE OF ANEURISM OF THE ASCENDING AORTA.—ANEURISM BY DILATATION.

James Norton, ætat. 34, of fair complexion, middle stature, and muscular, was admitted into Naaman's Ward on the 16th of May, under the care of Dr. Bright. The patient, a glass-cutter, complained of a constant pain in his breast, which he described as being situated just opposite to the space between the fifth and sixth ribs. On the right side he had first felt it about a month previous to his admission, before which time he was in perfectly good health; and his attention was more particularly directed to it, by its being attended with a distinct throbbing sensation, which, with the pain, was increased by the slightest mental or bodily exertion, especially by going up stairs. Previously, however, to the commencent of the pain, he had had a cough, which lasted but a week, and he then thought himself perfectly well. The pain not occurring until near a month after the cessation of the cough. He then applied for medical advice, and was bled seven times from the arm, but with no relief to the throbbing, and scarcely any to the pain. Leeches, also, were freely applied with the same effect. When admitted, the pain was unremitting, but was more acute at night. He had increased and difficult respiration, which was more aggravated on lying down. His countenance was pallid; the pulse was full, but regular, beating steadily at 60, and was equal in force and frequency in both arms; the appetite was indifferent; bowels tolerably regular; but he could not rest at night, unless the body was much elevated. From the situation of the pulsation, it was at first thought that it was not aneurism, but that it was some disease of the lung, which received pulsation from the heart. Percussion at first strengthened this opinion, as a dull and almost dead sound was communicated on striking that side of the chest. But upon placing the hand upon the part, a firm resistance was afforded by the pulsation of the tumour; and on the application of the stethoscope, the sound was rendered audible, although the rushing of blood into the aneurismal sac could not be distinctly heard, as is commonly the case in aneurisms. This circumstance tended to convey a doubt as to the true nature of the case.

The treatment adopted after his admission into the Hospital was strictly antiphlogistic, and consisted in repeated abstraction of blood from the arm, cupping, leeches, and the administration of febrifuge and aperient medicines, in combination with others, calculated to lessen arterial action generally; perfect rest, and strictly spare diet. This plan was persevered in for some weeks, with some little temporary benefit. The respiration was rendered more free and easy, so that he could lie down with less inconvenience and pain. The bowels were regular; the tongue white, but not furred. The pulse at the wrist remained the same. A bandage was applied to the chest, from which much comfort was experienced, by its affording support to the part. The pulsation, however, evidently became more distinct and stronger, and at length could be distinctly observed synchronous with the pulsation of the ventricles.

July 15. The patient has been gradually getting worse till this morning. For the last ten days his features have expressed intense anxiety, and the pain, which he described as having been particularly of a gnawing and wearing out kind by its regular continuance, had been more distressing. He has not rested for several nights past. Early this morning, he was seized with a kind of tickling and rising in his throat, which produced a slight coughing fit, during which not less than four pints of arterial blood were ejected. The apothecary was immediately sent for, and the man was bled to fifteen ounces. The pulse, at first rapid and bounding, soon fell under the loss of blood, and a state of alarming, and apparently fatal, collapse supervened. This state was kept up for two days, by the repeated, though less copious irruptions of blood. We shall not overstate the case, by saying that, in that short space of time, he did not lose less than eight pints of blood. We visited the patient repeatedly in the course of the day, and carefully watched his symptoms. He was ordered to take a pill, containing a grain of superacetate of lead, every four hours. The pulse, at first, was weak, and almost imperceptible, but afterwards gradually regained power. The pulsations of the tumour could scarcely be felt; and the surface of the body continued excessively pallid and cold. The hæmorrhage did not altogether cease for five days; after which time, he expectorated a considerable quantity of dark-coloured frothy mucus, mixed with coagulated blood.

22. The pulsation is again becoming more distinct, though he has decidedly less pain. Re-action has gradually supervened. The surface has become warmer, the countenance is less anxious, and the pulse quick and jerky, 120. The right arm has become slightly œdematous, and the pulsation of the radial artery, in the same arm, can scarcely be distinguished.

26. The œdema of the arm has quite disappeared, and the pulse has regained its strength and power. The skin is now hotter than natural; the tongue is furred; the bowels are irregular; and the expectoration continues the same. The pulsation of the tumour is now as strong as ever, and the pain has increased. Ordered to continue the pills, and to take a saline aperient draught every morning.

August 4. The patient has been gradually declining. Within the last few days, ascites has taken place. The difficulty of breathing and pain increased, and he lingered until Saturday evening, when he expired.

Post-mortem Examination.

The pleura of the right side was found to be very firmly adherent; the heart remained perfectly in its natural situation; the left lung was enormously engorged, and was partially emphysematous; the heart, the whole of the right lung, and descending thoracic aorta, were carefully detached, before the pericardium was cut into; the pericardium was then found to be firmly connected to the surface of the heart by condensed cellular membrane; the descending thoracic aorta was then laid open, from below upwards to its origin. Immediately on its emerging from the upper part of the left ventricle, it was found to be enormously dilated, forming an immense cavity, which, on particular examination, was discovered not to arise from a rupture of the coats of the artery, but from a dilatation of one of the sinuses of Valsalva. This dilatation extended rather anteriorly, and by its pressure had produced extensive chronic inflammation, which had indurated all the surrounding parts to a great extent, producing a complete alteration in the whole structure of the right ung. At first sight, it appeared to have made its way by ulceration into the very substance of the lung, but minute examination discovered that the pleura pulmonalis bounded the extent of the sac, and was much thickened; so much so, indeed, as to form a firm and almost cartilaginous boundary. It was apparent, however, that a part of the lung behind the pleura had become absorbed, and ulceration having taken place through the pleura, the blood had made its way into the bronchial tubes. But the hole was effectually stopped by coagula, so that injections of water forced through the bronchial tubes would not pass into the aneurismal cavity. A large quantity of freshly coagulated blood was found in the cavity, and there was, besides, an effusion of serum into the thoracic cavity. There was, here and there, an infiltration of tuberculous matter into the cavity of the right lung. The bronchial tubes, and the air cells, were gorged with bloody and frothy mucus. There was considerable serous effusion generally, into the cavity of the abdomen. The abdominal viscera presented no particular morbid appearances.

ST. THOMAS'S HOSPITAL.

FATAL CASE OF GANGRENOUS ERYSIPELAS OF THE PUDENDUM.

Laura Hicks, an infant of 14 months old, was admitted into Queen's Ward on the 31st of July, under the care of Dr. Elliotson. The mother of the child stated, that about ten days previous, she observed a small spot of redness upon the inner part of the right labium, which she attributed to "heat of the body," and, therefore, did not particularly attend to it. On Sunday last, the redness extended from this spot over the whole of the external parts of generation, and yesterday morning, (Wednesday), she observed vesicles, and since that time it had become quite black and sphacelated. The child had been in a cachectic state during the last six months, and had suffered severely from dentition. It was considerably emaciated, and had long been troubled with diarrhœa. The child was fretful and irritable in the highest degree, and was constantly moaning. The appetite was bad; the pulse excessively quick and feeble; and it scarcely ever rested at night. The tongue was furred and white. When admitted, the erysipelatous inflammation had extended into the vagina, and downwards into the perineum, and also over the integuments covering the symphysis pubis. The labia and nymphæ were completely gangrenous. A thin and ill-conditioned ichorous discharge issued from the parts, which exhaled a putrid and highly fœtid odour. There was great distress and anxiety in the countenance. Dr. Elliotson immediately ordered the child to be placed in bed, and to have a lotion, composed of the solution of the chlorate of lime, one part, and five pints of water; a small piece of lint to be dipped in this lotion, and placed between the labia. A larger piece was also to be soaked with the lotion, and laid over the whole of the gangrenous surface. She was ordered to take one drop of the tincture of opium, one drachm of the tincture of catechu, and two grains of the sulphate of quinine, every six hours; and to have a pint of strong beef tea daily.

August 1. The child has slept a little during the night, but is still very restless and irritable. She takes her beef tea with great avidity. The gangrenous parts are not at all improved in appearance. Pergat.

2. Has slept better to-night; the parts look less inflamed. The bowels are less relaxed, the child having had but one stool since yesterday, and she is much less irritable.

3. Did not sleep so well last night as on the preceding. The surface is universally cold. The eyes are almost motionless; and the pulse at the wrist imperceptible. She lingered till the evening, when she expired. There was a slight separation of the slough on the left labium, but every other part was dry and hard. The child being immediately removed, no inspection of the body took place.

CASE OF CHOREA, SUCCESSFULLY TREATED WITH THE SULPHATE OF ZINC.

Richard Bond, æt. 13, a plump and healthy-looking boy, was admitted into Henry's Ward on the 13th of June, under the care of Dr. Scott.

He stated that, about a fortnight previous to admission, he was suddenly seized with a motion of the right arm and leg, which was preceded by sickness and vomiting. This motion continued sometimes a longer or shorter period of time; and it generally recurred early in the morning. He had no headach; the appetite was good, but the bowels were costive and irregular. He was ordered to take twelve grains of the powder of scammony, with calomel, every other morning. This produced copious and regular evacuations, and he continued to take the medicine for nearly a fortnight; at the expiration of which time the motions of the limbs were much less vehement.

24. He was ordered by Dr. Elliotson, in the absence of Dr. Scott, to omit the powder, and to take a *grain of the sulphate of zinc every six hours.*

July 1. The boy is evidently better; the motions of the leg have entirely ceased, and those of the arm have very much subsided. He has had no vomiting or sickness for a week. The dose of the medicine has been increased to two grains.

19. Much better. All motion has ceased, and he appears perfectly well. The dose of the medicine has again been increased to three grains.

August 5. He has continued quite well to the present time. The dose of zinc was increased weekly, and he at last took *six grains every six hours.*

SUBSCRIPTIONS

FOR THE DISTRESSED MEDICAL GENTLEMAN AND FAMILY.

Amount already advertised	£89	0	0
W. Marsden, Esq.	1	1	0
W. F. Box, Esq.	1	1	0
An Accoucheur	1	1	0
G. D. Dermott, Esq.	1	1	0
Dr. Seymour	1	1	0
John Ridout, Esq.	1	1	0
Geo. Jewell, Esq.	1	0	0
Dr. Ryan	1	1	0
John Clarke, Esq.	1	0	0
Dr. Blundell	2	2	0
Allen Williams, Esq.	1	1	0

WORKS RECEIVED FOR REVIEW.

Supplement to the First Edition of Dr. Arnott's Elements of Physics, or Natural Philosophy. 8vo. pp. 31. Plates. Longman and Co.

Natural Theology; or, Evidences of the Existence and Attributes of the Deity, collected from the Appearances of Nature. By William Paley, D.D. Illustrated by a Series of Plates and Explanatory Notes. By James Paxton, Member of the College of Surgeons. Two Vols. 8vo. pp. 244 and 298. Oxford. J. Vincent.

Observations on the Cheltenham Waters, and the Diseases in which they are recommended. By James M'Cabe, M.D. 8vo. pp. 231. Cheltenham. G. A. Williams.

Military Medical Reports; containing Pathological and Practical Observations, illustrating the Diseases of Warm Climates. By James M'Cabe, M.D. 8vo. pp. 253. Cheltenham. G. A. Williams.

[Other Books in our next.]

TO CORRESPONDENTS.

Communications have been received from Dr. Seward—Mr. Wilson—R. M.—Quiz—Don Pedro—Mr. Thomas Chalmer—An Old Correspondent—Well-Wisher—The Library Man—God *save* the King—Der Frieschutz.

The report of the case of "Russia," from the Glasgow Royal Infirmary, has come to hand. The author has our thanks.

We feel grateful to "Well-wisher," but have *many thousand reasons* for not changing our tactics. He has been misinformed.

Mr. P. Pry will find the "Report" in the present Number; and although *he* shrinks from attaching his name to it, *we* do not.

THE LANCET.

Vol. II.] LONDON, SATURDAY, AUGUST 23. [1827-8.

LECTURES

ON THE

THEORY AND PRACTICE OF MIDWIFERY.

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

Lecture XXXVI.

Of the Puerperal Fever.

Women, after their delivery in the general, do perfectly well, although no attentions are paid to them; and where the constitution is good, and the circumstances are not extraordinary, I believe the less they are interfered with the better. Although, however, as every reflecting man knows this position holds good in the general, yet it is no less certain that, after parturition, women are sometimes affected with some of the most dreadful diseases to which the human frame is liable; disorder of the mental functions, for example, and that puerperal fever which so speedily terminates in death. This being the case, then, it is well worth our while to give a little attention to the management of the puerperal state; and of this condition of the system after delivery, I propose to treat under three different titles; the diseases of puerperal women, I mean; the diseases of infants; and the management of the puerperal state in those cases in which the woman, on the whole, is recovering in the most favourable manner.

Of all the diseases to which the puerperal condition is liable, by far the most formidable is the fever of which you must have heard so much—the puerperal plague, as it might be called, so sudden in its attack, so rapid in its progress, so fatal in its effects, and so choice in its victims; among the young and the beautiful, assailing those who are the most endeared to us—those young wives and mothers, the moulds of the human species, who, in European society at least, form not the least valuable, nor the least interesting part of the domestic circle. On the second or third day it is, reckoning that of delivery as the first, that the puerperal fever usually makes its first onset on a Tuesday or Wednesday for example, if the child was born on a Monday.

Death, however, I have known to occur, with all the symptoms of puerperal fever, within the first four-and-twenty hours after parturition; and Dr. Haighton used to relate the case of a woman who perished under a puerperal fever, which commenced ten or twelve days after delivery; indeed, if my memory serve, after the patient had made her appearance in the drawing-room. The later the attack, the less is the pertinacity of the symptoms; and the fever, which seizes the patient on the fifth day, is much less likely to prove fatal than that which commences on the first.

It is with chills and heats that the puerperal fever usually commences; and those chills, felt more especially along the back, arise, I suppose, from a peculiar condition of the spinal marrow; in the lumbar region they are, I believe, rarely perceived, but frequently about the shoulders and the neck. In the intensity of the chill, there is a good deal of variety; for some women, when attacked, will chatter as in an ague fit; while, in others, the refrigeration is so slight, that unless you search them with the accuracy of a sectarian catechist, you may not be able to find out that there have been any chills at all; it is said that the fever may sometimes assail without chill; and, it is not perhaps impossible, that half asleep at the time, the patient may not perceive its occurrence. The intensity of the chill is no measure of the subsequent vehemence of the fever; fierce fever may follow mild chills, or the chill may be moderate, and the fever may be violent; indeed, I incline to suspect that when the disease opens in this mild manner, there is more cause for fearing its future progress—*ipsa silentia terrent.*

About the time of the rigor, the woman complains of abdominal pains, very slight sometimes, so that their detection has its difficulties; and at others so severe, that the touch of the finger is regarded with apprehension, and the weight of the coverlet is complained of as a distress and a burthen. All over the abdomen these pains may be felt above, below, to the right, to the left, in the region of the diaphragm, and in the lumbar region; this diffusion, however, is neither constant nor frequent, and, you will find, especially in the less malignant varieties of the disease that it is in the region of the navel, and more especially below it, that the patient complains; and hence, whenever you suspect the puerperal fever, you should immediately lay your hand upon the abdomen below the navel, in the region of the womb. In some varieties of the epidemic, severe after-pain is not infrequently felt; so that, as soon as you enter the chamber on your second visit, the nurse addresses you by saying, "Sir, my mistress has suffered a great deal from the after-pains." You approach the bed, and you then perceive the rising cloud. This pain, I suspect, is felt most severely, where the uterine peritoneum is the seat of inflammation, and where the inflammation has a tendency to spread down into the substance of the uterus. Mild fever may accompany intense pain, and the reverse. A circumscribed pain is always favourable, but much is to be apprehended when the pain and tenderness are diffused extensively over the surface of the abdomen, although the intensity of the pain be slight.

An excellent characteristic of the puerperal fever is derived from the number of the pulse, always frequent. In this disease, it scarcely ever happens that you have a pulse as low as 115 in a minute, unless the disease be giving way to remedy; and generally it rises as high as 120, 130, or 140, and I have myself counted pulses 165 or 170 in the minute. Those are mistaken, who tell us that these frequent pulses cannot be numbered. You may count, in the rabbit, when agitated, a pulse of 300, and, of course, there can be no difficulty of numeration arising from mere number, while the pulse, in the human subject, is below 200.

The symptoms which I have here mentioned I have purposely detached, and separated from the rest, because I look upon them as constituting, in good measure, the character of the disease. If, upon the second or third day of delivery, the patient is attacked with chills and heats, and abdominal pains and tenderness, and if, together with these symptoms, you find the pulse rising above the healthy level to 130, 140, or 150, or 160, in the minute, and more especially if the puerperal fever is prevalent at the time, provided you make those diagnostics which I shall hereafter expose to your consideration; there can, then, be little doubt respecting the nature of the case. Besides these principal and pathognomonic symptoms, however, we find the patient is affected with others of less importance, and vomiting may occur and purgings—and headachs—and increase of the animal temperature—and failures of the milk. Cephalalgia, in some epidemics, has been a constant symptom; and Lowder, with others, was disposed to place it among the pathognomonic symptoms; but cases have occurred within my own observation, in which no headachs at all have been felt, or, at all events, where the attack has been so slight, that it could scarcely deserve attention as a characteristic symptom.

Like some other diseases, the puerperal fever is in its *duration* somewhat unfixed; it may last, especially if we comprise the cachexia which follows it, for many days; or where no bleeding, or other active remedy has been employed, it *may* destroy the patient, which it has done, under my own observation, within twenty-four hours from the commencement of the disease, the plague itself being scarcely more rapid, or more fatal in its progress. Three or four days, not to say five or six, may be the average duration of this affection. I speak here of the epidemic.

In different modes the disease may be brought to its close; and sometimes we have the great satisfaction of seeing it terminate in a resolution of the inflammations under which, after symptoms the most frightful and alarming, danger gradually vanishes; and the pulse sinks steadily to 140, 130, 120, or 110, in the minute; and the other symptoms give way in like manner, and the patient, a few hours before on the verge of dissolution, is now brought into a state of comparative security. Too frequently, however, it happens, (and I regret to add, too, under the best average treatment,) that the disease terminates in a very different manner; the extremities become cool, the pains in a great measure cease, the mind remains tranquil, and hopes of recovery flatter, and the patient, perhaps, talks of the little schemes in which she is to be engaged on her re-establishment, and every thing, in short, is promising to our wishes, excepting the pulse, and there you find the token of death. Whenever, in conjunction with these insidious and adulatory symptoms, you perceive a pulse of 150, or 160, in a minute, the worst consequences are, I conceive, to be apprehended. Now this termination, under symptoms so flattering, is by no means very uncommon; and I dwell on it the more because I am anxious that it should not be forgotten; for it has now and then happened with physicians of eminence, men who, whether they have reflected much or not, must certainly have seen much of practice; that, notwithstanding all their experience, they have been deceived by these symptoms, and have pronounced the patient secure from danger, although, perhaps, she has died in the course of one or two hours afterwards; nor have pomp and ambition of manner always been wanting to give magnificence to the error, which, after all, may well be pardoned in those who have seen but little of this dreadful disease. It must be acknowledged, however, that the lofty neglect of THE VOCATION may expose professional dignity to rude assaults; and, on hearing some of these tales narrated by my younger friends, I have now and then been forcibly reminded of the fate of other arrogant personages of days gone by:

> "Vellunt tibi barbam
> Lascivi pueri magnorum maxime regum."

There is yet a third mode in which the puerperal fever may terminate, and that is by a sort of cachexia. In this termination, the patient becomes liberated from her more pressing symptoms, and the pulse gets down to 130, or 120, or 115, in the minute, and there is a disposition to vomitings to purgings, to colliquative sweatings, and to exacerbation, and remissions of the feverish symptoms. These symptoms continuing for several days, the patient recovers under a gradual cessation of them; or the strength, notwithstanding some gleaming amendments, declines daily, and, at the end of a week or two, the patient sinks. In these cases, whether the patient sink or recover under cachexia, I always suspect that the inflammation of the peritoneum has given rise to disorganization, and adhesion of certain folds of the intestines; and that the cause of the disease is the inflammation and irritation that is going on in those parts, the original parts also being slightly affected, perhaps, but still not in the same violent manner that they are, where the patient labours under the dangerous and violent attack of the puerperal fever. And thus much, then, respecting the characteristics of this formidable disease, let us now consider its management.

Under the best method of treatment, puerperal fever too often proves fatal. A variety of means have been proposed and tried in combating this malady, but when we get to the bed side, we too often find our master. In puerperal fever, we have been advised to commit the result to tonics—to purging—to mercury—to turpentine—to emetics—to bloodletting, conjoined with calomel, and the more copious doses of opium. In the malignant form of the disease, I fear, your patient will die under the best known treatment, so that there seems to be but little room for choice; but, in the milder or inflammatory varieties of the epidemic, I think, on the whole,—for after all I have seen, I speak with hesitation—on the whole, I think, that your most effectual remedies will be venesection, calomel, and opium.

In using venesection, whether in the milder or severer forms of the disease, it is of the greatest importance to commence the bleeding as early as may be. I have laid it down as a sort of rule in my own practice, that if, in the less vehement attacks, the bleeding be commenced within six hours after the chill, your patient will be saved often, and if within twelve hours, not infrequently; but that if you do not begin till 24 hours are passed away, in epidemic cases the patient will usually die. With regard to the quantity of blood you are to abstract, it must of necessity vary somewhat with the condition of the patient, and the vehemence of the disease; yet it is well to have an average, and this may, I think, range between 25 and 35 ounces. In taking away this blood, you will sometimes find your patient becomes faint, even before many ounces have been drawn. Now if the faintness is permanent, lasting for four or five hours, (which in general it does *not*,) it may be considered to be of great benefit to the patient; but if, on the other hand, it is merely temporary, I believe it has often occasioned women to lose their lives, by intimidating the operator, and preventing him, when bleeding, from abstracting the necessary quantity. Be it remembered, then, in puerperal fever, that if venesection be begun, you must not act with irresolution. In cases like these, when syncope occurs, I would recommend you to remain with the patient until you have ascertained whether the fainting be of short time only, or permanent; and if the circulation return after a short interval, should the original source fail, you may open the vein afresh.

From four to eight hours after you have bled the patient, the first time you will, I think, generally be able to determine whether the bleeding, in conjunction with the other practices, may or may not be sufficient to subdue the disease; and, therefore, I should lay it down as a general rule in a disease which proceeds with such rapidity, that within six or seven hours after the first venesection, you ought to come to your determination whether you will have recourse to a second venesection; and an anxious and nice point it may be to decide. If you are placed in the midst of a large circle of obstetric friends, endeavour, by all means, to have another opinion, as the decision may be delicate, and a divided responsibility may not be undesirable; but if your excellencies, or more pardonable defects, have made that circle small, you may find it necessary to decide on your own judgment only; and my own method of determining the point is the following: counting round the second circle, if I find that the pulse, which was sunk after the bleeding, perhaps, to 120 or 115, is mounted again to 130, 40, or 50 in the minute, perhaps to the same number as before the operation—though not alone decisive, yet, as far as it goes, this symptom to me appears to indicate that further depletion will be required; and, on the other hand, if the pulse be sunk to 110, and be remaining there, I feel unwilling to have recourse to the lancet—it is wise to let well alone. Again, after solicitously counting the pulse, I should proceed to a careful examination of the abdomen; and if I found that the abdomen was painful and tender, even though the pain and the tenderness were somewhat obscure, I should look upon these symptoms as an argument for the lancet; on the other hand, rejecting the use of this instrument, if tenderness and soreness of the abdomen were wholly or in great measure subsided. If you have prudently refrained, during the first few hours, from the application of a blister, the abdomen may be easily examined, by laying your hand above the symphysis pubis, and pressing there; and by directing the patient to draw her knees towards the bosom, or to attempt a turn in the bed, or to assume the sedentary posture, when, if tenderness exist, it may be easily detected, provided the examination be conducted with patience and attention. Observe, that mere tenderness, or pain of the abdomen, without frequency of the pulse, is no valid reason for the further abstraction of blood from the arm; and further, that mere frequency of the pulse, without the pain or tenderness of the abdomen, is not a satisfactory warrant for this use of the lancet. It is only where those two symptoms are met with in conjunction, that I feel satisfied that inflammation is proceeding within the peritoneum, and that I am justified in acting; when, for example, there is tenderness and pain of the abdomen, and when, in conjunction with this, the pulse is at 125, 30, 35, or more in the minute. Perhaps you will ask me here, whether it will not be proper to inspect the blood you have already taken away? And certainly this is proper; and should you find it cupped and buffy, like the specimen I now show you, this is a collateral argument in favour of further bleeding; but remember, that the absence of the inflammatory appearance of the blood, if you have bled early, is no certain reason why you should not bleed a second time, provided you find all the other inflammatory symptoms are present; for I have myself, in some two or three cases, on bleeding early, detected no buffy or cupped appearance on the first blood, although the blood afterwards drawn has appeared inflammatory in high degree. It is better at each bleeding to receive the blood in at least two or three different cups.

In about six or eight hours after the second abstraction of blood, you must come to a determination whether you will or not bleed a third time—deciding the point sooner or later, according to the symptoms; and here let me observe, that your decision respecting the third bleeding is more important and more difficult than the determination respecting the second; for where women sink under puerperal fever, it is commonly under the third bleeding that they appear to succumb. Now if you are resolved on depletion in a case of puerperal fever, you ought not to wait for one minute for the advice of another respecting the *first* bleeding—moments are precious; and, in the uncertainty of medicine, there is not such risk from a first bleeding, as may make it your duty to pause; but in coming to a determination whether you shall or not bleed a third time, unless your experience is large, another opinion is desirable; provided an opinion of value may be obtained; for if patients really sink from over-bleeding, it is, I suspect, this third venesection which destroys. Whether, as a general practice, it be wise to bleed a third time at all, may, I think, be disputed; for if our two first bleedings fail, we may reasonably be discouraged, and doubt the efficacy of a third. I think, however, that I have sometimes seen the third bleeding put a close to the inflammation; and as I cannot deny its occasional necessity, I proceed to prescribe rules for its management. In determining, then, whether we ought to bleed a third time, we must be guided. in good measure, by the same indications as in the determination respecting the second bleeding; and if the pulse is not above 115, or if the abdomen is not tender, or if symptoms of collapse are beginning to appear, you must abstain from the lancet; but if there are no symptoms of collapse, and the belly is tender, and the pulse is 120, 30, 40, 50, or more in the minute, you may bleed; though from the use of venesection I fear much benefit is not to be expected. Beware of bleeding, if collapse is begun, and in epidemic cases this is not improbable. Beware of rash bleeding, provided the two first bleedings have together exceeded fifty ounces or more. Before you take more blood, pray pause, think, and act, cogli occhi aperti, with your eyes wide open. Tenderness of the abdomen *alone*, without a frequent pulse, perhaps frequent pulse *alone*, without tenderness of the abdomen, will not justify bleeding: an average quantity for a third bleeding may be 10 or 12 ounces; 10 or 12 leeches may be substituted for venesection in the more doubtful cases. If the *pour* and the *contre*, the arguments for and against bleeding a third time, are found nearly to countervail each other, perhaps it is better to decide against it. I have more than once seen patients apparently sinking from the application of 20 or 30 leeches, after one or two great bleedings had been premised; again, therefore, beware.

To these special remarks, let me add one or two of a general kind. It is highly desirable that the whole quantity of blood drawn in this disease should be abstracted within the first twenty-four hours after the chill; and as to the whole quantity which in all the bleedings it may be necessary to withdraw, I think it may average between 40 and 50 ounces. Sixty or more ounces have been sometimes taken with apparent benefit; but, hearing of these anomalous successes, I am sometimes reminded of the sneer of the Grecian sceptic, who, on being shown the votive representation of an escape from shipwreck, with a remark from the priest on the efficacy of Pagan supplication, exclaimed, not without a scandalous and irreligious levity, "Who paints for those who sink."

In puerperal fever we have been recommended to make trial of calomel and opium, in conjunction with venesection; and I have myself, in treating this disease, made use of opium in the larger doses, without observing any resulting ill consequences; and it seems not improbable, that it really does possess some efficacy in lowering the irritability of the vascular system, and in extinguishing the inflammation. As opium, then, does no obvious injury, and may, perhaps, be of service, it deserves a fair trial; and it may be better, when giving it, to administer the larger doses, say of five or ten grains in the course of the twenty-four hours, provided you carefully watchthe patient occasionally. I have given larger quantities than this, and apparently without mischief; but it is to be remembered, that there are idiosyncrasies which may render these larger doses peculiarly dangerous. In large flooding cases, where opium is given, we find that the patients are not affected by given quantities of this anodyne, in the same manner as they would be if they were in a state of florid health, and in a full and lively condition. Now it is, in a measure, to this state of inanition patients are reduced by the bleeding, and this may be a reason why the larger doses of opium may not so much affect them. Understand then, that where the case is highly dangerous, so as to justify an active remedy, and where you are watching your patient sedulously, perhaps passing a great part of the day in the bed-room, or near the bed side, that you may venture to give opium in the larger quantity, say five or ten grains of the extract of opium in the course of twenty-four hours, in divided doses; the remedy being administered not so much by weight as according to the effect produced. There are two modes in which opium may be employed in this fever: you may begin the administration of it directly after the first bleeding, so that the venesection and the use of opium proceed hand in hand; or, again, if you bleed a third time, you may wait till your third bleeding, which will be about sixteen hours from the chill, and then commence with your anodyne. Of the opium practice I have not seen enough to decide peremptorily for you, which of these two methods is to be considered the best; but certainly, when trying the remedies myself, I should give the preference to the first.

With respect to calomel, I may remark, that this also may be given in two ways. Guarded with opium, ten grains, or more, may be administered every six hours, till the mouth be affected—a bold practice, which I have myself seen tried without obvious ill consequences. In one case forty ounces of blood had been abstracted, and when forty grains of calomel had been administered, the mouth became sore; the inflammation, however, continued, and ultimately destroyed the patient. But a gentler, and perhaps safer practice, consists in the administration of a grain of calomel every three or four hours, and in conjunction with the opium, which may be conveniently taken at the same time.

Here, then, is one principal method of treating this most fatal disease, by venesection, calomel, and opium. While, however, you rely on these remedies as the principal, there are others not to be forgotten, which may be looked on as a sort of auxiliaries in the contest. It may be proper to purge the patient five or six times, during the first day especially. It may, too, be proper enough to give the digitalis. In one pressing case, within forty-eight hours from the chill, I brought a patient so completely under the operation of the digitalis that I was alarmed for the consequences; yet, this notwithstanding, the fever ran its course, and the patient sunk in the ordinary manner.—Leeches to the abdomen may be proper, and more especially when you dare not further bleed from the arm. Beware of applying too large a number of leeches if you have bled twice from the arm (this I have told you already); but if you bleed but little from the arm, no dangerous symptoms appearing, then you may apply leeches with more freedom. The flow from the leech-bites may be supported by sponging, or commodiously enough by three large successive poultices, applied each of them for two hours. There is one objection to a blister, which is, that it creates a difficulty in deciding that most important question, I mean, whether abdominal tenderness exist; but, after the second or third bleeding, this objection may be set aside. The milder varieties of the disease are best adapted for blisters, and those severer cases in which the abdominal tenderness is become, in great measure, local, and where, perhaps, the pulse is not above 110 or 115. An excellent rubefacient is the hot oil of turpentine, care being taken that you do not fire the house when you are heating the oil. By means of tow, the oil may be applied to the abdominal surface, and it may be kept there till the skin become red.

To conclude; I cannot dismiss the consideration of this method of treating the puerperal fever, without candidly declaring that, under the best management, and even under favourable circumstances, this treatment will sometimes, nay, perhaps not infrequently, fail altogether, though with all its defects about it, it must, I presume, be considered, in the present state of knowledge, as one of the best methods of combating the disease of which we are at present in possession.

Let me add, moreover, another remark; it frequently happens, where depletion has been employed, especially the large bleedings, that friends persuade themselves that the patient is sinking from the venesection, when, in reality, she collapses from the effects of the disease. I once saw a robust Irishwoman, who, in the commencement of her attack, had been bled to eight or ten ounces only, dying, a few hours afterwards, under the collapse of the fever, with symptoms very like those to which a fatal flooding might give rise. Making due allowance, however, for these deceptions, there can, I think, be no doubt, that women do occasionally sink, perhaps not very rarely, from excess in the best-intentioned bleedings; but, really, the collapse of the disease, and the collapse from the depletion, may be so similar, that in any given case the wisest may have their doubts. I fear there is a disposition abroad to abstract blood from the arm too largely. In over-bleedings, however, I trust that transfusion may now prove a remedy.

ON DISTORTIONS OF THE SPINE.

By Mr. Sheldrake.

To the Editor of The Lancet.

Sir,—As you have given publicity to the communications that I have sent you, you will, perhaps, do the same by that which I send at present. My former were intended to prove the efficacy of that mode of treatment which I have long tried, with success, to cure distortions and deformities in the extremities, for which no adequate remedy was known; the present is intended to show how I have, with equal success, long applied treatment, that is founded upon the same principles, to cure spinal curvature, and those peculiarities of the human form that are dependent upon it.

In your critique upon Dr. Harrison's observations upon spinal diseases, it is said, "no very clear pathology, however, as applicable to cases of distortions in general, has yet been made out, at least by the writers in question; although, since the days of Pott, those varieties which are complicated with caries of the vertebræ, or ulceration of their ligaments or cartilages, have been tolerably well understood." You proceed to say, "our readers are, perhaps, aware, *that in the absence of organic disease in the spine*, Dr. Harrison supposes the several distortions to be occasioned by a yielding of the ligaments, which, giving way irregularly, suffer the vertebræ to slide from their proper positions on the column. *In short, he supposes distortion to be a subluxation of the vertebral rings, from a relaxed, loosened, or elongated condition of the lateral and posterior ligaments of the spine.*" This, you say, was Ambrose Paré's opinion, and you quote a passage from him; you then quote Munro, who says, "if one or more vertebræ are of unequal thickness, on opposite sides, the spine must be inclined over to the thinner side; which, now sustaining the greatest share of the weight, must still be more compressed, consequently hindered from extending itself in proportion to the other side, which, being too much freed of its burthen, has liberty to enjoy a luxuriant growth."

Having, by this quotation, exempted Dr. Harrison from all the guilt of originality, in the opinions which he promulgates upon the causes of spinal curvature, which, in mercy to your printer, I advise your readers to seek for in The Lancet, No. 197, p. 809. I shall, however, quote one passage from it in this place, because it demands a very strong observation. "This elasticity, however, is lost by constant pressure; and, of course, the muscles on the favoured side of the spine will have much to do in preventing the tortuosity; and, therefore, being kept vigorously on the stretch, will preserve their integrity, or, perhaps, increase in power; while those which are opposed to them, as having nothing to do, will soon become almost entirely useless; the ligaments which are stretched will resist, and ultimately elongate; while those which, from the inclination of the spine, are relaxed, will, of course, be perfectly weak; the muscles and ligaments on the *convexity* of a contorted spine must needs be *vigorous*, having to protect themselves against the gravity which is thrown on the opposite side, by the thinning of the cartilages, and perhaps of the vertebræ; and a counter curve only adds to the mischief, by the additional weight which it throws on the weaker side, and the greater necessity for resistance, therefore, which it imposes on the muscles of the stronger; *but this inequality of muscular force is the* EFFECT, *and not the* CAUSE *of the curvation.*"

I once thought of minutely dissecting this long passage of Dr. Harrison's book, if it was written by him, but the contradictions it contains are so many, and its absurdities so great, that the undertaking would be a a melancholy waste of time; for that reason I shall only observe upon the passage which is now quoted, that it proves the writer has not the least knowledge of the nature and effect of muscular action, or muscular motion, nor does he comprehend the manner in which it operates; as, in the only time that he mentions it directly, it is certain that he substitutes the effect for the cause, and *vice versa*.

Mr. Hunter, whose opinion weighs more with me than the opinions of all the writers on surgery, or the opinions of all the men that I have known in the practice of surgery, was accustomed to say, " that the power which we call nature, when in pursuit of her own objects, follows the most direct course that will lead to the attainment of the object she has in view; and, when forced to deviate from that course, she still adhered to it as closely as possible, and returned to it as soon as she could." With this beautiful axiom for a guide, we may understand many effects in the animal economy, which must ever be unintelligible without it. In the course of a long practice, I have never discovered more than two causes for spinal curvature; one where it was connected with organic disease, generally in the bones, but sometimes in other parts; the other, when it was connected with, and, in general, caused by a deranged state of the natural muscular action.

When organic disease only existed in a case, I relinquished that case at once to those whose province it was to take care of it; when derangement in muscular action was the producing cause, I attended to it myself; but when both the causes were in action in the same patient, it was evident that practitioners of both classes should attend to it, each, so far as the circumstances of the case rendered necessary. As I always acted in this manner, I have had numerous opportunities of seeing cases, in the treatment of which I had little or no concern, as well as others, which were entirely in my own hands; by much of this kind of experience, I am enabled to state, hypothetically, a case, for sake of explanation, which I have very often seen in real life; and even varieties of the same species of cure, under a great number of very different circumstances.

" *Of the Spine.*

" The spine is so named from certain projecting points of each bone, which, standing outwards in the back, form a continued ridge; and the appearance of continuity is so complete, that the whole ridge is named spine, which, in common language, is spoken of as a single bone. This long line consists of twenty-four distinct bones called vertebræ, from the Latin, *vertere*, to turn. They conduct the spinal marrow, secure from harm, the whole length of the spine, and support the whole weight of the trunk, head, and arms; they perform, at certain points, the chief turnings and bendings of the body, and do not suffer under the longest fatigue, or the greatest weight that the limbs can bear. Hardly any thing can be more beautiful or surprising than this mechanism of the spine, where nature has established the most opposite and inconsistent functions in one set of bones; for these bones are so free in motion as to turn continually, yet so strong as to support the whole weight of the body; and so flexible as to turn quickly in all directions, yet so steady within, as to contain and defend the most material, and the most delicate part of the nervous system. The vertebræ are arranged according to the neck, back, and loins, and the number of these pieces corresponds with the length of these divisions. The vertebræ of the loins are five in number, very large and strong, and bearing the whole weight of the body. Their processes stand out very wide and free, not entangled with each other, and performing the chief motions of the trunk. The vertebræ of the back are twelve in number; they also are big and stronger, yet smaller than those of the loins; their processes are laid over each other, and performing the chief motions of the trunk, each bone is locked in with the next, and embarrassed by its connexion with the ribs; this is, therefore, the steadiest part of the spine, a very limited motion only is allowed. The vertebræ of the neck are seven in number; they are more simple, and like rings; their processes hardly project, they are very loose and free, and their motions are the widest and easiest of all the spine. The seven vertebræ of the neck, twelve of the back, and five of the loins, make twenty-four in the whole, which is the regular proportion of the spine; but the number is sometimes changed, according to the proportion of the body; for where the loins are long, there are six vertebræ of the loins, and but eleven in the back; or the number of pieces in the back is sometimes increased to thirteen; or the neck, according as it is long or short, sometimes has eight pieces, and sometimes only six.

" *Of the Intervertebral Substance.*

" The intervertebral substance is that which is interposed betwixt the bodies of two adjoining vertebræ, and which is (at least in the loins) nearly equal in thickness to the back of the body of the vertebræ to which it belongs; we give it this undefined name, because there is nothing in the human system to which it is entirely similar; for it is not ligament, nor is it cartilage, but it is commonly defined to be something of an intermediate nature; it is a soft and pliant substance, which is curiously folded and returned upon itself, like a rolled bandage with folds, gradually softer towards the centre, and with the rolled edges, as if cut obliquely into a sort of convex. The cut edges are thus turned towards the surface of the vertebræ, to which each intervertebral substance belongs; it adheres to the face of each vertebræ, and it is confined by a strong ligament all round; and this substance, though it still keeps its hold on each of the two vertebræ to which it belongs, though it permits no true motion of one bone on another, but only a twisting of its substance, yields, nevertheless, to whichever side we incline, and it returns, in a moment, to its place, by a very powerful resilition. This perfect elasticity is the chief character and virtue of this intervertebral substance, whose properties, indeed, are best explained by its uses, for, in the bendings of the body, it yields in a very considerable degree, and rises on the moment that the weight, or the force, of the muscles is removed. In leaping, in shocks, or in falls, its elasticity prevents any harm to the spine, while other less important joints are luxated or destroyed. During the day, it is continually yielding under pressure, for we are an inch taller in the morning than at night; we are shorter in old age than in youth, and the aged spine is bended forward by the yielding of this part. These facts were first observed by a sort of chance, and have since been ascertained with particular care.

" Since pressure, in length of years, shortens the fore-part of the column of the spine, and makes the body stoop, any undue inclination to either side will cause distortion; the substance yields on one side and rises on the other, and, at last, the same change happens in the bones also; and the distortion is fixed, and not to be changed. This is peculiarly apt to happen with children whose bones are growing, and whose gristles and intervertebral substances are peculiarly soft, so that a tumour on the head or jaw, which makes a boy carry his head on one side, or constantly stooping, such as is used by a girl in working at the tambour, or the carrying a weakly child always on one arm, by a negligent or awkward nurse, will cause, in time, a fixed incurable distortion.

" *Of the Ligaments.*

" The periosteum is merely a condensation of the common cellular substance, formed in successive layers, and the tendons are of the substance of the periosteum; they mix with the periosteum, and are implanted into it. In dissecting a child, we tear up the periosteum along with the tendons, and without hurting the bone; but, in process of time, the periosteum, and, consequently, the tendons, are inseparably fixed to the bones. The periosteum, tendons, fascia, and bursæ mucosæ, are all of one substance, and of one common nature; they are various modifications of that dead matter which, having but little vascularity and no feeling, and hardly any disposition to disease, is the fittest for its office, and bears the roughest usage in our experiments, and the most violent shocks in the motions of the body, without any signs of feeling, and without falling into disease. These tendons must be bound firmly down, for if they were to rise from the bones, during the actions of the muscles to which they belong, the effect of contraction would be lost, and they would disorder the joint, starting out in a straight line from bone to bone, like a bow-string over the arch of a bow. The same inanimate substance still performs this office also, for the tendons of one muscle often split to form a ring, or sheath, for the next; or, their tendons, after taking hold of the bone, spread their expansion out over all the bone, so as to form an entire sheath for the finger and toe; or there is a wide groove in the bone which receives the tendons, and it is lined with a cartilage, and with a lubricated membrane; the membrane comes off from the lips of the groove, or from corners or edges of the bone, passes over the tendons, so as to form a bridge; or often it forms a longer sheath, as in the fingers, or where the peronei muscles pass behind the ancle; and thus the vagina, or sheaths of the tendons, are connected with the tendons, periosteum, and other modifications of the common cellular membrane.

"The periosteum, which has run along one bone, leaves it at the head, and, forming a bag for the joint, goes onward to the next bone. Thus the periosteum of all the bones is one continued membrane, passing from point to point; each bone is tied to the next by its own periosteum, and this membrane, betwixt the end of one bone and the beginning of the next, is so thickened into a strong and hard bag as to form the capsule of the joint; and the periosteum is assisted in performing this office by the tendons, fascia, bursæ, and all that confusion of cellular substance which surrounds the joint. The capsule of the joint is then a firm and thick bag, which, like a ligament, binds the bones together, keeps their heads and processes in their right places, contains that glairy liquor with which the heads of moving bones are bedewed, and prevents the adjacent parts from falling inwards, or being catched between the bones in the bendings of the joints. The capsule of every joint proceeds from the periosteum, and is strengthened by the tendons; it is formed like these parts, out of the cellular membrane; and when a bone is broken, or its periosteum destroyed by any accident or disease—when a tendon snaps across—when a joint is luxated, and the capsule torn, the injury is soon repaired by a thickening of the cellular substance round the breach: and wherever a bone, being luxated, is left unreduced, a new socket, new periosteum, new ligaments, and new bursæ, are formed out of the common cellular substance; and though the tendons may have been torn away from the head of the bone, they are fixed again, taking a new hold upon the bone.

"There are other ligaments of a joint which prevent its luxation, guarding it at its sides, or round all its circle, according to its degree of motion; and those ligaments are of the same nature with the first, or bursal ligaments arise, like them, from the periosteum chiefly, or, indeed, are truly but a thickening of the bursal ligaments at certain points.

"The universal connection of these parts is now sufficiently explained, since we have followed the several forms of cellular substance; 1st. Clothing the bones with a thick membrane, which, though insensible, and almost inanimate, in its own nature, conveys blood vessels, the means of life, to the bones, and is named periosteum; 2dly. The same periosteum, thickened and strengthened by the adhesion of surrounding parts, so as to form the capsules of the joints; 3d. The tendon, also, continued from the periosteum, and not growing from the muscle, but merely joined to it; 4th. We see that smaller tendon, expanded into a thinner tendinous sheet, as in the brawn of the leg, where the ham-strings (where expansions strengthen the knee joint) go down over the muscles of the leg; 5th. We see the perpendicular partitions of this fascia going down among the muscles, and dividing them from each other; and the cellular substance, which lies under the fascia, and immediately surrounds the muscle, cannot be distinguished from the inner surface of the fascia itself; 6th. And as for the bursæ, we see that they are formed wherever a tendon rubs over a bone; the upper surface of the bursæ is formed by the tendon which rubs over the bone; the lower surface of the same bursa is formed by the periosteum of the bone which it defends; the sides are formed by the common cellular substance. Its cavity appears to be merely an enlarged cell; and the bursæ mucosæ and capsular ligaments, are plainly of one and the same nature; their liquors are the same, they often open into one another naturally, or if not naturally, at least it is no disease, since no bad effects ensue."

This very luminous description of the spine, the intervertebral substance, and the ligaments, so far as they are connected with the subject of our present inquiry, by John Bell, will enable us to show how ill the author, who has been quoted in the beginning of this paper, was qualified to give a just idea of the pathology of spinal curvature. Ambrose Paré, Heister, and Munro, lived in times when it was very easy to make great men. It was only necessary for some one who had confidence and plausibility, to say something that he imagined, and to assert, dogmatically, that what he *imagined was true*; if he did this with sufficient firmness, followers flocked into his rear, and he continued a great man, till some one, who possessed more confidence, pushed him aside, and took possession of his place.

It was to the operation of such causes, that the opinions which have been mentioned once became articles of faith; but the experimental philosophy of modern times depressed those opinions nearly into oblivion, and substituted matters of fact, which they had proved by correct and diligent investigation to be true. This being the case, Dr. Harrison showed bad taste and little judgment, when he determined to make up his book by collecting the opinions of others, and brushed the dust from the obsolete opinions which he has again brought into notice, instead of strengthening his cause by the assistance of his more able cotemporaries, as Hunter and Bell may justly be called.

As I, too, have been contented to read, for the purpose of gaining knowledge, which I might not otherwise have obtained, I venture to say, that what I have quoted from Bell's description of the spine, incontestibly proves, that the vertebræ will *never slip* or slide from their proper positions in the column, even if the ligaments should be so very accommodating as to give them the opportunity; that the intervertebral substances being much softer than the bones, it is quite impossible, under any circumstances whatever, that it should swell, so as to press the hard bones out of their natural shapes, and cause curvature of the spine; and, lastly, that it is quite impossible that the ligaments should undergo such changes as will allow the spinal bones to slide out of their proper positions in the column. If I have not greatly mistaken his meaning, these have all been mentioned, directly or indirectly, as being Dr. Harrison's opinions of the causes of spinal curvature, where there is no organic disease; to all these errors, he has added the very capital one of saying, in direct terms, that of all these peculiarities, "*the inequality of muscular force is the* EFFECT, *and not the* CAUSE." Upon this point I stand at issue with Dr. Harrison, and will go to trial, although the very eminent counsellor, Mr. Campbell, told a jury in the Court of King's Bench, that Dr. Harrison had written a book of very high authority upon the subject.

All who are competent to judge of the subject, and those who are not, may learn, by attentively considering what has been quoted from John Bell, that the human body is composed of bones, ligaments, intervertebral substance, muscles, &c., which are so distinct from each other, that the surgeon, when he pleases, can very completely separate them from each other; but they are so joined together, that unless they are separated by some force, all the parts that are in juxtaposition in any member or part, follow the same course in every action in which that part or member is employed; their action is natural while their arrangement is perfect; but any derangement in one part draws all the others into similar derangements, according to the proportions which those parts bear to each other. Some attention to this simple fact will, perhaps, enable us to understand the cause of those spinal curvatures that are not connected with organic disease. If we succeed in doing this, we shall make some important advances towards preventing or removing those defects which are now so prevalent and so distressing.

Suppose, then, that a child, of any age you please, either very young, or more nearly advancing towards puberty, passes into a state of general ill health, shows marks of debility; she is unable to take exercise as she has been accustomed to do; she seeks to obtain temporary ease by taking to the sofa, or by indulging in some peculiar habits which produce inequalities in her figure, most commonly in the spine, the thorax, or the shoulders; this may be called the first class of these unfortunate defects. If the parents of a girl who is thus circumstanced, either have themselves, or are inoculated by others with an unfortunate opinion that this is a mere trifle which may be easily removed, they are very prone to adopt peculiar articles of dress, which it is thought will produce that effect; or, if they labour under a greater degree of anxiety, they are prone to resort to the shape-menders and manufacturers of trumpery, that has been too much employed for such purposes; and, by the practices of such people, the persons of these unfortunate children are twisted into a variety of shapes, that they would never have assumed in the natural progress of their defects. A desire to temporise, which is but too common, frequently leads to the adoption of one insufficient remedy after another, till the distortion, the ill health, and other evils, either destroy life, or render existence miserable. When, at any time, a more rational and efficient mode of treatment is adopted, the evils that have been mentioned are stopped, in proportion as the proper remedies are applied early, and diminished in proportion as the circumstances of the case will allow.

It is evident that the first step that is made in producing these malformations is caused entirely by a deranged state of muscular action. In healthy muscular action, action and reaction are equal and opposite to each other; but, in these cases, action and reaction are *unequal and opposite to each other*. A child, from whatever cause, is unable to do what she ought; she seats herself awkwardly in some position which favours the action to which she has accustomed herself; she *does* not, and perhaps says she *cannot*, sit upright, or in any other situation that will bring the antagonist muscles, which should be *equally* employed, into opposite actions. Those which act the least are retracted, diminished in size, useless, and finally become rigidly fixed; and the side (I suppose we are contemplating the spine or the ribs) on which they lie becomes smaller than the other, according to the language that is commonly used. On the larger side the muscles are stretched, but, as the opposing muscles do nothing but contract, the muscles on the largest side never contract at all; they only extend by the contractile action of their opponents; so that each of these two sets of muscles has but one action; and, of course, the action of the body, which should consist of action and reaction, equal and opposite to each other, is lost, till the natural state of the body is restored.

It is remarkable that when a person is so distorted the spine is curved laterally, with the ribs on one side projecting and bending backwards, so as to make that side of the thorax *appear* to be larger than the other; the arm on that side is capable of a much more powerful action, and will take a more extensive range in acting, than that which is the smallest; on the contrary, upon the side which is smallest and hollow, the scapula passes into the hollow, (in some cases, I have seen the lower part of the scapula projecting less than the ilium,) the sternum and ribs projecting forwards, so as to appear much larger than those do which are upon the upper side of the body, and on this side the shoulder will be forwarder, and, at the same time, lower than the shoulder on the opposite side. The consequence of this peculiarity is, that the largest arm is likewise the strongest; the sufferer will always use that arm more freely, and more willingly than the other, therefore this peculiarity has a strong tendency to increase the distortion, which it most commonly does, as the patient advances in life. This derangement of muscular action may, and often does produce, much distortion, before any other parts are affected; but it is certain that, at some time, as the bones project, they will stretch the ligaments, and force them to pass outwards before them; the intervertebral substance, likewise, will yield to pressure, between two or more bones, when it is squeezed between them, and it will grow to fill up spaces that have been formed by the separation of bones from each other, by whatever means that separation has been produced. These alterations follow each other, as effect follows cause, and proceed in this order, although the time in which they are produced varies in different cases, till the very worst cases of distortion are produced in the end. This, however, does not agree with the notions of Dr. Harrison, who says, "*The ligaments give way, and allow the vertebræ to slide from their proper positions in the column.*" As the production of any effect necessarily implies the pre-existence of some cause, we may ask, *what cause* could occasion the ligaments to stretch so much, as to allow the bones to slip out of their places? This notion indicates, that those who entertain it have very imperfect notions of the structure, uses, and effects, which the different parts of a living body have upon each other. If the opinion that I formed be correct, the manner in which these deviations from the natural figure are formed and carried to any extent, is quite intelligible: ill health, improper exercises, or other bad habits, cause irregularities in the action of those muscles which ought to support the body in a perfectly healthy state; some of these muscles cease to act, others act but imperfectly; the irregularity, inability to act, and ill health increases, till the body acquires so much deformity, as renders it an object of serious attention. If proper means are used to remedy the defect, the figure will be restored to its natural state; if improper means are used, the consequences will be very different.

Persons who are in this state, are to be found in two very different situations; first, the distortion appears and proceeds slowly, becomes rigidly fixed, but, notwithstanding, it proceeds, increasing both in degree of deformity and of rigidity; the other is much quicker in its progress, the patient sinks rapidly, but so much laxity remains, both in the ligaments and muscles, that I have sometimes found, by placing one hand under the chin, and the other under the occiput of a patient who was in this situation, I could raise the head one or two inches, and sometimes more, before the spine was extended so much at it would bear; upon removing my hands, the body would fall back into the same situation in which it was before the attempt was made.

In my next I will explain the process that I have invented, and use to cure these distortions.

I am yours, &c.
T. Sheldrake.

No. 73, Great Titchfield Street,
Portland Place.

Medico-Chirurgical Transactions. Vol. XIV. Part 1 and 2. Longman and Co. 1822.

From the "pressure of valuable matter," the President and Council of the Medico-Chirurgical Society deemed it expedient to publish the first and second parts of the Fourteenth Volume of the Transactions at the conclusion of the late session, instead of separately, in March and October, as originally intended.

The greater portion of the first part of the volume is occupied by Mr. Lawrence's observations on the nature and treatment of erysipelas. Of this gentleman's opinion and practice on the disease in question, the profession have been made fully acquainted in the pages of this Journal, by the report of Mr. Lawrence's speech at the Society, the discussions thereon, and by the interesting correspondence to which they gave rise. Still, as Mr. Lawrence has had further time to deliberate upon the subject, and has evidently used the powers of his great mind in concentrating his various arguments into one focus, we will endeavour to give the substance of his valuable paper in our next Number.

Cases of Tumours in the Abdomen, arising from Organic Disease of the Stomach; with Remarks. By EDWARD J. SEYMOUR, M.D.

Several cases have fallen under Dr. Seymour's observation, in which tumours in the abdomen, of considerable size, were found to arise from organic disease of the stomach. The first case which is related occurred in St. George's Hospital, and the extent of disease was very remarkable.

"Ann Row, æt. 39, unmarried, a cook, admitted July 11, 1827. Has been subject to occasional pain in the abdomen for several years past. About Christmas last she was attacked with vomiting of blood and diarrhœa, with very violent pain in the belly. About two months ago she perceived a tumour at the inferior part of the left hypochondrium, extending to the umbilicus.

"The tumour, which is hard, unequal, and very tender on pressure, occupies the whole of the epigastric and the umbilical region, extending to within an inch of the symphysis pubis and to the right iliac region; at this latter part (an inch to the right of the navel) it is more elevated, and there is a strong pulsation communicated through it. She vomits occasionally after taking food, but not always; sometimes when the stomach is empty. She describes what she vomits to be bitter and sour. Bowels very much relaxed, tongue clean and moist and of natural colour; no catamenia for three months; pulse 96, very weak; urine scanty; she is much emaciated."

The patient lingered until the 25th, when she sunk, having experienced no relief from various means which were had recourse to.

"*Sectio Cadaveris.*

"The cardiac extremity of the stomach was healthy; but on cutting the anterior surface of the pyloric portion the coats were found considerably thickened, and on the inner surface an irregular tumour presented itself, occupying about two-thirds of the circumference of the stomach, and only leaving the anterior part free. The tumour began about the situation of the pylorus, and its greatest length was about five inches, extending towards the left side. It projected about an inch into the interior of the stomach, the surface being very uneven, several round masses rising upwards from the body of the tumour. The surface was, for the most part, of a reddish yellow colour, some parts nearly brown, and here and there complete sloughs had been formed. The surface of the duodenum and of the stomach was very vascular around the tumour.

"In the centre of the tumour an opening about an inch and a half in diameter, with a sloughy circular margin, led backwards into a cavity containing about two ounces of fœtid pus. The whole surface of the cavity being covered with a brown sloughy membrane like the margin of the opening, its parietes were formed by adhesions between the stomach, colon, and duodenum anteriorly, and by the spine behind. At the margin of the opening of the stomach nearest the duodenum, a sloughy tumour, about the size of a small orange, projected from the general mass into the abscess, and still more to the right side another larger tumour was perceptible, both from the front of the abdomen, and at the bottom of the diseased mass of the intestines and stomach, having the duodenum, colon, and stomach, adherent to the anterior surface. This was the only part of the whole disease which had not yet ulcerated, and it seemed to be composed of glands united together; it was soft and pulpy, and of a light colour, like the usual appearance of fungus hæmatodes. The remainder, where ulcerated, was also soft, and resembled very much the usual surface of a tumour composed of fungus hæmatodes, when it has ulcerated through the common integuments."

The second case occurred in a gentleman fifty-nine years of age, of tolerably good health. Dr. Seymour was consulted in November, 1825; the patient complaining of pain in the pubic region, especially after micturition; the urine high coloured. The use of the warm bath, with the administration of soda and opium, effected a cure. In

November, 1826, the patient was affected with pyrosis, and, in the following March, became much out of health. At this time, (14th,) upon examining the abdomen,

> "About midway between the umbilicus and superior anterior spinous process of the left ilium, a tumour was observed of the size of a large orange, extremely hard, extending over about half an inch to the right side of the umbilicus, and an inch below it. This tumour was adherent to the integuments, was rather moveable, and there was considerable tenderness on pressure. Notwithstanding the size of the tumour, its tenderness, and its prominent figure, the patient, until the examination, was totally ignorant of its existence."

From the rapid growth of the tumour, its hardness and irregularity, and from the state of the patient's health, Dr. Seymour was induced to believe that the disease was of a malignant nature. Such, also, was the opinion of Dr. Nevinson. Sir Astley Cooper thought that the great intestine on the left side adhered to the parietes of the abdomen, that the inner coat had ulcerated, and that a tumour had formed, the contents of which were "gas, ill-conditioned matter, and fæces." Leeches and evaporating lotions were applied, and, subsequently, poultices and fomentations.

On the 23d of March, an opening was made with a lancet a little above the umbilicus, and about two ounces of sanious fœtid pus escaped from the orifice. Temporary relief was experienced by the evacuation of the matter, but the tumour enlarged as the cavity of the abscess again became filled. Several blisters were applied in succession over the tumour, but without any advantage: it appeared to be inert, producing no pain on pressure, or during the whole process of digestion, which was not ill-executed. Mercurial ointment was used for three weeks, but without diminishing the tumour, and friction with the ointment of hydriodate of potash, was equally futile. After becoming gradually debilitated, the patient expired on the 2d of October, without pain.

Sectio Cadaveris.

> "The body was opened twenty-seven hours after death. On the external surface of the body, several spots of purpura were perceived, and a tumour was easily felt through the parietes of the abdomen, with an opening in its centre, a little above and to the left side of the umbilicus, discharging some dark purulent fluid. The cavity of the abdomen contained about three quarts of water; on the removal of which the tumour was found to be formed by the stomach adhering extensively to the parietes, to which the transverse part of the colon and the omentum were also joined. The stomach was opened on the posterior part, and the cardiac portion and duodenum were found to be quite healthy, the pyloric half alone being the seat of disease. It appeared to consist of a thickening of the coats of this part of the stomach, in some parts above an inch in thickness, with an irregular tumour growing from its whole circumference, of the nature of fungus hæmatodes. The whole interior surface was ulcerated, and several portions of the tumour projected into the cavity of the stomach. The tumour was soft, and highly vascular in the inner part, and gradually became firmer and whiter towards the peritoneal surface, whence several white bands ran in an irregular manner towards the interior of the tumour. The anterior part of the stomach was the thickest, particularly where it adhered to the muscles of the abdomen; and in it several abscesses were discovered, one of the largest of which was the cavity in which the opening on the surface of the abdomen terminated. The œsophagus, near its junction with the stomach, contained a small cyst of fluid, resembling an hydatid in appearance, and of the size of a filbert. The liver was rather darker than usual, but otherwise healthy, except that, in the left lobe, several tubercles were observed of the size of a pea, of a white colour, and of the consistence of soft cartilage. All the other viscera appeared sound."

> "CASE 3.—John Rae, æt, 40, applied to be admitted, September 12th, 1827. About fifteen weeks ago, being in robust health, he fell suddenly on his back from a height, and was taken up insensible. He soon recovered his faculties, and did not appear to have sustained any serious injury. About twelve weeks ago, he experienced a difficulty in the digestion of his food. To use his own expression, 'his victuals did not appear to digest properly, but to stop for three or four

hours at a spot' which he pointed out, and which corresponded with the cardia; the food then passed onwards without being rejected by vomiting. These symptoms were removed by some pills, in the course of three or four weeks. Pulse 100, regular and soft; tongue foul. He has had no evacuation from his bowels since last Sunday week, with the exception of one costive stool, after having taken castor oil. Ordered castor oil every four hours.

"13. Three evacuations from the bowels, of a dark muddy colour, but presenting no traces of blood. Towards the right, as well as the left hypochondrium and umbilicus, there seems to be some induration of the stomach, and also of the liver. That the tumour is of a malignant nature, is rendered probable by the expression of countenance, the rapid emaciation, and general progress of symptoms. Ordered pills of hemlock and calomel."

On the 14th, the solution of the hydriodate of potash was prescribed, and was continued for fourteen days, "*with, at least, no disadvantage.*" On the 1st of October, diarrhœa came on, and the man died on the 15th.

"*Sectio Cadaveris.*

"The greater part of the stomach seemed healthy, but at the pylorus a tumour was found, as large as a man's fist, and nearly globular in shape, occupying the anterior and lower part of the pyloric extremity. A small part projected over, and was attached to the duodenum, but most of the tumour formed part of the circumference of the stomach in the situation mentioned, leaving the posterior and upper part of the pylorus free from disease, and not even thickened. The tumour, near its circumference, was hard and white in texture, apparently attached only to the outer part of the coats of the stomach; but, in the inner surface of the diseased mass, the coat had ulcerated, and a sloughy mass was exposed, having a cavity in the centre, which communicated with the cavity of the stomach, with irregular projections of a dark brown or blackish colour. The arch of the colon adhered slightly to the tumour, but was unaffected by the disease. A portion of the œsophagus, which was cut off with the stomach, and which was about one inch and a half in length, was very much thickened and hardened in its muscular texture, the mucous coat being still healthy, and the cardiac portion of the stomach was also free from disease, where it joined the œsophagus.

"The liver had a large quantity of soft white tubercles, with yellow portions intermixed, and, in some parts, more vascular than usual. Where they were distinct their diameter was one or two inches, and more vascular in the centre; but many of these had coalesced, so as, in some parts, to lose the tubercular appearance. They were soft and easily broken down, and could readily be detached from the rest of the liver, which was quite healthy in appearance; and the whole liver being enlarged, the actual quantity of healthy structure was not much less than usual.

"The transverse branches of the vena portæ seemed quite choked with a similar diseased structure, which adhered to the inner coat, and extended into many of the smaller branches; so that if a portion of tumour was torn, the vessels filled with the new structure could be separated from the actual tubercles, and were seen extending like cords into the healthy structure of the liver, although, in a section, it was difficult to distinguish the cut surface of the tumour in the vessels, from the tumour which was external to their coats. It was difficult to see any channel by which the blood could have passed, so completely were the branches of the vena portæ obstructed; yet, in the healthy part of the liver, the vessels were seen to be still pervious."

In the last two cases, it will be observed, that tubercles were found in the liver. Dr. Seymour is of opinion, that the disease of the stomach and of the liver was of the same kind—"the result of the same action of vessels in different structures." He is induced to believe, that the disease is not referrible to inflammation, inasmuch as its termination is altogether dissimilar. In several cases he has found the pain and vomiting attendant upon these diseases effectually relieved by prussic acid.

Observations upon Depositions of Pus and Lymph, occurring in the Lungs and other Viscera, after Injuries of different parts of the Body. By Thomas Rose, Esq., M.A., Surgeon to St. George's Hospital.

There has long been a vague opinion amongst surgeons, that abscesses occasionally form in the thoracic or abdominal viscera, as a consequence of injuries of the head. In this country, however, the doctrine has been little insisted on; and, indeed, we find, that our principal writers on injuries of the head have been entirely silent upon the subject, regarding, we presume, the occasional collections of matter alluded to, as accidental occurrences; but, if we may credit the writings of continental surgeons, especially Dessault, thoracic and abdominal abscesses are clearly the results of cerebral injuries.

It is the object of Mr. Rose to show, that abscesses in the lungs, and other viscera, equally follow wounds of other parts of the body as of the head. He says, that he has seen repeated instances of the disease in the liver, the spleen, and the lungs, after various accidents, and he has failed in discovering any predisposing state of constitution in the patients so affected, many of whom were young and vigorous, and treated on the strict antiphlogistic plan. With others, (compound fractures, &c.,) as soon as the inflammatory symptoms had subsided, means were used for supporting the strength, but there was no difference in the formation of the internal abscess. In all the cases the collection of matter took place between the end of the second and fifth week from the time of the accident. The post-mortem appearances are thus described:

"The disease consists, apparently, of depositions in the cellular texture of the affected organ, partly of a white or yellowish-coloured lymph, and partly of pus. These depositions vary in size from beyond the bulk of the largest walnut to something less than a common pea. Where the lymph is most abundant, they may be described as a soft white tubercle of irregular shape, not contained in a cyst, but imbedded in the cellular substance of the part, and gradually blending with its natural structure. When pressed, some pus exudes from them. Where the pus collects in greater quantity, it is lodged in an irregular cavity, probably in the middle of some of the tubercles, and the walls of the abscesses are formed of flakes of lymph. The number of these tubercles and abscesses vary in different instances, there being sometimes only one or two, and sometimes the whole viscus being filled with them. In the lungs they are chiefly formed in the parts adjacent to the pleura pulmonalis, and there is often, at the same time, an effusion into the cavity of that membrane of a sero-purulent fluid mixed with lymph. In the liver and spleen they are dispersed throughout the substance, sometimes showing themselves in one or more yellowish patches, not elevated, on the convex surface of the great lobe of the former viscus, and at other times lodged in its substance. The parts adjacent to them show evident marks of increased vascularity."

For an explanation of these "phœnomena," Mr. Rose has recourse to that "airy nothing," *constitutional irritation*, the principles of which, he says, are so ably illustrated by the "very valuable work" of the President! Mercy on us! In respect to the treatment, Mr. Rose has "little to suggest." The indications, in his opinion, are two; first, to subdue any excess of arterial action; and, secondly, to quiet the disturbed state of the nervous system. Several cases are adduced, and, as they are for the most part interesting, we shall give an abstract of the whole.

"CASE 1.—*Abscesses in the Lungs, with extravasation of lymph and pus into the cavities of the pleura, after wound and amputation of the arm.*

"A soldier received a musket-shot wound in the elbow-joint of his left arm, on the 31st of August, 1813. The ball fractured both the condyles of the os brachii, and the coronoid process of the ulna. He was attacked with fever a few days after, but the inflammatory symptoms in the arm did not run particularly high.

"After rather more than three weeks, these febrile symptoms continuing, with copious discharge from the wound, and his general health and strength declining, it was deemed necessary to amputate his arm. This was done on the 24th of September. On the second morning after, the febrile symptoms had diminished; but towards the middle of that day, he was seized with a slight rigour, which lasted for ten minutes or a quarter of an hour, and was succeeded by a profuse sweat. The rigour returned on the evening of the 27th, and during that night, and through the whole of the 28th, the perspiration was constant. On the latter of these days, the stump was examined; union had taken place every where, except at the openings for the ligatures. On the 29th, the same symptoms continued, with a dry shining tongue. All the ligatures came away, except that on the brachial artery. On the 30th, his breathing was found to be more hurried, but he took a full inspiration without pain. He had slept a good deal in the night, but his sleep was disturbed. Perspired copiously. His bowels perfectly regular. At this time the stump was flaccid, but union was going on. During that day the hurried breathing increased, and at four the next morning he expired; being the seventh day after the operation, and the thirty-first after he had received the wound.

"*Post-mortem Examination.*—In the cavity of the thorax, on the left side, more than a pint of sero-purulent fluid was found effused, mixed with loose flakes of coagulable lymph. The pleura pulmonalis and pleura costalis were glued together in parts by the lymph, and were highly vascular. Numerous circumscribed abscesses were found imbedded in the cellular structure of the lungs, principally in those parts nearest to the pleura. These abscesses were perfectly distinct from the parenchymatous substance of the lung, by which they were surrounded, and which appeared in no way affected, except by showing higher vascularity. They did not appear to be invested by any cyst of condensed membrane; and in many of them, instead of pus, or mixed with pus, was a whitish substance, probably common lymph. On the right side of the thorax, the appearances were somewhat similar, but the effusion was to a much less extent. The viscera of the abdomen were healthy.

"CASE 2.—*Abscesses in the Lungs, Liver, and Spleen, after compound fracture of the leg.*

"William Deane, 21 years of age, admitted into St. George's Hospital, on the 23d of July, 1825, with a compound fracture of the tibia and fibula of his right leg.

"On the 27th, there was considerable tumefaction, inflammation having diffused itself through the cellular tissue, and a good deal of bloody serum oozed from the wound. This was followed by a sharp attack of erysipelas, which spread over the thigh, and the principal part of the integuments of the abdomen. By free incisions wherever matter could be detected, moderate venesection once or twice, and saline diaphoretics, these symptoms subsided, but left him a good deal emaciated. On the evening of the 2d of August the erysipelas had disappeared; he had little fever, but profuse discharge.

"On the morning of the 3d, he was seized with a severe rigour, followed by sickness. His pulse at noon was 120; tongue brown and dry; great heat of skin, and restlessness. Aperient medicine was given, and afterwards effervescing draughts, with small doses of antimonial wine.

"On the 4th he was better, and his pulse had sunk to 108. There was a slight relapse of erysipelas over a part of the abdomen. The wound discharged profusely.

"On the 5th, he was still better, his pulse was 96, and the erysipelas was again subsiding. Ordered some wine.

"On the 6th his countenance was not so favourable. He was ordered sulphate of quinine. This produced no good effect, his tongue gradually becoming more parched and dry.

"On the 9th, he complained of an unpleasant sense of rising from the stomach, with an excessive heat in his throat, but could bear pressure on the abdomen without pain. In the evening of that day he had an attack of stupor, and lay for many hours in a state of nearly complete insensibility, with contracted pupils. He died on the evening of the 11th, being the twentieth day from the date of the accident.

"*Post-mortem Examination.*—The vessels of the pia mater and brain were more turgid than natural, and there was a considerable effusion of serum into the ventricles. In the thorax, there were several circumscribed abscesses in the lungs on each side, but chiefly in those on the right. These were situated in the outer part of the lungs, towards the pleura, and varied in bulk, from that of a small pea to that of a large nut. Their contents were evidently a loose sort of lymph, through which pus was every where beginning to be diffused, as could be shown by its issuing when they were gently pressed. On the upper part of the convex surface of the great lobe of the liver, a large mass of a similar character was visible, of a perfectly white colour, appearing under the peritoneal covering. It was two or three inches in diameter, and when cut into, was found to extend at least two inches in depth, into the substance of the liver, which, everywhere bordering on it, had a natural appearance, and did not seem to be in any way condensed. A somewhat paler line marked where the two structures were blended. The mass consisted of loose lymph, with pus diffused through it, as in the lungs. On the right edge of the great lobe, under the short ribs, there was another mass of the same nature, but of a smaller size, and one or two similar patches under the capsule of the spleen. No attempt at union had taken place in the fracture.

"CASE 3.—*Abscesses in the Lungs, Liver, and Articulation of Clavicle and Sternum, with effusion into the Thorax after a bruise and wound of the foot, and a fractured fibula.*

"George Stacey, 18 years of age, and healthy, was admitted into St. George's Hospital, on the 17th of July, 1827, in consequence of an accident from a cart-wheel having passed over the left foot. There was a small wound under the little toe, made, apparently, by some sharp substance, which had penetrated under the first phalanx, about an inch into the sole of his foot. Considerable ecchymosis had taken place over all his instep and foot, and there was a simple fracture of his left fibula, two inches above the ancle. Leeches, cold lotions, and aperient medicines were ordered, and the limb was kept quiet, and supported on a pillow. The leeches were repeated several times.

"On the 23d he had shiverings, and these were followed by diffused cellular inflammation over the foot, and by erysipelas extending up the leg and thigh, with enlarged glands in the groin. The integuments in different parts of the foot were divided, to set the inflamed parts at liberty; and on free openings being obtained for matter which had formed under the fascia plantaris, the febrile disturbance began to subside.

"On the 4th of August he was reported convalescent.

"On the 5th he had a severe rigour; purgative medicine was ordered.

"On the 7th, the rigour returned. The limb continued perfectly quiet; all the wounds were healing. He had never had ague, but stated that where he had been working that disease prevailed. He was directed to take two grains of the sulphate of quinine every four hours.

"The rigour returned again on the 8th, followed by much heat and a very quick pulse, and continued afterwards to recur at irregular intervals, being generally succeeded by profuse sweats.

"On the 10th it was observed that he had slight ptosis of the upper eyelid of the right eye; his pulse was quick, nearly 150; his tongue dry; his countenance unfavourable, and with a yellowish tinge. In the evening, some degree of emphysema and a little effusion of fluid were detected at the articulation of the right clavicle with the sternum. He had met with no accident in the part to account for this. On the evening of the 11th he died, being the 26th day after the accident.

"The body was examined on the following day. In the head the arachnoid appeared more opaque than natural, and there was some lymph effused on the under surface of the anterior lobes of the cerebrum, and round the junction of the optic nerves; matter was found effused into the cellular membrane over the sternal extremity of the right clavicle, and into the synovial cavities on each side of the inter-articular cartilage between that bone and the sternum.

"The pleura on both sides of the thorax was very vascular, and distended with a considerable quantity of a sero-purulent fluid mixed with loose flakes of lymph. This was more abundant on the left than on the right side of the chest.

"The lungs on each side contained numerous small abscesses and soft tubercular masses, principally adjoining the surface of the pleura. These varied in size from that of a hazel-nut to less than that of a small pea; and in the middle of some of the tubercles there was an irregular cavity filled with pus. One small abscess was found in the substance of the great lobe of the liver, at some distance from its surface.

"Case 4.—*Abscesses of the Liver and Spleen after Fracture of the Skull, &c.*

"A French gentleman, 30 years of age, was brought to St. George's Hospital on the evening of the 27th of July, in a state of complete insensibility, having fallen from his horse and pitched on the side of his head. He died on the 18th of August, the 23d day after the accident.

"On examining the body, it was found that a fracture had taken place, commencing a little above the posterior and inferior angle of the left parietal bone, and extending across the occiput to the foramen magnum. There was a considerable quantity of blood extravasated at the base of the skull. The brain itself was ruptured at the lower part of the posterior lobe on the left side, and pus had formed at that part between it and the pia mater. Both the liver and spleen were studded over their surface, and throughout their substance, with soft tubercular masses consisting of lymph mixed with pus, and with circumscribed abscesses of different sizes.

The subjoined cases were communicated to the author by Mr. Lawrence:—

"Thomas Scarborough, ætat. 33, was admitted into St. Bartholomew's Hospital on the 6th of January, 1827, in order to have a loose cartilage removed from the knee-joint. He had a somewhat sallow and unhealthy look, and a whitish tongue, yet considered himself in good health, and had followed his ordinary occupation as a labourer, to the time of his admission, having experienced only temporary inconvenience from the complaint in the knee, which had existed about three years.

"After some attention had been paid to the state of his health, the operation was performed on the 13th of January, and a perfectly smooth white piece of cartilage, with a small bony nucleus, was taken out of the joint, having been previously fixed on the external condyle of the femur.

"17th. The wound has united, without the slightest heat or swelling of the joint.

In the evening, however, without any assignable cause, bleeding took place from the wound, and ceased spontaneously by the formation of a coagulum, which distended the incision. On the next day the sallow appearance of the countenance, which had been noticed at the time of admission, was much more conspicuous, and the conjunctivæ were quite yellow. During the following week, the joint, which was kept quite quiet, remained free from pain and swelling, and a thin fluid escaped from the wound. There was no fever.

"After passing a restless night, he became very ill on the 26th, with heat of skin, thirst, loss of appetite, costiveness, white tongue, with a dry brown streak in the middle. The joint was swollen and painful, the margins of the wound inflamed, and a purulent fluid mixed with synovia flowed from it on pressure. (Twenty leeches to the joint; aperient, and afterwards saline medicines.) He continued in nearly the same state till the evening of the 29th, when the febrile symptoms increased, and he was bled to fourteen ounces, the blood being strongly cupped and buffed. In consequence of continued febrile disturbance, twenty ounces of blood, exhibiting the same character as before, were taken from the arm on the 31st.

"He was better on the 1st of February. Twenty leeches to the knee-joint, which continues inflamed and swollen, and discharges much pus.

"During the night of the 2d he was restless and delirious. From this time he continued to sink: paralysis of the right side, more particularly of the arm, was observed on the 5th; and he expired on the 7th.

Examination twelve hours after death.

"The knee-joint contained a small quantity of healthy pus; the synovial membrane was thickened, vascular, and in some places dark-coloured. An abscess on the outside of the knee, containing two ounces of pus, communicated with the joint; and the skin was separated from the subjacent textures, in the neighbourhood of the wound, by a cavity like that of an abscess. A small portion of the upper and anterior part of the tibia was denuded; the cartilages were unchanged in all other parts. Several small, yellowish, elevated spots were observed on the convex surface of the liver, which was slightly agglutinated to the diaphragm by recent adhesion. On cutting into them, a thin purulent fluid escaped, leaving a yellow fibrous substance, very much like the flakes of a scrofulous abscess. In some of them the fibrous substance predominated; in others, the thin yellow pus. These depositions varied in size, from that of a pea to that of a hazel-nut. They existed in great numbers throughout the whole liver, but the thick edge was more particularly loaded with them. I counted thirty on the surface of one section; there must consequently have been many hundreds throughout the liver. The other abdominal viscera were healthy. The arachnoid membrane covering the hemispheres was partially elevated by serous effusion under it; this was particularly apparent over the posterior lobe. A small deposition of healthy yellow pus, about the size of a horse bean, was found at the side of one of the posterior convolutions of the left hemisphere.

Case 2.—"H. A. Porter, 51 years of age, a corpulent man, addicted to drinking, was admitted into St. Bartholomew's Hospital the 19th of January, 1827, for an old ulcer of the leg, with much surrounding inflammation. He had a poultice to the ulcer, was twice bled in the arm, and took opening medicine. Under this treatment the leg improved rapidly, and he felt altogether much better; but three days after the second bleeding the wound of the vein became painful, and was found to be slightly inflamed.

Jan. 30. Shivering fits came on last night, followed by heat and thirst; pulse 120. (Venesection to ten ounces. Twenty leeches to the arm. A dose of calomel and jalap. A saline draught every four hours, with antim. tart. gr. j.)

31. Inflammation has extended to the axilla, the arm being red, swollen, and painful on pressure, from the elbow to that part. (Thirty leeches to the arm, and a large blister afterwards.) A severe shivering fit was experienced this afternoon.

"4th. He has remained nearly in the same state, and has had several shivering fits. Complains of severe pain in the left knee-joint, which is somewhat swollen. The arm is easy, and a small quantity of thin pus flows from the wound in the vein on pressure. The pulse hard, full, and 100; tongue white and dry; great thirst; bowels confined. Ordered purgatives and salines, with digitalis.

"5th. He has passed a comfortable night. The left knee and thigh are greatly swollen and very painful. All the superficial veins of the knee and thigh are excessively swollen, and form a very conspicuous net-work. The limb is slightly red, and preternaturally hot. Pulse 140, and soft; tongue white; bowels open. (Six doses of the digitalis have been taken; let it be increased to ♏ xv.; four grains of calomel every four hours; ℥xvj. of blood to be taken from the knee by cupping.)

"7th. He complained yesterday of pain in the right shoulder, which continues without swelling or redness. The knee was relieved by the cupping, and is nearly free from pain, though the swelling is not much diminished. The arm is less painful; bowels very open. (The calomel to be left off; the digitalis continued.) In the evening he was more easy; the pulse small, hard, and 120; tongue brown and dry; great thirst.

"He expired on the morning of the 8th, and the body was examined ten hours after death.

"The cephalic vein, which had been punctured, was thickened, and contained pus for about two inches below, and four inches above the wound, where a coagulum of blood was found, filling the cavity. Above and below these points the vessel was healthy, and the other veins exhibited no morbid change. The abdominal and thoracic viscera were healthy. The arachnoid membrane was thickened, opaque, and whitish. The cellular texture of the pia mater was loaded with serum, and an increased quantity of fluid was found in the ventricles. The cavity of the knee joint was filled with a tolerably thick pus, of an uniformly reddish colour, as if from an intimate admixture of blood. The synovial membrane was thickened, with an irregular and almost villous surface: it was extremely vascular in its whole extent. The cartilaginous coverings of the femur and tibia had undergone considerable absorption, so that the convexities of the femoral condyles, and the corresponding excavations of the tibia were completely bare. The cellular substance covering the capsule of the knee, under the exterior muscles, was inflamed, thickened, and loaded with pus. This texture was in the same state on the surface, and throughout the whole substance of the vasti and cruralis muscles. Sections of these muscles presented a most singular appearance, their large fasciculi being separated, apparently by layers of thick yellow pus. The matter, although precisely similar in colour and consistence to that produced by phlegmonous inflammation, was no where collected into an abscess, but was diffused through the cellular structure, as serum is in the case of anasarca. In the rest of the limb there was effusion of a bright light yellow serum. The cellular structure, exterior to the orbicular ligament of the right shoulder, was filled with thick yellow pus; but the cavity of the joint, and the deltoid muscle, were natural.

[With this extract, we shall, for the present, conclude.]

THE LANCET.

London, Saturday, August 23, 1828.

An individual was indicted at the Norwich Assizes, last week, for the offence of body-snatching, as it is called, and convicted on the evidence of a man, who, if his own account of the transaction were true, assisted the defendant in disinterring and conveying away two bodies from the churchyard of the parish of Great Yarmouth. The evidence of this man was not free from suspicion, since he admitted, on his cross-examination, that he had been in goal for some other offence, that he was about to appear against his own father in the next cause, and that he had been promised to be let off, if he appeared as a witness against the defendant in this indictment. We do not, however, allude to this trial because we suppose the defendant to have been convicted on insufficient evidence, nor do we wish to see any disposition on the part of judges or juries to relax the severity with which the offence of body-snatching is visited; for such a disposition would only tend to perpetuate that state of the law which creates a necessity for resorting to this mode of supplying subjects for dissection. Body-snatching is, no doubt, a disgusting offence, and not the less disgusting because rendered necessary by the state of the law regarding anatomical dissections. Let the Legislature remove existing obstacles to the acquisition of anatomical knowledge; and, as the first and most essential step towards the removal of such obstacles, let it repeal that provision in our statute-book, which associates the idea of dissection with that of punishment for crime, and the offence of body-snatching would soon cease with the temptation for committing it.

We are so far from desiring any mitigation of the law respecting body-snatching, that we have, on former occasions, urged the expediency of making this offence a felony punishable with transportation, instead of a misdemeanour, provided the law were also altered in other respects more immediately affecting the interests of science. But let it be borne in mind, that it is only on condition of affording legitimate facilities for anatomical dissection, that the Legislature can be justified in providing, by penal enactments, against the violation of the grave. A law against the disinterring of bodies, accompanied with a law enacting that all bodies should be interred, and prohibiting their dissection before interment, would be wholly unjustifiable, since it would be a law for the protection of the dead, at the expence of the living. Now this is, in effect, the present state of the law of this country, as it affects the facilities for the dissection of the human body. Nay, the single excepted case in which the law enjoins the dissection of the body, namely, that of a felon executed for the crime of murder, renders the matter worse for the interests of science and of humanity; for, while the supply from this source is wholly inadequate to the demand for subjects, the exception creates an artificial prejudice against dissection, even in cases, as in those of unclaimed bodies, where no natural feelings of horror, depending on the ties of kindred or friendship, are likely to be excited by it. One of two things is certain; either a number of dead bodies must be annually dissected for the benefit of the living, or a number of patients must soon be annually left to perish from the effects of curable diseases. No man of average common sense, we presume, will hesitate in deciding that the safety of the living is to be preferred before the respect due, not to the remains of the dead, for it may be reasonably taken for granted that the dead are not concerned in the question, but to the feelings of the surviving relatives and friends of the deceased. At present, anatomy cannot be studied, nor surgery efficiently practised in this country, without a breach of the laws; and, if this evil admits of a remedy, it is incumbent on the Legislature to apply it. Now a remedy has been repeatedly pointed out in this and other medical journals; and the example of other countries demonstrates that our anatomical schools may be supplied with subjects from an unexceptionable source.

For the reasons on which the foregoing remarks are founded, we cannot forbear noticing the manner in which the recent case at the Norwich Assizes was conducted by the counsel for the prosecution; for, according to this gentleman's view of the matter, all modes of supplying the demands of anatomical science would be equally exceptionable. Much latitude should, we admit, be conceded to advocates, in urging topics calculated to carry a verdict for their clients; and as it is frequently their professional duty "to make the worse appear the better cause," it would be unfair to make them individually responsible for all the sophistries by which this duty may be most successfully discharged. But there are limits, we presume, within which the forensic privileges of defending error, and perverting truth, ought to be exercised, and which it would be mean and dishonourable to overstep. An advocate owes a duty to the community, as well as to his client; and, in undertaking the cause of the latter, he is no more bound to sacrifice the higher obligation, than a soldier waves the rights of citizenship, in engaging to contribute in a military capacity to the defence of the state. Let us suppose, for instance, that counsel for prisoners had the privilege of addressing a jury in their defence—a privilege the denial of which is held by some able writers to be an opprobrium to our criminal jurisprudence—and that the atrocious assassin who has just suffered, but scarcely atoned, for his crimes on the scaffold, had possessed an advantage to which so much importance is usually attached. Is there an advocate at the bar who, in that case, could have so far suffered his professional to supersede his moral duties, as to apply himself earnestly and zealously to the support of either of the fictions embodied in this criminal's written defence and pretended confession, the latter of which fictions, by the way, we take to be the more detestable of the two? We trust, and believe there is not. Now the same principle which would restrain an honourable mind from lending itself by means of fraud and falsehood to promote the escape of crime, ought also, we conceive, to restrain an advocate from defending error, and upholding prejudices, which, he must, in his conscience, know to be even more injurious in their tendency to the interests of the community, than offences which are of too deep a dye to be of frequent occurrence. Let the reader peruse the following passage in the speech of Mr. Alderson, the counsel for the prosecution, in the case at the Norwich Assizes, which has led to these observations, and decide whether the limits within which an advocate may be justified in sacrificing reason and decorum, for the sake of obtaining a verdict, were not greatly overstepped upon this occasion.

> "The jury would, no doubt, hear from the learned serjeant who conducted the defendant's case, that it was necessary for the interests of science that this traffic should be continued; and philosophy and the authority of Paris would also be called in support of the practice. Thank heaven, however, the practice of Paris was not the practice of England. Every decent man would expect, that when he had followed the body of his wife or daughter to the silent tomb, 'where the wicked cease from troubling, and the weary are at rest,' their cold clay should there remain till the last trump shall sound, and the graves give up their dead."

It is lamentable to find a member of a liberal profession thus meanly condescending to pander to the vilest prejudices, and even endeavouring to enlist associations, which men are accustomed to regard as most sacred, on the side of ignorance and inhumanity. What is intended by the silly sneer at philosophy, we do not exactly understand; but if by philosophy Mr. Alderson meant, as it should seem he did, anatomy and the practice of surgery, which is founded upon it, he will scarcely, upon reflection, deem that science a fit object of ridicule, upon the skilful application of whose principles so valuable a life as his own, or the lives of those who are dearest to him, may one day depend. He thanked heaven, too, that the practice of Paris was not the practice of England! This was, no doubt, a topic well calculated to produce an effect on the class of persons to whom it was addressed. It stinks of assentation and grovelling submission to the vulgar prejudices of a jury of Norfolk yeomen. As well might the advocate have urged it as matter of thanksgiving to the skies, that he, Mr. Alderson, of the Norfolk Circuit, and the twelve Norfolk jurymen whom he was addressing, could boast of the singular distinction of having been begotten in England, and not in France. But in what respect does the practice of Paris differ from that of England? Not in the toleration of body-snatching, for this offence does not exist in Paris, since all temptation to the commission of it is removed by the adoption of legitimate provisions for the supply of the French schools of anatomy. It is the encouragement given to dissection, therefore, wherein the practice of Paris differs from that of England; and it is for this difference that Mr. Alderson pours forth his pious thanksgivings. With respect to the concluding observation, in the passage we have quoted from Mr. Alderson's speech, we can find no language sufficiently strong to convey our sense of its folly and indecency. It rarely happens that religion is dragged into the service of forensic argument, without suffering degradation. Parson Adams's wife deemed it profane to talk of the Bible out of church; and men who wish well to religion have reason to deprecate the handling of its doctrines in a court of justice. What an idea of omnipotence is conveyed in Mr. ALDERSON's supposition, that the miracle of the general resurrection could be frustrated, or affected by the misdemeanour of a body-snatcher! And if Mr. ALDERSON would not lose his little finger for the privilege of remaining undisturbed in his grave till the last trump, if he could save it at the price of his dissection after death, his argument was as hypocritical as it was absurd and indecent.

The speech of Mr. ALDERSON on this occasion has already attracted the attention of a contemporary, (*The Examiner*,) who has administered chastisement with that honest vigour which characterises his animadversions on whatever appears to be mean or mischievous in the conduct of public men. Mr. ALDERSON is not, we believe, in point of reputation, so insignificant a person as our contemporary supposes him to be, seeing that he is the Recorder of Norwich; and was, if we mistake not, distinguished at Cambridge for a proficiency in scientific attainments, from which better things might have been expected. We subjoin the remarks of the able writer in *The Examiner:*

In a trial for body-stealing, on the Midland (Norfolk) Circuit, a Mr. Alderson expressed himself in this notable manner:—" The Jury would, no doubt, hear from the learned Serjeant who conducted the defendant's case, that it was necessary for the interests of science that this traffic should be continued, and philosophy and the authority of Paris would also be called in support of the practice. *Thank heaven! however, the practice of Paris was not the practice of England. Every decent man would expect that when he had followed the body of his wife or daughter to the silent tomb,* ' where the wicked cease from troubling, and the weary are at rest,' *their cold clay should remain till the last trump shall sound, and the graves give up their dead.*" We do beseech our readers to acknowledge the singular force of that argument, " Thank heaven! the practice of Paris was not the practice of England." Observe how it disposes of the question without ever touching upon it! How mysterious the operation of the logic, but how complete the effect! Not a word more is necessary. Philosophy and anatomical science are utterly routed by the simple implication that England is not Paris! Then how beautifully expressed is that truism touching the expectations of decent men. Decent men, however, are also apt to expect skilful surgeons, and will, individually, by no means be reconciled to the tortures of bungling operators, on the score of the inviolability of the grave till the last trump. Among the young men at the bar enlightenment is so general, that such a person as Mr. Alderson must be a curiosity. There is, however, a sycophancy to the rabble prejudice, and a true asinine tone in his rhetoric, which must needs recommend him to that large and influential class of persons called the Twaddlers. What a despicable creature must that be, who, for his paltry guinea, encourages prejudices which he must know in his heart are hostile to one of the main interests of society! The assassin who, for his guinea takes one life, is accounted a monster; and how much better is the character of him who, for his amall fee, would strengthen opinions affecting, in their tendency, the lives, health, and happiness of thousands?

The CHIEF BARON, in his charge to the Jury, sensibly observed: " It was undoubtedly true, that without subjects, as they were called, we could have no good anatomists or surgeons; but *it was the province of the Legislature to alter the law* which at present existed on this point; they had only to do with the facts, and upon them their verdict must be founded."

We care not how many convictions take place for the offence of body-snatching; the more numerous these convictions, and the greater the obstacles opposed to the present mode of supplying the dissecting-rooms, the sooner will the necessity of applying a remedy to the existing evil be forced on the attention of the legislature. But we do trust that so contemptible a speech, as that which is reported to have been made by Mr. ALDERSON, will never again be heard on a trial for exhumation, within the walls of a Court of Justice. Mr. ALDERSON may rest assured that, putting aside all higher considerations, and looking only to the professional object of securing a verdict, that object will be attained with equal, nay with greater certainty, by pursuing the judicious line of observations suggested by the learned Judge who presided at the trial, than by pandering to the worst prejudices of the less enlightened portion of his fellow-citizens.

THERE is no end to poor Dr. JAMES JOHNSTONE's commerce with the sitting Alderman in the city. Like a sinner, who cannot open his lips without an oath, the Doctor cannot put forth a Fasciculus without an affidavit. Formerly he looked *blue* once a quarter, but now he has betaken himself to swearing till he is *crimson* in the face once a fortnight. We have already explained to the Doctor, in a friendly rather than an adverse spirit, the nature and tendency of these voluntary affidavits; and have shown that, if he have really fifty subscribers to his farrago, a supposition which is, we acknowledge extravagant, he is taking the most infallible method of constraining them to renounce him. We really took him for too good a huckster to be capable of resorting to a proceeding which must depreciate his wares in the eyes even of his least fastidious customers. For what must be the inference as to the quality of an article, which requires an affidavit to testify that there are still some persons who purchase it? Good wine, Doctor, needs no bush; and an able Journal requires no swearing to recommend it to the public. The truth is, JAMES, that thy trash hath been long of an unsavoury odour in the nostrils of the Profession. At the commencement of the year, thou wast vain enough to proclaim, that by appearing oftener in the field, thou shouldst be better able to *make head* against THE LANCET. But even then, thy meanness went hand in hand with thy magniloquence; thou showedst a vile alacrity to lick the shoes of a contemporary, whose pretensions, if we may compare straws, were even inferior to thy own, and to play second fiddle to the feeblest twaddler that ever laid down the pestle for the pen. And what is the result of thy vapouring? Thou now standest forth a confessed craven, and art content to sound an ignominious retreat. *Cedant arma togæ* should be thy device; for, like the bard whose verse thou art wont to mangle and misquote, thou leavest thy buckler upon the field,* and seemest resolved, henceforth, to put thy whole trust in *Aldermen*. And this is thy method of *making head* against THE LANCET! Truly, Doctor, thy head is, as it hath ever been, enveloped in Cimmerian darkness, and thy tail is the only part of thy person which is visible above the horizon. Thou hast fairly given up the ghost as a Quarterly Journalist, and thy pitiful supplications for FOURPENCE stirling, † as a publisher of Fasciculi, have been treated, as we prognosticated, with ridicule and contempt.

RODERICK MACLEOD, in reprinting the "Stanzas on Dr. Harrison," the week after they appeared in THE LANCET, states, that he would have published them sooner had he not been at the sea-side at the time they were transmitted to *him*, and that they were acknowledged in the Excrescence of the 19th of July. On turning to the Excrescence of that date, we find, as we had good reason to anticipate, no such acknowledgment; and the truth of the other part of RODERICK's statement may be estimated, when we add, that we made an alteration, *proprio marte*, in the manuscript of our Correspondent, which alteration is faithfully copied in the Excrescence. This reminds us of SIMON PURE's tranquil transcription from the pages of THE LANCET, in his exclusively *genuine* edition of Sir ASTLEY

---

* — relicta non bene parmula.

† For the small sum of FOURPENCE stirling, my readers may have the substance of many octavo volumes.—*Dr. James Johnstone's Fasciculus.*

Cooper's Lectures, of a long passage touching the connexion between literature and science, and the reciprocal influence which literary and scientific pursuits were supposed to exercise on each other. The passage is rather a fanciful one, and not, perhaps, very sound in theory; but they who know the worthy Baronet, who is as innocent of all extra-professional information as Roderick Macleod, will readily acquit him of having ever digressed into a disquisition connected with literature or taste. The fact is, that the passage in question was an interpolation of our reporter, who, in garnishing the worthy Baronet's lecture with this somewhat unjustifiable piece of *fioriture*, little imagined he was laying a trap to catch a Pure.

GLASGOW ROYAL INFIRMARY.

CASE OF RUPIA SIMPLEX.

Hugh Livingstone, æt. 19, Isle of Mull, labourer. This patient was admitted on the 3d of June, under the care of Dr. Brown. Over his whole body and extremities, there is a succession of scabs, elevated, and about the size of a bean, of a yellowish green colour. Their base is slightly inflamed. Those situated on the penis, forearm, and hands, are most prominent. On the penis, there are five of these prominences, elevated nearly half an inch, and differing from those on the rest of the body in colour, being of a greenish brown; those on the fore part of the scalp are of considerable size, and white in their appearance. Between the protuberances there is a generally diffused eruption of scabies over the body, with some warty excrescences, which are particularly numerous on the feet and ancles.

The patient describes the disease as commencing in the form of a small vesicle, which, enlarging soon afterwards, bursts and forms a scab. One of these is seen on the outer, and near the distal extremity of the thigh, going through this process. His health is unimpaired, nor does the patient complain of pain, or of any other inconvenience, saving a sense of itchiness. It first began on the scalp, about three years ago, the trunk continuing free of disease for some time after, the eruption having appeared on the penis within these last six months.

Being from a remote part of the country, the disease had not met with proper attention, the treatment being limited to rubbing the parts with sulphur ointment.

June 4. His stools were described as natural; pulse 36, and throbbing. Cap. sol. arsenical., min. vi., ter in die.

5. To day there was little or no alteration in the patient. Cap. pil. plum i. o. n. Omit sol. arsen. The patient complained of acidity in his stomach, and was ordered a dose of calumba and magnesia, to be repeated twice in the course of the day.

13. Still very little improvement. Cont. mid. and cap. decoct. sarsap., ℥iv. ter in die.

The patient had a variety of medicines with almost no benefit. He left the house on the 5th of July, by his own desire.

LARYNGOTOMY.

This operation was performed on two patients during the winter, and, in one of the cases, twice on the same individual successfully, by Dr. John Cowper, one of the senior surgeons. This, though the latest in occurrence, I consider the more interesting of the two, and will, therefore, give it more in detail than the other.

Samuel Henderson, a man who, in appearance, might be 30, was admitted into the Medical Wards, under the care of Dr. Brown, with laryngitis, about the beginning of March. The usual treatment was pursued; he was bled, blistered, had diaphoretics, but with only occasional relief. On the morning of the 6th of March, he had a severe attack of orthopnœa, threatening suffocation. His face was livid, and pulse not to be felt. A consultation was held in the course of the forenoon, when it was resolved, to prevent such a return of the disease as might cause death before relief could be afforded, to perform the operation of laryngotomy. Respiration was at this time wheezing and laborious. On looking into the mouth, the epiglottis was seen thickened, fauces generally swollen, though clean. Pulse 120, with thirst and foul tongue.

An incision, one inch and a half in length, was made perpendicularly through the integuments over the larynx. Dr. Cowper says in his report, that at this part of the operation a small vein appeared, which was pushed aside with the handle of the scalpel. The branch of the superior thyroid, which passes into the larynx between the cricoid and thyroid cartilages, was shortly afterwards cut, and poured out a considerable quantity of blood. The operator was searching for the mouth of the vessel with his tenaculum, when the patient was seized with so violent an attack of dyspnœa, as to threaten death. The crico-thyroid membrane was, therefore, immediately cut, without waiting to secure the artery, and a wire introduced to draw asunder the lips of the wound. The vessel ceased to bleed. The patient was almost instantaneously relieved.

On the 7th, I did not see the patient, but the report states, that he had passed a good night; pulse 120. He went on gradually improving till the 10th, when the wound was found closed with mucus. He breathed easily, however, through the larynx, without apparently suffering the smallest uneasiness. On the 11th, the wire was withdrawn, and the edges of the wound brought together by adhesive plaster.

Every symptom of the disease had to all appearance, subsided; the wound had closed, and was going on favourably till the morning of the 30th. At half past eleven, A.M. on that day, he had a rigour, followed by violant orthopnœa. At one, P.M., a consultation was held by the attending surgeons, and, in their opinion, laryngotomy was again necessary. It was accordingly performed, by opening the cicatrix of the former wound. It was followed by immediate relief. During the day, six grains of calomel, and three of opium, were given him; ten leeches were also applied to the right side of the larynx, to which part he principally referred his uneasiness. On the 31st, his pulse was 84, with severe pain on right side of the larynx on pressure. Leeches were again ordered.

℞ *Submur. hydrar.* gr. ij.;
Pulv. opii, gr. ss.; M. ft. pil. ter in die sumenda.

April 1. Pulse still 84. He had passed a good night, and complained less of the pain in right side of the larynx, but had a severe cough, for which he was ordered the common mucilaginous mixture, and to continue the pills.

3. The pills were this day discontinued. He continued gradually to improve, and every symptom of danger having disappeared, the wire was removed on the 10th, and a silver tube inserted in its place. Till the 25th, there was little or no variation in the treatment. The patient's health had considerably suffered from confinement; it was therefore necessary to give him tonics. At this time he breathed freely through the larynx, the tube being filled with mucus. The left submaxillary gland was considerably enlarged, from the irritation consequent on the presence of the foreign body. Eight leeches were applied to it.

May 27. Since last report, there has been scarcely any change, saving in the inflamed gland, which has suppurated. The tube was removed, and the wound dressed with simple dressings. The patient breathed freely through the larynx, and appeared to be rather improving in health.

June 4. He was dismissed to day, though the swelling on the left side of the neck was still considerable. The wound looked healthy. He was directed to go into the country.

William Limpitlaw, weaver, ætat. 50; November 7, 1827. The difficulty of breathing in this patient had been gradually increasing for six weeks previous to his admission, but during the preceding eight days it had become violent. The only treatment had been a blister applied over the pained part of the throat.

He was immediately ordered some leeches to the throat, with a dose of calomel and opium, which the consulting surgeons thought would abate the violence of the symptoms. The relief, if any, was but temporary, for at nine P.M. he was seized with so violent a fit of dyspnœa, that it became necessary to perform laryngotomy. A wire was inserted, as in the preceding case, and fastened by pieces of tape, which were carried round the neck, so as to evert the edges of the wound, and afford a free passage for respiration.

November 14. Every thing went on favourably in this patient, saving a fit of dyspnœa on the 12th, from accidental derangement of the wire. To day, however, an ulcerated perforation in the velum pendulum palati was observed, for which a solution of ʒiv. nitrate of silver in an ounce of water, was ordered to be applied with a pencil, daily. On the 19th the ulcer had not extended: to day was seized with a severe purging, for which he was ordered castor oil and opium.

20. Omitt. lotio.

℞ *Sulph. cupri*, gr. x.
Aquæ, ℥ij.; solve pro lotio faucib.

21. The purging was gone. He was ordered a blue pill every evening, and to continue the lotion.

28. As the symptoms of the disease had now in a great measure disappeared, the wire was withdrawn, but he breathed so laboriously, that it was found necessary to replace it immediately. Cont. lotio.; cap. pil. hydrar. 1, o. n.

December 6. The same experiment was tried, and though he breathed easier through the larynx than at the preceding trial, the edges of the wound being brought together by adhesive plaster, respiration was still too laborious to admit of the wire being removed.

18. The experiment was repeated, but after breathing ten minutes with apparent

ease, he was seized with a sudden fit of dyspnœa, and the wire was again introduced.

This patient was dismissed early in May, breathing through a tube* with ease, but, as might be expected, unable to articulate. From December, till the time of his dismissal, the only circumstances interrupting the progress of his recovery, were the injection of a hydrocele, and a slight attack of fever, approaching in its type to the intermittent, to which he had become subject, since serving as a soldier some twelve years before in Malta. It disappeared in a few days, under the use of the sulphate of quinine, and extract of cinchona.

STRANGULATED HERNIA.

It is commonly remarked, that this operation rarely, if ever, has a successful result in our hospital. Whether the operation is too long deferred, or the gut too much injured previous to the case being admitted, by its being handled and bruised by a variety of surgeons, who each severally endeavour to return it by the taxis, I do not know; it is certain, however, that the observation is but too true, and I am sorry to add, that the present case will add one to the numerous list of melancholy illustrations.

Robert Graham, a seaman, about forty years of age, was admitted on the evening of the 28th May, with symptoms of strangulated hernia. The hernia had existed for fifteen years, during which the patient had constantly worn a truss, since some difficulty had occurred in its reduction about fourteen years previous, till two days ago, when, having neglected to apply it, the hernia came down. He attempted its reduction himself, being at sea, and unable to procure medical advice, but failed. The symptoms in a short time became urgent. The abdomen was painful on pressure, and the tumour swollen and tense. The tumour at his admission is described in the case-book, as the size of two fists, firm, tense, and acutely sensible on pressure. Abdomen distended and tympanitic. He had had no stool for 56 hours. There was also nausea and vomiting, with furred tongue, and pulse about 100. The taxis had been tried previous to his admission, and persevered in for a quarter of an hour, but unsuccessfully.

A consultation was immediately called, and the operation resolved on. Dr. Maclachlan performed it, making the incision correspond with the extent of the hernia. The fasciæ and stricture were divided in the common manner, and fifteen inches of the ileum and its mesentery returned. On opening the sac, about three ounces of red serous fluid were discharged. The mesentery was much thickened, and it was only after several incisions had been made, that it was returned. The edges of the wound were brought together by two stitches and adhesive plaster. Dr. Maclachlan ordered him some castor oil and laudanum, and an enema, should it be necessary.

May 29. Had rested ill during the preceding night, with pain in the abdomen. Mr. Macleod, the house-surgeon, took away sixteen ounces of blood, which had not the buffy appearance common in inflammation. He had several stools; countenance good; pulse 110.

℞ *Calomel*, ℈j.;
Pulv. opii, gr. j. M. sumat statim;
rept. V. S. ad ℥xvj.

May 30. Had slept several hours during the night. His appearance was decidedly changed for the worse, with tympanitic abdomen, and pulse 160, accompanied with thirst and foul tongue. He had had only one stool for 24 hours, from an enema given him in the morning.

Rept. calomel. ut heri, admoveatur empl. vesicat. abdom. statim; vini rubri ℥ij., aq. ℥viij.

He died at 7 P. M.

31. The body was inspected by Mr. Auchincloss, in the absence of Dr. M'Lachlan. Some pounds of puriform fluid were found in the abdomen, and the small intestines glued together by effusion of lymph. The mesentery of the ileum was much thickened, to the extent of 15 inches, apparently by effused blood. The inner ring was much dilated. The spermatic chord and peritoneum, lining the sac, were also thickened.

LA CHARITE.

CASE OF DELIRIUM TREMENS, SUCCESSFULLY TREATED WITH OPIUM.

A STRONG man, a button-maker, 27 years of age, and of intemperate habits, was admitted into La Charité on the 6th of June, under the care of M. Cayol. There had been vomiting and diarrhœa previous to admission; the tongue was red, the epigastrium painful. M. Cayol thought that rest and diet would speedily restore the patient; but, two days after admission, without any apparent cause, the man was suddenly attacked with delirium. He started from his bed naked, and ran to the hospital gate, but was seized and brought back to his bed. The strait jacket was used, and he then became exceedingly furious; however, when left to himself, he was more calm, and eventually mirthful. During the whole night, he disturbed the patients of the ward, being exceedingly voluble, and quite incoherent, in his discourse. On the following morning, the delirium was of a muttering kind, but when the students entered the ward at the physician's visit, he again became furious. The pupils were natural, the skin moist, and the pulse frequent; the abdomen free from tenderness, the tongue red and dry. From the constant state of jactitation under which the patient laboured, it was impossible clearly to ascertain whether he had the *trembling*, which is characteristic of delirium tremens; and M. Cayol hesitated in deciding upon the precise nature of the disease. Under all the circumstances, he determined upon having recourse to blood-letting, which was followed by temporary prostration, delirium shortly afterwards supervening.

---

* This was substituted in the place of the wire, as the granulations, notwithstanding the presence of the foreign body, had become so abundant as to threaten closure of the aperture.

On the 9th, the symptoms were unabated: M. Cayol prescribed opium, five grains of which were exhibited in the course of twenty-four hours.

10. Agitation less violent, and delirium diminished. M. Cayol, however, was not satisfied with the exhibition of the opium, and ordered twenty leeches to the epigastrium.

11. The patient is much better. The leeches were not applied, in consequence of a profound sleep, which occurred shortly after the physician's visit.

12. The patient seems as if awakened from a dream; he is not conscious of what has passed, and only complains of slight pain in the head, and constipation, with occasional pains in the limbs. Ordered saline aperients.

Remarks.—This was a case of pure nervous delirium; and although only *five grains* of opium were administered, the quantity was sufficient to allay an extreme state of delirium.

HIGH OPERATION OF LITHOTOMY.

At a meeting of the Royal Academy, on the 26th of June, M. Souberbielle announced, by letter, that the patient, on whom he had performed the high operation of lithotomy, died on the eleventh day.

M. Mingualt said that, on examining the body, there was found a considerable purulent effusion in the thorax, and that the patient did not die from the operation. M. Souberbielle has been requested to furnish a particular account of the post-mortem examination.—*La Clinique*, No. 85.

WESTMINSTER HOSPITAL.

EXTENSIVE ABSCESS OF THE CHEST AND LEFT SIDE.

Hugh Robertson, ætat. 22, was admitted into this hospital, under the care of Sir G. Tuthill, labouring under typhus fever; he had nearly recovered, when he was turned over to Mr. White, on the 7th July, on account of a large abscess situated on the left side. He complained of much pain in the affected side, which appeared very red, and had a peculiar glossy appearance, and upon pressing it with the finger, a fluctuation was very evident. It appeared to extend from the first bone of the sternum nearly as far down as to the commencement of the cartilago ensiformis; it then passed under the axilla, and round the left ribs, to the inferior angle of the scapula, extending its passage between the common integuments and the muscles, along the course of the spine, to the crest of the ilium, where it appeared to terminate. The abscess was opened just above the ilium, and an immense quantity of pus, tinged with blood, was evacuated, which seemed to afford him some relief; it was then dressed by pieces of tow being applied round the left side, and a bandage placed upon it: the opening was left uncovered, in order to allow free exit for the matter which came from it. The following medicine was then ordered,

Liquor of the acetate of ammonia, three ounces;
Decoction of bark, five ounces;

of which, take two table-spoonfuls every three hours; he was placed upon full diet, and an extra pint of porter, with eight ounces of wine, allowed him daily.

July 10. Still continues to complain of a great deal of pain, particularly in the axilla; the opening is dressed with simple cerate; it continues to discharge a considerable quantity of pus, which emits a very fœtid odour.

14. Nearly in the same state; the discharge continues; complains of much thirst; his medicine is ordered to be changed to the following,

Dilute sulphuric acid, half a drachm;
Infusion of roses, eight ounces;

to be taken as the former.

16. When we saw him this morning, he appeared much worse; says that he cannot sleep; is in a very weak condition, and takes very little nourishment.

19. He evidently is sinking; the wound continues to discharge a considerable quantity of matter, and occasions him considerable pain.

21. He died this morning; nothing particular presented itself during the *post-mortem* examination; the abdominal and thoracic viscera were healthy: the fascia lumborum had completely sloughed, and also a portion of the quadratus lumborum muscle.

NECROSIS OF THE LEFT TIBIA, OPERATION, &c.

John Tillier, ætat. 18, was admitted on the 24th of January, under the care of Mr. White. He states that, about a year and a half ago, he received a slight sprain in his ancle, which occasioned a great deal of pain and swelling; the leg has since been greatly increasing in size, and is now about twice the size of the other: several small sinuses have broken out in the upper part of the leg, lately, which discharge a considerable quantity of pus, and, occasionally, several small pieces of dead bone. Mr. White operated on the upper part of the tibia in February last, and succeeded in extracting several bits of diseased bone; the incision was then filled up with lint, and a piece of simple dressing laid over it, secured by a bandage going round the leg, which completely stopped the bleeding. In a few days afterwards, the boy was attacked with erysipelatous inflammation, which soon abated on cold applications being applied to it, and the patient went on exceedingly well; the upper part of the leg gradually decreased, and at length has become perfectly well.

Several sinuses have since formed in the lower part of the limb, and more diseased bone has worked its way out of them.

On the 11th of July, Mr. White operated on the lower part of the tibia, and succeeded in removing the remaining portion of loose bone: very little hæmorrhage occurred during this operation; the wound has since been treated precisely in the same manner as that of the upper part of the limb. The patient's health improves daily.

On Saturday se'nnight, Sir A. Carlisle amputated a leg below knee; the affair did not reflect much credit on the famed President of the Royal College; in fact, it was an *oysterian operation.*

ST. THOMAS'S HOSPITAL.

DISEASE OF THE BLADDER.

Mary Perkins, ætat. 22, of short stature, sallow complexion, and cachectic appearance, was admitted into Lydia's Ward on the 22d of July, under the care of Dr. Scott. In consequence of that gentleman's absence, the case was treated by Dr. Elliotson.

The patient stated, that she had been out of health for some time, but latterly had been exceedingly unwell. During the last three weeks previous to admission, she had suffered from constant strangury, pains in the lower part of the back, hips, and thighs, and also in the hypogastrium and perineum. She likewise experienced severe bearing down sensations on going to stool. When admitted, the pulse was full and quick, but soft; the appetite defective, and the bowels irregular. There was increased heat upon the surface, and thirst. The tongue was red at the sides, but furred in the centre; the urine smelt faintly acid, and on settling, deposited a white mucous sediment. Sixteen ounces of blood were drawn from the loins by cupping, and she was ordered to take a grain of opium twice a day. Slop diet.

26. She is decidedly better, and experiences much less pain and difficulty in micturition. The cupping was productive of much relief to the pains generally, but there still is considerable tenderness on pressure in the hypogastrium. The pills, after two days, produced so much nausea and retching, that she could keep nothing in her stomach. She, however, sleeps better, and has less fever. The bowels are rather confined. Ordered to take six drachms of castor oil immediately, and to have 20 leeches applied daily to the hypogastrium.

August 8. She has been gradually improving up to the present period. The pain on pressure in the hypogastrium has abated, and she has very little pain in making water. The bowels are more regular, and the appetite has improved. The pulse is rather quick, and there is still some little increase of heat upon the surface. Ordered to have a warm bath every other day.

12. The difficulty in micturition has ceased, and the pain also. She is able to sit up and walk about the ward, and her appetite and strength are gradually increasing. She was ordered to take half a drachm of the carbonate of soda, and of the pulvis uva ursi three times a day

18. We have visited her frequently since the last report, and she is now convalescent.

INTENDED OPERATIONS OF LITHOTOMY.

On Friday last, the operating theatre of this Hospital was crowded by a large number of students and general practitioners, who were assembled in the expectation of witnessing two operations of lithotomy. In the preceding week, these operations were publicly announced; but in consequence of erysipelas appearing in the ward in which the patients intended to be operated on were placed, they were deferred. The first patient to be operated on was a lad of about 19 years of age, who, after being bound, with great reluctance, in the ordinary way, and sounded, refused to submit to the operation. The poor fellow seemed completely astounded, when he cast his eyes around him, and beheld the numerous faces that were directed towards him. He remained upon the operating table nearly half an hour; and notwithstanding the repeated solicitations of Mr. Green (whose patient he was,) to obtain his consent, he gave no answer, but remained inflexibly sullen and obstinate. He was, therefore, removed from the table, and sent to his ward.

The next case, was that of a child under the care of Mr. Tyrrell, who, after sounding him for *seventeen minutes*, declared that he could find no stone, although *he had repeatedly felt it before*!!! This child was also removed, to the apparent disappointment of all present.

TALIACOTIAN OPERATION ON THE PENIS, BY MR. GREEN.

A healthy-looking and muscular old man was next placed upon the table, for the purpose of having an operation performed upon him. He had, for the last three years, been suffering from a fistulous opening in the under part of the penis, which was the result of inflammation and sloughing, produced by extravasation of urine. Previous to the commencement of the operation, Mr. Green turned round, and addressing himself to the students, said, "Gentlemen, it is my intention, in this case, to endeavour to repair the loss of substance here, by first paring the edges of the opening, and then detaching a piece of skin from the root of the penis, on the opposite side, opposing it to the pared edges, and confining it there by sutures; and, in this manner, by making the patient wear a catheter in his bladder, I hope to succeed in preventing the farther escape of urine, by the artificial opening." The edges of the wound were then pared, and a piece of skin detached from the root of the penis, and upper part of the scrotum. The skin was turned over, and laid in the opening of the urethra; it was then confined by a great number of sutures and adhesive straps; a catheter, with a plug, was previously passed into the bladder. The patient was raised in bed, and the scrotum supported by a small pad.

August 18. Up to yesterday, there was reason to believe that the operation would have succeeded. To day, however, the upper part of the detached portion of skin looks sloughy, and is disunited. In consequence of a window being left open at the patient's head, he has taken cold, which has brought on coughing, and, in the exertion, the urine has been forced through the opening. Mr. Green removed all the sutures, and dressed the part with adhesive plaster simply, and it was then found that adhesion had only taken place at the lower part, and there but very slightly. It is but justice to say, that this patient has not had altogether a fair chance since the operation; and there is but little doubt that, but for the supervention of coughing, the parts would have adhered; as he is a tolerably healthy patient, and is apparently free from other disease.

GUY'S HOSPITAL.

REMOVAL OF A FUNGOID TUMOUR FROM THE FACE, WEIGHING SEVEN POUNDS, BY MR. MORGAN.

Elizabeth Jones, ætat. 38, of middle stature and emaciated appearance, was admitted into Martha's Ward on the 6th of July, under the care of Mr. Morgan. She stated that the disease in question first made its appearance about sixteen years back, as a small swelling, situated just below, and rather behind the angle of the jaw, and it was considered, at that time, to be nothing more than a chronic enlargement of an absorbent gland. For many years it remained perfectly stationary, and then afterwards suddenly increased; and during the last five years it had very rapidly enlarged, and continued to do so to the present time. In the interim, she had consulted several medical practitioners, but in spite of all the various remedial plans of treatment that had been adopted, it had still continued to increase. For many years she experienced no pain in it whatever, but only found it troublesome from its enormous weight and size. Latterly, however, she had frequently suffered from acute and lancinating pains, and also from achings of the head and shoulders, and within the last twelve months her sufferings had been very great; indeed it had become so burdensome to her, and was productive of so much constitutional irritation, that she came to London in the hope of having it removed by an operation.

When admitted, she was suffering greatly from pains in the bones of the face and head. The tumour was of enormous size and irregular shape, having a very extensive base; it extended a considerable way down upon the side of the neck, and Mr. Morgan believed it to be firmly attached to the carotid sheath. The parotid, submaxillary, and adjacent absorbent glands, all appeared to be affected with the disease, and seemed to be involved in one fungoid mass. The skin covering the cheek and ear had become considerably stretched and elongated by the projection of the tumour; the right eyelid was closed by an œdematous swelling, and the conjunctiva, covering the globe of the eye, was affected with œdematous inflammation. The patient's health was much impaired; her nights sleepless, bowels irregular, and appetite depraved; but all along, and up to the present period, her catamenia regular and abundant. The only chance of prolonging her life, Mr. Morgan considered, was by an operation, which would certainly be of a very formidable nature, but he regarded it as a *dernier ressort*. She is, however, so much worn out by irritation, that she is ready to catch at any thing that would afford her but a chance of relief, and is not only willing, but desirous, to have it removed. She was ordered to keep her bed, and to take some medicines that were calculated to allay irritation, and to improve her general health.

29. The tumour has evidently increased since her admission. She now complains of a noise in her head, which she compares to the roaring of a water-fall, and which distresses her very much; she cannot sleep at night; the skin is hot, pulse quick, and the tongue white; the bowels are more regular. Ordered to take the effervescing mixture, with the infusion of cascarilla, and ten drops of the tincture of henbane, three times a day.

This interesting case excited great attention, and numerous practitioners came to the Hospital for the purpose of seeing it. Before her admission, she consulted Sir Astley Cooper, who, we understand, advised only puncturing the tumour, but with what beneficial intent we are at a loss to imagine. Mr. Morgan advised its removal as soon as the patient was in a condition to bear the operation.

August 6. She suffers exceedingly from the weight of the tumour, which, by its pressure, occasionally produces slight dyspnœa, and always some difficulty in deglutition. She is, upon the whole, a little better.

It was fully expected that the operation would have been performed yesterday; but when Mr. Morgan visited her, he found her in such an irritable condition, (probably increased by the visits of so many strangers,) that he very properly deferred it till next Tuesday. She continues her *medicines.*

Operation.

Aug. 12. The patient was this day taken into the operating theatre, and the tumour removed. The theatre was crowded, and a considerable number of highly-respectable practitioners were assembled to witness the operation. The operation was commenced by making two elliptical incisions, which extended from the lobe of the ear, and were carried over the fore-part of the tumour to the lower part, where they were made to unite, thus inclosing a very large portion of skin between them. Two flaps of skin (one on each side) were then dissected back, and the tumour detached from its upper part gradually downwards, during which the knife and the finger were alternately used. The muscles of the face were completely exposed. Those vessels which bled much, were immediately secured. A portion of the parotid gland was removed; and as the tumour extended a considerable way under the angle of the jaw, it was necessary to divide the facial artery; this was also immediately secured. The tumour was not at all adherent to the jaw. The submaxillary gland, which was comprehended in it, was removed. In the neck it was found to be firmly adherent to the forepart of the carotid sheath, *and great care was used in separating it from that part*, and thus the operation was completed. During its performance, the woman was rather faint, and some wine was administered. Upon the whole, however, she bore it much better than could have been expected. Only eight vessels were secured, and not more than eight ounces of blood were lost. The operation, which was performed in a *most masterly manner, was completed in forty-one minutes.* When the flaps of skin were adjusted, they were found completely to cover the exposed surface. A few sutures were employed, and the wound dressed by adhesive straps, and a compress of lint and bandage. The patient, after the operation, vomited, and thus got rid of the wine that had been given her. She was placed in bed in a secluded apartment, and five grains of ammonia, and one of opium, were immediately administered. She did not sleep a great deal the first night, and, in the morning, the medicine was repeated. In other respects, however, she was as well as could be expected.

18. The wound has been dressed three times, and is adhering. She has no fever, and there is very little suppuration. Yesterday she was ordered to take four grains of the hydrargyrum c. creta, in consequence of the bowels being rather relaxed; and to-day, as the purging continues, she is to take the chalk mixture, with the aromatic confection. She is otherwise doing well.

The tumour weighed six pounds fifteen ounces. It consisted of a large cyst, which appeared to be formed externally, of chronic glandular enlargement. It was of an irregular and knotted appearance. On cutting into the cyst, it was found to contain about a pint of dark-coloured offensive serum, in which was floating a large quantity of imperfectly organised matter. Large quantities of this matter were also hanging from the sides of the cyst.

ST. BARTHOLOMEW'S HOSPITAL.

LARGE TUMOUR IN THE AXILLA, OF A MALIGNANT CHARACTER.

David Lloyd, æt. 18, a robust healthy-looking young man, was admitted, June 28, under the care of Mr. Lawrence. Twelve months ago he perceived a tumour, the size of a walnut, in the right axilla; since that time it has gradually increased; it has not been attended with any pain, and he has always enjoyed good health. In the right axilla is a prominent circumscribed tumour, the size of a large goose egg; it has a broad circular base, and extends a little beneath the pectoral muscle; it is loose and easily moveable on the subjacent parts; the skin covering it is natural. The tumour has a smooth even surface, is insensible, and of an uniform scirrhous hardness, and quite incompressible; there is considerable fulness above the right clavicle, and a large mass of enlarged glands is here felt, extending in a chain up the side of the neck. Mr. Lawrence remarked that the disease was most probably of a malignant character, and that, under any circumstances, the prognosis was extremely unfavourable; if there had been no disease of the glands above the clavicle, he should have recommended its removal; but the existence of this, in his opinion, precluded all idea of extirpating it. As far as the external character and feel of the tumour were concerned, it seemed of an uniform scirrhous texture; but he observed he had lately removed a tumour from a gentleman which appeared very similar, but, on cutting into it, was found to consist in its interior of a soft vascular structure; in this case the disease had shortly returned, and affected the internal organs. After remaining in the Hospital a few days; the patient returned home.

LARGE FOUL PHAGEDENIC ULCERATION OF THE PREPUCE AND GLANS PENIS

Wm. Mitchell, æt. 19, of spare habit, a groom, was admitted, June 11th, under the care of Mr. Lawrence. A month ago he had discharge from beneath the fore-skin, and a bubo in the groin; in a few days the prepuce became swollen and inflamed, and he was unable to denude the glans.

He applied to a medical man, who gave him some medicines, but told him he might still continue his usual occupation, and *desired him to live freely*; means admirably calculated to lessen the disease. The inflammation and swelling of the penis rapidly increased, and about ten days since, the extremity of the prepuce became ulcerated: ulceration has been gradually increasing, and a great portion of the prepuce, and nearly the whole of the glans, are destroyed; the exposed surface presents a foul, ulcerated aspect, of a dark yellow colour, and discharging a thick, fœtid, bloody-coloured secretion. The body of the penis is swollen and inflamed. He is in great pain, and has had no sleep for many nights; tongue white; hot skin, and thirsty; pulse 100, and sharp.

Twelve leeches to the penis, and afterwards a bread poultice and poppy fomentation.

> *Mist. salin. c. liq. antim. tart.*, ʒij. sextis horis.
> *Pil. saponis, c. opio.*, grs. v. vespere.

12. The pain is much less, and he has had some sleep during the night; the ulceration is cleaner, and the penis is less swollen and inflamed; pulse 98, less fever, bowels freely open.

14. The ulcerative process has ceased, and the remaining portion of the glans is clear, and covered with red, healthy granulations; the prepuce presents a cleaner surface, and is partially granulating; the discharge is much less, and of a more healthy character; the tongue clean, pulse natural; he sleeps well. The same medicine and applications continued.

20. The last few days, the ulceration has been gradually improving, and the pain so much lessened, that he has left off the opium at night, and the nitrate of silver lotion has been applied to the sore; last night, the penis became very painful, and he has had no sleep. The lower part of the ulcer has assumed a dirty, foul, appearance, and its edge is extending. The body of the penis is swollen and inflamed.

The lotion omitted, and poppy fomentation and bread poultices applied; the opium to be repeated at night.

23. The edges are clean and granulating; the middle of the sore has a foul appearance, and the ulcer has extended into the corp. cavernosum. He complains of more pain, and does not sleep so well. Tongue clean, pulse feeble.

> *Liq. opii sedat* (Battley's) *et aqua aa* ℥iij.;
> M. ft. lotio, bis die applicand.

The pill to be continued at night, and

half a grain of opium given twice during the day.

30. The ulceration has extended into the corpus spongiosum; and the urethra, for about half an inch in extent, is laid open; the sore is clean and granulating; his nights are good, and he complains of no pain. From this time he gradually improved; the ulceration of the corpus cavernosum was tardy in healing; the balsam of Peru was applied; the sore granulated and cicatrized, and he left the Hospital July 14th.

On Saturday August 9th, Mr. Earle performed the operation for hare lip, on a child about two months old. He also removed a portion of membrane in a case of eversion of the upper eyelid.

REMOVAL OF A NEVUS BY MR. VINCENT.

Mr. Vincent removed a subcutaneous nevus from a boy aged 11 years. The tumour was situated below the right nipple, was the size of a large walnut, it was loose and easily moveable, the skin covering it was natural, excepting at one point, where it was slightly elevated, and of a purplish colour. The tumour was congenital, and had gradually increased till within a few months ago, when he fell down and struck it; since that time it has rapidly increased and become somewhat painful. Some hæmorrhage followed the removal of the tumour; on making a section of it, the usual appearances of a nevus presented themselves.

SUCCESSFUL OPERATION FOR AN EXTENSIVE MALFORMATION OF THE URETHRA.

The history of this case is contained in a recent treatise of Dzondi: De quibusdam methodis et instrumentis chirurgicis, etc. In a boy of three years the opening of the urethra was in the middle of the scrotum, near the radix penis; from the glans a furrow was seen running to the opening. From the latter, a somewhat curved needle was carried towards the glans; in this artificial urethra a golden canula was laid, which was then replaced by a leaden one. About five weeks after the operation, this instrument was imprudently removed, and the artificial canal rapidly healed up. The operation was therefore repeated, and after three months the canula was removed without any bad effect. Almost all the urine was passed through the newly-formed canal, and a few drops only flowed through the natural opening. This was gradually brought to a closure by a repeated cauterisation; it appears, however, from the preface to the work, that it afterwards opened again, and thus delayed the complete success of the operation.

AMPUTATION OF THE NECK OF THE UTERUS.

On the 10th of April, M. Lisfranc reported to the Académie Royale de Médicine two cases in which he had recently performed this operation. One of the females whom he operated on some years before, has since borne several children; another is now in the fifth month of gestation, and enjoys excellent health. Of thirty-three cases in which the operation was performed, only three terminated fatally; in two of these, a scirrhous degeneration of other organs was found, and in the third, the patient died from a relapse, three months after the operation. The other thirty individuals are now in a perfect state of health. —*Archiv. Gener. de Méd.*

LITERARY NOTICE.

Dr. Gordon Smith is printing his large work on *Poisons*; and a pocket-volume, entitled, Hints to Counsel, Coroners and Juries, on the examination of Medical witnesses; which will be ready for publication in October.

SUBSCRIPTIONS

FOR THE DISTRESSED MEDICAL GENTLEMAN AND FAMILY.

	£	s.	d.
Subscriptions advertised..	£110	6	0
John Castle, Esq., Bermondsey-square............	1	1	0
Tho. Key, M. D.	1	1	0
J. L. Wheeler, Esq., Gracechurch-st.............	1	1	0
Wm. Headington, Esq.	1	0	0
P. G.....................	1	0	0
M. W. Andrews, Esq., Arlington-st................	1	0	0
Granville Sharp Pattison, Esq.	1	0	0
B. Brown, Esq., Stamford-st.	1	1	0
John Franks, Esq., ditto....	1	1	0
S. E.....................	1	0	0
J. B. L..................	1	0	0

[Correspondents in our next.]

THE LANCET.

Vol. II.] LONDON, SATURDAY, AUGUST 30. [1827-8.

LECTURES
ON THE
THEORY AND PRACTICE OF MIDWIFERY,
DELIVERED AT GUY'S HOSPITAL BY
DR. BLUNDELL.

Lecture XXXVII.

Puerperal Fever—continued.

In the more formidable forms of the puerperal fever, it was, some years ago, proposed by the late Dr. Clarke, that we should attempt the cure by tonics; and, under his direction, as I have been informed, bark has been very largely administered, together with other tonics less powerful. The method of treating this disease, however, by tonic remedies, is, I fear, not to be relied upon; nor have I been able to learn that, even in the hands of Clarke himself, a practitioner of acknowledged talent, the use of cinchona in puerperal fever, was attended with any very encouraging success.

By Dr. Denman, and others, we were advised, many years ago, to have recourse to emetics in puerperal fever, more especially the tartarised antimony; and M. Doulcet, who had formerly under his direction the obstetric department of the *Hotel Dieu*, thinking he observed, when the puerperal fever was raging in the hospital, that where patients spontaneously vomited (as they frequently do in the beginning of the disease,) the disease became ameliorated; he was led by this circumstance to make use of emetics; and the emetics, consisting of ipecacuanha, were distributed among the nurses, with directions, that as soon as puerperal symptoms began to manifest themselves, the emetic should be immediately administered, without waiting for the visit of the physician. The report of the French practitioner is highly favourable; those, he says, who took the emetic soon recovered; and those died to whom the emetic was not given promptly. On a report of this kind, we cannot rely with any confidence; you will perceive that the report itself is but vaguely given, and it is to be recollected that the nurses were to be judges whether the disease was puerperal or not; whence it is highly probable that the emetic, in many cases, got the credit of subduing this formidable affection, when, in reality, puerperal fever did not exist. All allowances made, however, I cannot help thinking, that assuming Doulcet to be veracious, the report deserves attention. With respect to Denman, I have to observe that, in perusing the last edition of his very excellent work on midwifery, you will find that he became, in his old age, a proselyte to depletion, so that it is evident enough that he had found the emetics fail. On the whole, then, I conceive that these remedies deserve but little reliance in this disease; but should you chance to enter the chamber when the patient is just recovered from her chill, you may give an emetic with propriety, because, if it fail to subdue the complaint, it will, at least, do no harm; and, further, in those cases where you do not think it proper to have recourse to the lancet, it may be worth your while to consider whether the tartar emetic, or ipecacuanha, may not be given with advantage.

In croup, we know that calomel is sometimes found to be a very efficient remedy. A very esteemed acquaintance of mine, a man of large observation and close induction, Dr. Farre, I mean, tells me, that in *iritis*, if the system can be brought under the influence of calomel and opium, within a given time, the cessation of the inflammation is, in a manner, certain; and hence it has been supposed, that in the puerperal fever, if we could only promptly bring the system under the influence of mercury, whether by inunctions or internal administrations, much consequent benefit might be expected. Not, of course, feeling myself justifiable in making experiments on my patients, I have not, as yet, had an opportunity of giving mercury a fair trial. In one case only, and this of the middle kind, where the patient was bled with little benefit, and where I saw no other hope of saving life, at the suggestion of the late Mr. Ledger, I administered mercury; but although it brought the system completely under its influence, the disease ran its course in the usual manner, and the patient died, as if no calomel had been given. To this woman I was called, about twenty-two hours after the chill, her pulse being 120 or 130, and the other symptoms mild in proportion. More blood than I directed, viz. 40 ounces, were taken away; a buffy coat was formed, a degree of faintness was produced, and, for a time, the pulse was lowered: 35 hours after the rigor, as the disease was proceeding, and there seemed to be no chance of curing by depletion, I resolved to make use of the calomel; ten grains were taken every six hours, as in the case of the croup; in 40 hours, 38 grains had been taken, and the system was fairly under its influence, the bowels acting twice or three times only, so that the greater part of the calomel was retained. Notwithstanding all this, however, and though the case was favourable, being one of the milder kind, and though the calomel was given till 80 grains had been administered, the fever proceeded, and the patient died in the usual manner. We must not draw general conclusions from one solitary case, but the result of the trial was very discouraging, and I have never had occasion to use this practice again.

By the practitioners of Dublin, and more especially by Mr. Brenan, we have been strongly recommended, in cases of puerperal fever, to make trial of the oil of turpentine; and it has been asserted, that if half an ounce, or an ounce, of the oil be given twice a day, in the worst forms of puerperal fever, in their worst condition, the symptoms will be found to give way under it. The oil of turpentine I have not hitherto tried on the large scale, having a want of confidence in those reports which I could not overcome, and not feeling myself justified in acting experimentally. In some few cases, however, where I have had no other hope, the oil of turpentine has been tried by me, and the result has been to convince me that the oil of turpentine does not do any marked mischief—that it does not clearly aggravate the disease; not to add that a sort of persuasion has been left in my mind, that now and then, perhaps, it may relieve. I was called once to a patient seized with puerperal fever of the milder form, with a pulse about 120 in the minute; the pain not widely diffused over the abdomen, the other symptoms proportionally mild. The woman had been ill about ten hours, when eight ounces of blood had been taken from the arm, and with little benefit. Under all the circumstances of the case, I thinking there was little hope of curing the disease by means of the lancet, (for I had not seen her till twenty-one hours after the chill,) an ounce of the oil of turpentine was given immediately, a second in twenty-seven hours from the rigour, a third in the course of the night, and a fourth next morning, fifty hours from the first attack; no less than four ounces of the oil of turpentine being taken in seventeen hours; three of the doses I am sure were swallowed, because a young gentleman, who attended himself, administered them, and they were not rejected from the stomach. The first dose was followed by some remission of pains, but whether from the oil of turpentine, or from three or four operations of the bowels, did not appear. The other three doses did not produce much effect; the pulse, on the following day, remained much the same, and the patient ultimately died. The failure of cure in this case was very striking, because the attack was not in its character very formidable, and certainly by no means unfavourable to the success of the oil; the woman, too, was Hibernian. Again. I was called in this neighbourhood to a woman labouring under puerperal fever in the most malignant form; she had been ill for two or three days; the pain was diffused over the greater part of the abdomen, and the pulse was clearly ascertained to be 170 in the minute. In this case there was clearly no hope of saving the woman by the use of the lancet; two or three ounces of the oil of turpentine were administered in the course of the next twelve hours. Some little remission of the tenderness and pain was, I think, observed after the first dose; but no marked or permanent benefit was produced by it, and the woman died; the failure being the less discouraging, because, I believe, the disease had gone so far, and the inflammation was spread so widely over the peritoneum, that, perhaps, no human aid could avail. In the autumn of 1824, when the puerperal fever was not so prevalent as it had previously been, I was requested, by Mr. Edwards of Queen Street, to see a woman who had a good deal of inflammatory tenderness, and pain about the abdomen; her pulse was about 130, and the blood that had been taken away was somewhat buffed. She had laboured under the disease for two days and a half before I saw her; and it was not till the fourth day after delivery that disease began, this being a highly-favourable circumstance; for when the attack commences, consider the disease to be much more favourable for the cure when a patient is attacked on the fourth day, than on the second or third. This woman had all the usual marks of puerperal fever, and about 64 ounces of blood had been taken away before I saw her, for Mr. Edwards is a very active and judicious practitioner. In this case, considering that little benefit was to be derived from the further use of the lancet, I thought it proper to make trial of the oil of turpentine; and in the course of 24 hours an ounce and a half of the oil were given—a less copious quantity than in the former cases. Within the next 24 hours she took another ounce, and under this treatment, symptoms were gradually subdued, whether from the use of the oil of turpentine or not, remains uncertain; but the recovery was unlooked for. From the few facts, therefore, that are fallen under my own observation, I am inclined to think that, in the puerperal fever, the oil of turpentine does not, in any obvious manner, aggravate the symptoms; and I am not prepared to deny that it may, in some cases, be useful in curing the disease; though it is my decided opinion that, in London, this remedy is by no means so powerful in subduing the fever as the Dublin practitioners may have supposed. Why the oil should be more successful in curing this fever on one side of the water than on the other, I do not pretend to explain. Should you, hereafter, deem it right to use the turpentine in cases of puerperal fever, it may be well not only to administer it internally, but to apply it also to the abdominal surface, in the way of rubefacient. But, to proceed.

When you quit the theatre for the chamber, and are called from speculation to action, you will, I conceive, find it of no small advantage to divide this disease into its different varieties, and the sporadic and the epidemic varieties, mild and malignant, are the three kinds which, in my own practice, I am accustomed to discriminate. When the puerperal fever is diffused all over the district, we sometimes find that almost all the cases are of the malignant kind, not to be subdued by the most active remedies, and speedily running their course, to the destruction of the patient. In this variety of the disease, we sometimes observe a certain hurry of the nervous system, which leads the patient to speak with a rapid utterance, and in a sharpened, and somewhat reedy tone of voice. If you ask her how she is, she replies perhaps in a hurried manner—I am very well—there is nothing the matter with me—(dramatically,) a mode of speech which in me always excites the most gloomy apprehensions. Under these malignant attacks, moreover, the pulse rises to a high degree of frequency, mounting sometimes to 150, 160, or even 170, in the minute; over the whole abdomen tenderness diffuses itself,—above, below the navel, to the right, to the left side; and coughing may occur, and pains may be felt in the loins, as if the peritoneum, covering the lumbar surface and that of the diaphragm, were affected. A very rapid exhaustion ensues; when the sun rises the patient is well, before it sets a second time, she is dead; in the extreme cases, she may sink within twenty-four hours after the chill. Add to these characteristics of the disease, a prevalence of the malignant type in other cases occurring at the time; and thus by the prevalence of the malignant variety of the disease at the time—by the speedy exhaustion of the patient—by the extensive diffusion of the pain and tenderness over the abdomen—by the great frequency of the pulse rising to 150, 160, and sometimes 170, in the minute; and, then, by a less constant, but very important symptom, the hurry of the nervous system I mean, this malignant variety of the disease may be readily recognised.

First Variety.—In the worst cases of the malignant epidemic, do what you will, in the present state of knowledge, the patient, I fear, must sink; and therefore, in those cases, it is, perhaps, better to refrain from the use of free venesection, as, by having recourse to it, you may bring the practice into disgrace; for the patient perishing under a collapse similar to that arising from inanition, it may seem, to the inexperienced, that she is sunk from depletion. In this state of the disease, therefore, other remedies may, in preference, be recommended. Calomel and opium, for example; emetics, turpentine, and small bleedings. But when the disease, though malignant, is in its milder form, it may be proper to attempt a cure by the bold use of the lancet, aided by calomel and opium, as before explained; and if you will, by turpentine. Immediately after the chill, an emetic may be administered. Whatever is done, must be done with promptitude; after the chill, the sooner you commence your operations the better, provided there be, in the system, sufficient re-action to sustain them. Would this re-action be accelerated by wrapping the patient in blankets, wrung out of water warmed to the temperature of 98° of Farenheit's thermometer?

Second Variety.—When puerperal fever is prevalent, the epidemic is sometimes milder; the pulse, perhaps, not rising above 120 or 130 in the minute. By the confinement of the pain and tenderness to a surface of the abdomen, not broader than the two hands—by an exhaustion that comes on less rapidly, so that the woman may continue ill for three or four days, then recovering or sinking, collapsed, and by the mild character of the epidemic at the time the case occurs, this more manageable variety of the disease may be recognised.

It is in the milder and inflammatory form of the disease, of course, that we have the fairest chance of subduing it, and many cases of this type are completely cured by means of the method of depletion we have before mentioned. "I cure all my cases of puerperal fever!" When you hear persons talking in this manner, you may, I think, be well assured that one of two things is true—either that the practitioner has seen the milder form of the disease only, or else (which is not improbable) that in reality he has never seen the puerperal fever at all, although he believes himself to have so successfully treated it. A mon amant aujourd'hui à la bonne heure, mais qu'en dira mon marit demain. To-morrow tells troublesome truths. When hearing these boasts of my friends, I have sometimes replied, "Wait the end." And I shall never forget the altered countenance of one of my acquaintances, who came to tell me, in a true hypochondriacal accent, that my prognostic had been verified; that he had now to contend with the puerperal fever in good earnest, and that he had been unfortunate enough to lose two or three patients in succession. Venesection, calomel, opium, perhaps turpentine, and, in the beginning of the disease, an emetic, these are the remedies which I should recommend in these cases. The rules of management have been already laid down. As before, begin your operations as soon after the chill as may be.

Third Variety.—In practice, too, we sometimes meet with a third variety of the puerperal fever, I mean the sporadic. Perhaps the disease has not prevailed in the district for years; perhaps a solitary case has not been observed for a length of time, but at last you meet with a case in which the patient has chills, heats, head-achs, abdominal tenderness, pulses of 130 or more in the minute, and all these symptoms commencing on the second, third, or fourth day, at a time when the fever shows no disposition to spread among puerperal women in the district. Now this solitary case it is which constitutes the third or sporadic variety of the disease. If sporadic puerperal fever be very severe, it should be treated exactly in the same way as you would treat the milder form of the endemic, by venesection, calomel, opium, emetics—et id genus omne; but if, which is more probable, the attack be milder, you may then, perhaps, subdue it, by applying 30 or 40 leeches to the abdomen, by laying a large blister over the abdominal surface, by purging, digitalis, diaphoretics, small abstractions of blood from the arm, and, in short, by all those ordinary remedies which are found to succeed in case of inflammation. These sporadic cases being rare, I would give an opinion with caution, but I think you will seldom find the pulse above 120, 125, 130, or 135 in the minute.

Causes.—By Denman a case is related, (for I now proceed to treat of the causes of the disease,) in which symptoms very similar to the puerperal fever supervened in a woman who had never been impregnated; this woman laboured under obstruction of the vagina, in consequence of which the uterus enlarged greatly, from catamenial accumulation; and when the hymen was divided, the contents of the womb were expelled with efforts like the parturient, and, no long time afterwards, abdominal inflammation supervened. A case very similar occurred at one of our hospitals, and I am indebted for the knowledge of it to a gentleman, who paid no small attention to midwifery, and who is now established at Kennington. In this case it was necessary to take away a considerable quantity of blood from the arm before the symptoms could be subdued; and thus it now and then happens, independently of pregnancy, where the womb, being dilated from internal accumulation, becomes suddenly emptied and contracted, that abdominal inflammation, like puerperal fever, occurs. With these few exceptions, however, if, indeed, they are exceptions, it holds true as a general principle, that puerperal fever never attacks women but where they are prepared for it, either by the birth of the ovum, or perhaps now and then by a near approximation to its birth; and hence we may enumerate generally among the great causes of this disease, such a condition of the abdomen as is produced by delivery, or its near approach. I add here the alternative, or the near approach of delivery, for there is reason to believe, if our records may be relied on, that the fever sometimes commences before the child is expelled.

This disease, again, is found to rage much more fiercely sometimes than at others; so that, after remaining quiet for fifteen or twenty years together, it suddenly becomes epidemic, and fills our families with mourning, and our printing presses with dissertations. Among the causes of puerperal fever, therefore, set down a sort of epidemic constitution among the women, a most unfortunate coincident with the first establishment of the young accoucheur in practice. The disease getting into his connexion, may, in its malignancy, baffle all his efforts, and, destroying his patients, it may blight his reputation in the bud. Indeed, should you be thinking of commencing at a time when puerperal fever prevails, I conceive it may be well worth considering, whether procrastination be not desirable; for in the end, perhaps, you may find, that to wait for one or two years, is wiser than to begin rashly your obstetric career with all these dangers about you.

It is much disputed by some whether this disease is infectious; and this doubt furnishes an agreeable topic of conversation over a warm cup of tea. But, however this point may be decided, or unsettled, remember that the facts affirmative of infection are so strong, that on this affirmative it becomes our duty to act. Nor ought your faith in the possible infection of this disease to be hastily shaken by contrary opinions, even when advanced by the most experienced. There are some men who entertain a lurking belief of the infection of this fever, notwithstanding all their intrepid declarations to the contrary; not that in these declarations it is their intention to deceive, but there is a curious phenomenon of the human mind, well known to those who have studied it, and which consists in fancying that we believe that to which we give no credence, and the contrary; a state of mind which is soon discovered to ourselves and others, by placing ourselves in a position which calls for the operation of the faith or belief, when infidelity becomes manifest. Conversing with an obstetric friend, who contended that the puerperal fever was not infectious, I heard him (for he was my elder) with respectful attention, till at length, after he had delivered his sentiments somewhat at large, "Notwithstanding all this, (said I,) my dear Sir, I cannot help thinking that the fever may be infectious, and, pardon the freedom, but I fancy you think so too." "I, (said he, in an accent of surprise,) I think so? why I have just been telling you to the contrary!" "Well, (said I) will you allow me to bring your belief to the test?" He nodded assent. It so happened that this gentleman had a favourite niece, recently confined, the only immediate representative of his very respectable family. "Come then, (I proceeded) you tell me your niece has just been confined, and I offer my congratulations; but, permit me to ask, if you had been to see one or two patients labouring under this terrible disease, would you like to take her by the hand and to sit down upon the bed?" He started gently, and hesitated; then, in a subdued tone of voice, "Why, really, (said he,) I should not like to do that." And thus, it seems, even in the midst of denials, there may be on the mind a suspicion of infection; and on this suspicion, of course, it becomes our duty to act.

I will not weary you with anecdotes; those who have never made the experiment can have but a faint conception how difficult it is to obtain the exact truth respecting any occurrence in which feelings and interests are concerned. Omitting particulars then, I content myself with remarking, generally, that from more than one district I have received accounts of the prevalence of puerperal fever in the practice of some individuals, while its occurrence in that of others, in the same neighbourhood, was not observed. Some, as I have been told, have lost ten, twelve, or a greater number of patients in scarcely broken succession; like their evil genius, the puerperal fever has seemed to stalk behind them wherever they went. Some have deemed it prudent to retire for a time from practice. In fine, that this fever may occur spontaneously I admit—that its infectious nature may be plausibly disputed I do not deny—but I add, considerately, that in my own family, I had rather that those I esteemed the most should be delivered, unaided, in a stable—by the manger side—than that they should receive the best help in the fairest apartment, but exposed to the vapours of this pitiless disease. Gossiping friends, wet nurses, monthly nurses, the practitioner himself, these are the channels by which, as I suspect, the infection is principally conveyed.

I know of no certain preventive of puerperal fever. Is bracing the abdomen of importance? Moderate purging after delivery can do no injury. As flooding, during delivery, seems to dispose to the fever, I think it very doubtful whether venesection possesses any preventive power. To guard solicitously against the infection is, of course, of the first importance.

On examining the body after the more malignant attacks of the puerperal fever, as when the patient, for example, is dead within a day or two after the chill, on opening the abdomen, scarcely a trace of inflammation has been observed; a little bloody serum, a few dubious adhesions, a difference of opinion respecting the state of the capillaries, and that is all; but in the milder and more inflammatory varieties of the disease, where the patient lives for four or five days, and then dies, the changes become more conspicuous; a bloody serum is observed, as in the former case, and coagulable lymph is effused into the abdomen, perhaps somewhat copiously, though not under my own observation, in those large quantities remarked by the late Dr. Clark; the different folds of the intestines are adhering mutually, as well as to the omentum and the abdominal coverings; and in one instance I had occasion to see a suppuration under the ovary in the cellular web, which is somewhat abundant there, externally to the peritoneum.

With regard to the nature of the disease, to me it appears to turn upon a general disposition in women to an inflammatory action, which may sometimes attack other parts, as the head for example, but which, in the great majority of cases, is fixing on the peritoneum. That peritonitis usually occurs in this disease, is, I think, now so generally admitted, that it is not necessary to argue upon it; though the pains and tenderness of the abdomen, the buff on the blood, the frequency of the pulse, and the appearances on dissection, may all be produced as so many proofs of the truth of the assertion. Why it is that this inflammation of the peritoneum should sink the strength so rapidly, especially where it does not appear to have been extensively diffused, I am totally unable to explain; and this effect appears to be the more surprising, because in function the peritoneum, though of wide extent, does not appear to be an organ of much importance to the system. In the operation of this inflammation, there seems to be something analagous to that of extensive burns; whether any new principles of treatment may be deduced from this consideration, I am not prepared to decide.

The cause of the difference between the malignant, the milder, and the sporadic varieties of puerperal fever, I do not profess to explain; but a plausible opinion is the following:—in the malignant form of the disease, I suspect, that the epidemic disposition to peritonitis is strong, and that the diffusion of the peritonitis is great, whence the difficulty of the cure, and the rapidity of the collapse. In the milder form of the disease, I conceive that the peritonitic propensities are weaker, and that the inflammation is of small extent, whence the strength gives way more slowly, and the peritonitis is more readily subdued. In the sporadic cases, the epidemic constitution is wanting altogether, and the surface of tenderness may, I believe, generally be covered with one or two hands, and this may, in a general way, explain to us why this attack is of small danger. I may observe, generally, that it is not so much the intensity as the extent of the inflammation, which constitutes the risk; and we may reasonably expect the milder symptoms, when the peritonitis is confined to a few square inches, and the severer when it extends over two or three square feet.

When you are nervously apprehensive, in consequence of ill success with this disease, you are liable, without good reason, to believe that your patient is the subject of puerperal fever, and whence the need of a just diagnosis. If the bladder be loaded after delivery, it may produce symptoms exceedingly similar to puerperal fever, and hence the importance of introducing the catheter, in all dubious cases, for this diagnostic alone may be relied on; care, too, must be taken to put the catheter into the bladder, and pressure ought to be made above the symphysis pubis, to aid the flow, for some paralysis of the organ is not impossible.

Accumulation and irritation in the bowels may give rise to symptoms like puerperal fever, the pulse rising to 110, 120, or more, and the abdomen becoming tender. A prompt purgation is the best diagnostic; and, in *very* dubious cases, you may bleed once, after which you may, I conceive, generally make your diagnosis, before a second bleeding can be necessary, as there may be time previously for the action of cathartics. Senna and salts, aided by injections, are of prompt operation.

If women have merely spasmodic pains of the abdomen, whether of the gall-ducts, intestines, ureters, or womb, the last being most, these are easily discriminated by the absence of the fever, during the epidemic; but it sometimes happens, when the after-pains are severer, that a small fever attends the pulse, rising to 110 in the minute; and the hardened uterus, when compressed, becoming acutely painful. This case appears to consist in the puerperal fever in a subdued form; and it may, perhaps, be most safely treated in the same manner as the sporadic variety of the disease before mentioned; so long as the pulse remains below 120, little danger need be apprehended.

Enteritis may, I suppose, be distinguished from puerperal fever, because it produces constipation, and an inflamed uterus may be easily recognised, because, by a competent examiner, it may be subjected to examination, almost with the same nicety as an inflamed finger. If, however, the puerperal fever is to be treated like other inflammatory diseases, this diagnosis becomes less important.

I cannot dismiss the consideration of the puerperal fever without mentioning with acknowledgment the names of Gordon Hey, Armstrong, and Marshall Hall; and it is my sincere hope that Brenan may be found deserving of the applauses of posterity. To names of acknowledged merit, it would be superfluous to add an encomium; on the tomb of the French mareschal, the only inscription is—TURENNE.

FOREIGN DEPARTMENT.

NICOLAS CHERVIN'S RESEARCHES ON THE NATURE OF YELLOW FEVER.

THIS distinguished individual has been engaged, during nearly the whole of his life, in the study of this formidable disease; neither dangers nor pecuniary sacrifices could change his intention to visit almost every part of America where this calamity reigns. He did not return, until after ten years of incessant study and incredible toil, to his native country, to reap the fruits of his admirable zeal. By the following concise account of his travels, we intend to call the attention of our readers to the work of M. Chervin, which is shortly expected to appear.

In the year 1814, he left Paris for Guadaloupe, which he reached in December of the same year. Before he began his journey, he had eagerly studied all French, Italian, English, and Spanish works on the subject, and from them he was disposed to believe in the contagious nature of the yellow fever; but he endeavoured to make his own observations, free of all prejudices, in order to arrive at a clear result. During the year 1815, he had no opportunity of observing the disease, but in 1816 and 1817, he met with it very frequently, under the most varied circumstances; he then began to doubt the correctness of his former opinion. He then went to Martinique, Antigua, St. Christophe, St. Martin, St. Thomas, and Portorico. In August, 1817, he arrived at St. Domingo, where the yellow fever just happened to rage in its most malignant form. Having made many observations there, he went to Jamaica, thence to Cuba, and Port-au-Prince. He adapted his route always as much as possible to the course of the disease. During his absence from Jamaica, the fever had made terrible ravages amongst two newly-arrived regiments; on his return, it was still very violent, and afforded him the best opportunity of examining the most important circumstances with regard to its contagious or non-contagious nature.

In November, he went to Havannah, where he remained till the 12th of February, 1820. At New Orleans he arrived at the period when the fever generally appears; the epidemy was terrible; he witnessed it during six months, and then left for Savannah, being informed that the disease raged there with an unprecedented malignity. He was, however, disappointed; by neglect of the Captain, his ship proceeded at once to Charlestown, where he was very well received. He remained but a short time, and went to Savannah, notwithstanding the most anxious representations of his friends, and in spite of the information that no less than six physicians of that place had fallen a sacrifice to the fever. When he arrived, in October, the rage of the epidemy had by no means subsided, and he found an ample field for observation. He was, indeed, so deeply engaged in his studies, that he forgot to write to his friends of New Orleans, who were so certain of his death, that in the Medical Society of that town a funeral oration was read to his memory. They were soon, however, agreeably surprised at the news, that M. Chervin, after staying two months at Savannah, had pursued his journey towards the North. He visited North Carolina, Virginia, Alexandria, George's Town, Washington, Baltimore, Philadelphia, and New York. In the beginning of 1822, he left Boston for Guadaloupe, and having visited Paramaribo, Cayenne, Demerara, Barbadoes, &c., he sailed from Martinique to Spain, where he arrived in February, 1823.

Notwithstanding the dangers which he must have anticipated from the political events in that country, he travelled over the whole peninsula, and came to Cadiz shortly before the commencement of the siege by the French army. After a long stay in that town, he made excursions into the provinces of Malaga and Barcelona, and, at last, in 1824, returned to Paris. Here dangers of a new sort awaited him; he was calumniated, and the most ridiculous political charges were brought against him, but he gloriously triumphed over the envy of his enemies, and exposed their base intentions.

The number of documents which M. Chervin has collected exceeds 800; they consist, mostly, in authentic statements of the physicians and the magistrates of those towns and districts which he visited, and which are subject to the epidemy. Besides the valuable results of the most ample experience as to its treatment, they contain most important materials for deciding the question of its contagious or non-contagious nature.

Chervin has made more than FIVE HUNDRED post-mortem examinations. He has often *swallowed* some of the *black fluid* found in the stomach of the deceased; he *rubbed the whole surface of his body with it, and always remained free from infection.*

The following are the general results of his inquiries:—Of more than 500 competent practitioners, only 48 are in favour of the contagiousness of the yellow fever, 483 being decidedly against it. In those parts of America where it most frequently rages, nobody believes in contagion; the extension of the disease seems entirely owing to the atmospheric constitution, and to local causes; the latter consist, partly, in putrid effluvia; there exists, in no case, a clear proof of contagion having taken place, and all assertions to the contrary are founded either on false testimonies, on defective observations, or on erroneous inferences from correct observations.

When the yellow fever raged epidemically in Catalonia, five French physicians, Mazet, Pariset, François, Audouard, and Bally, were ordered to go to Barcelona, and a Cordon Sanitaire was established by the French army along the Spanish frontiers; the disease was declared highly contagious, and the work of Bally, François, and Pariset,* tended to confirm this opinion. Chervin being convinced that the measures against the extension of the fever were entirely useless, presented a petition to the Chamber of Deputies in 1825, and afterwards asked for a special committee to examine his documents, and then to decide upon the necessity of the Cordon Sanitaire. Eighteen of the most eminent physicians were elected for this inquiry, and it was not until the 15th of May, 1827, Coutanceau read to the Academie de Medécine the general conclusion of the committee:—"That the documents of M. Chervin contain decisive proofs against the contagiousness of the yellow fever, and, consequently, against the necessity of the cordon sanitaire." This report was instantly ordered to be printed, notwithstanding Pariset's opposition; after two days, however, this order was retracted, to give the French physicians, who had been sent to Barcelona, sufficient time for their defence. At the end of 1827, Coutanceau's report, with Pariset's reply to it, appeared; and Chervin himself published a small treatise on the transactions of the Committee. He is, at present, engaged with the edition of a large work in four quarto volumes, of 600 pages each, with maps and plans. Till the publication of this important work, we suspend our further remarks on the subject, and refer those of our readers, who wish for a detailed account of the discussions in the Académie de Medécine, to the numbers of the Revue Medicale, from May to October, 1827.

EDUCATION OF DEAF AND DUMB.

On the 6th of May, M. Husson read to the Académie Royale de Medécine, a very interesting report on three memoirs of M. Itard, on the treatment of congenital deafness. M. Itard found that complete deafness is comparatively rare; that, in fact, it exists in not more than one-fifth of the deaf and dumb, and that of the rest one-half hear, but confound the words with other sounds, while the other hear, and can even distinguish the words. This discovery induced M. Itard to consider whether, by submitting these unfortunate persons to acoustical exercises, they might not obtain the faculty of hearing, and even of speaking. Twenty years ago, he began a series of experiments on twelve deaf and dumb persons, six of whom were almost completely cured. The history of these experiments was read to the Societé de la Faculté de Medécine, in 1808. The deaf person was first repeatedly brought near a church bell, which was rung with more or less force, according to the impression it made on the auditory organs of the individual; then his eyes were folded, and he was accustomed to indicate the place from which the sound proceeded. The same experiments were then repeated with musical instruments, after which the lessons of speaking began. Without these, or similar previous exercises, M. Itard says, it is impossible to teach pronunciation; indeed, a person born with incomplete deafness, if left to himself, soon loses his sense of hearing completely, which may be easily accounted for by the entire inactivity of the organ. He asserts that he obtained extraordinary success from this method, and that his pupils soon learned to repeat the words which were said to them; of course, the faculty of speaking is always proportionate to that of hearing; nor is it more difficult to imagine, that intonation and accentuation are never obtained; the language of such persons always remains rough and unpleasant.

The greatest difficulty, however, consists in making them understand those words which are not particularly directed to them; for which reason they are almost entirely disqualified for general conversation, unless several deaf and dumb are present, who convey their observations to each other rapidly by signs. M. Itard thus combines the two sorts of language; whereas that of signs has till now been almost exclusively used in establishments of this kind. According to this plan, he has recently instructed ten deaf and dumb persons. In his speaking lessons, he begins to increase the sensibility of the organ, by the fullest and loudest pronunciation of syllables; as *pa*, *ta*, &c. These the pupil must repeat, for which purpose he calls in the assistance of other senses; of sight, for instance, by pointing out the manner in which the tongue and lips are moved; of touch, by making the pupil feel his larynx in pronouncing *va*, the throat, in *ka*, the cartilages of the nose, in *ma*, *na*, &c. Unfortunately there are some sounds, the formation of which can by none of these means be made intelligible to these persons; as *je* and *che*, *se* and *ce*, &c. The success of this method of instruction has, of course, been very various; in some cases the faculty of hearing was actually increased; in others, the person became only habituated to attention, and thus learned to understand, but not to speak himself; of ten deaf and dumb, six were only brought to move the lips without any pronunciation at all. Of the remaining four, two pronounced distinctly the words which were addressed to them; two only were enabled to converse, if the person with whom they spoke pronounced his words in a slow and distinct manner. The Committee, which, by order of the minister, was elected to examine M. Itard's method of instruction, came to the following conclusions: 1. The tenth part of deaf and dumb children will be capable of being instructed according to M. Itard's plan. 2. This method, on the one hand, improves audition, so far as to make the child understand part of the words by hearing them; and, on the other, it directs his attention to the movement of the lips, &c., in the most effectual manner. 3. It enables him not only to understand, but also to converse himself. 4. The education by signs, and that by teaching the pronunciation of words, will considerably assist each other. 5. By this combined method, the deaf and dumb child, who hitherto was entirely confined to conversation with his fellow-sufferers, is restored to society at large. 6. It is found indispensable to divide, in future, the deaf and dumb into different classes.

---

* Histoire medicale de la Fievre jaune observeé au Espagne, particulierement en Catalogne dans l'annèe, 1821, Paris, 1823.

We beg to add a few remarks on this method, the advantages of which over the common plan are apparent. From frequent conversation with medical officers of institutions of this kind, we have some doubt whether M. Itard's favourable opinion on the perfection of the organ of hearing in the deaf and dumb is not too sanguine. It is however obvious, that the mode of congregating these unfortunate beings indiscriminately, and with scarcely any regard to the different states of their auditory organs, is highly objectionable, and we sincerely hope that the superintendants of similar institutions in Great Britain, (where, except in that of the metropolis, no attempt whatever has hitherto been made, to teach the deaf and dumb to converse *by enunciation*; although, as appears from the above report, M. Itard's plan became known as early as 1808,) will be induced to introduce the improvements of M. Itard in their schools. They will, perhaps, be the more inclined to do so, by hearing that, in many institutions for the deaf and dumb in Germany, especially in those of Leipsic and Berlin, this plan has been adopted for at least twenty years. When we visited the establishment at the latter place, a middle-aged gentleman was pointed out to us as one of the teachers of the institution. At our request, he informed us in a very detailed manner of their plan of education, and concluded by stating, that he had travelled through all Germany for the purpose of inspecting the establishments of this kind, and that the method adopted here was, in some respect, founded on his observations. What was our surprise, when the superintendent of the institution, Mr. Grasshof, afterwards told us, that the individual, with whom we had conversed for at least half an hour, was born completely deaf and dumb! Then, and not till then, we found out a sort of roughness and monotony in his voice, (the same which, in M. Husson's report, is hinted at,) but not more than is often found in well-constituted persons, from bad habits or neglect. Of a real difficulty of speech we could, even on a reiterated conversation, find out no traces whatever.

ON THE EFFECTS OF THE DIVISION, OR ORGANIC LESION, OF THE FIFTH PAIR.

It appears from the experiments of M. Magendie, H. Mayo, and C. Bell, on the action of the cerebral nerves, that on the division of the fifth pair, or when it is in a diseased state, the eye undergoes some peculiar morbid alterations. M. Magendie informs us (Journ. de Physiol. IV.,) that after the division of this nerve, the cornea becomes opaque, and that it, as well as the iris, begins to inflame and suppurate; an effusion of lymph takes place in the interior of the eye, and gradually the whole globe passes into ulceration. All these experiments, however, did not satisfy M. Magendie, and could not, in fact, lead to a clear result, as, on dividing the nerve, the internal carotid was invariably wounded; he therefore, in more recent experiments, divided the nerve before it passes over the pars petrosa, and then obtained an effect somewhat different from that described before; the eye was much less altered, the inflammation occupied its upper portion only, and but a very small segment of the upper circumference of the cornea became opaque. It appears, then, that the fifth pair of nerves exercises a direct influence on the nutrition of the eye; the different results of the experiments are easily accounted for by the circumstance, that in the former experiments of M. Magendie, the ophthalmic artery was separated from the internal carotid, and that thus the nutrition of the eye necessarily became affected.

The following pathological fact, reported by M. Serres, confirms the experiments of M. Magendie. A young man was admitted in the Hôpital de la Pitié, on account of epileptic attacks; at the same time a slight inflammation of the right eye was observed, the cornea was opaque, and the sight was to a considerable degree affected. All these symptoms gradually increased, till the sight was completely lost, and the right eye and eyelid, as well as the right side of the nose and tongue, were quite insensible. The patient died eleven months after admission, in a violent epileptic fit. On examination, the ganglion of the fifth pair was found enlarged, of a yellow colour, and very vascular; and, on its exit from the pons varolii, the nerve was covered with a gelatinous mass.

Professor Mayer, of Bonn, (Journ. der Chirurg. u. Aügenheilk,) has recently performed many experiments, from which it appears, that not only the division of the fifth pair is followed by morbid changes of the eye, but that the same effects take place after wounds of the neck. From eighteen experiments on dogs, horses, and pigeons, he comes to the following result: 1. The division of the cervical portion of the sympathetic nerve was sometimes made without any effect on the nutrition of the eye; in other cases it was followed by redness and inflammation of the conjunctiva; 2. The same morbid change, in most cases, followed the division of the pneumogastric nerve; 3. The sympathetic and pneumogastric nerve having been divided, a very intense inflammation of the eye took place, which extended to its internal parts; 4. If the carotid was tied, and at the same time the nerves in its neighbourhood were carefully avoided, the nutrition of the eye was in no manner influenced; 5. After a comprised the pneumogastric or sympathe- ligature of both carotids, the eyes suffered more or less; they became dim and opaque, but very seldom, a complete disorganisation ensued; 6. But if the ligature tic nerve, an effusion took place from the anterior surface of the iris, the pupil was closed by a false membrane, and the cornea passed into suppuration.

AMPUTATION AT THE HIP JOINT.

On the 26th of April, M. Delpech reported to the Académie Royale de Medécine, two cases in which he performed this operation. In one case, necrosis of the thigh-bone had given origin to numerous fistulous openings near the hip joint. From the extensive suppuration, the patient was in a hectic state, and it being ascertained that the joint was not diseased, the operation was decided upon. It was performed in the following manner:—An incision of two inches was made in the direction of the crural arch, by which the aponeurosis of the abdominal muscles, and the fallopian ligament, were laid open; the fascia lata femoris was then divided, and the crural artery tied. M. Delpech now fixed the thigh-bone, and towards the middle of its neck plunged in a long single-edged knife, the point of which was then carried round the internal and posterior surface of the bone; the knife was then steadily drawn downwards and inwards, and brought through the integuments one-third down. In this manner a flap was formed, consisting of the rectus internus, sartorius, pectineus, and the three adductor muscles; in its lower portion, it contained also the semitendinosus and semimembranosus; in its upper part, the common tendon of the psoas and iliacus. The crural artery and vein were divided in the middle of the flap; the hæmorrhage was so violent, that the artery was tied here a second time. The thigh was now kept in abduction, and the flap held by an assistant. M. Delpech then made a semicircular incision, by which the joint was laid open, and the capsule was now easily divided. The thigh-bone being now brought into its natural position, a semicircular incision was made through the obdurator internus, the three glutaei muscles, the pyramidalis, quadratus, the two gemelli, and, lastly, through the external part of the capsule. This section united the posterior extremity of the internal incision with its anterior end, and had only a very slight inclination downwards. Besides the crural artery, not more than three vessels were tied, two branches of the arteria profunda, and the gluteal artery. The great flap was now brought over the articulation, and, by some sutures and a bandage, kept in this position. No bad symptom followed the operation, and a cicatrix was formed within thirty days. The individual, who during the last four years has been in good health, was exhibited to the Society; the cicatrix was found completely solid and moveable, and only a very small fistulous opening was discovered, which appeared to communicate with the cavity of the joint.

After the report, M. Delpech made some additional remarks on the difficulty he had had in bringing the flap over the articulation, on the disadvantage of making the external flap too large, and on the necessity of immediate reunion. According to him, the success of the operation depends on the following conditions:—1. The disease, on account of which it is performed, must be of long standing; 2. The operator must begin with tying the crural artery; 3. One flap only must be made of the internal and posterior muscles of the thigh; if two flaps were made, one of the external, and the other of the internal muscles, the colytoid cavity could not be so well covered, and inflammation and suppuration would then more easily take place; 4. The external section must be made parallel with the great trochanter, and the skin still higher, otherwise the internal flap would not perfectly correspond to the external wound, which it is intended to cover.

In the second case, the operation was performed on account of extensive suppuration, in consequence of a compound fracture of the upper part of the thigh-bone. The patient laboured under a chronic inflammation of the abdominal organs (!) when the operation was performed; it was accomplished in the manner above described, and the wound healed completely within twenty days; but the patient died, after six months, from chronic peritonitis.

FOREIGN OBITUARY.

E. G. Georget, born the 9th of April, 1795, died on the 15th of June, 1828. Besides the celebrated works on "Diseases of the Mind," and on the "Physiology of the Nervous System," he wrote for the Dictionnaire de Medécine all the articles relative to the subject of mental derangement, and on affection of the nerves.

Dr. Bremser, of Vienna, the author of one of the most elaborate works on intestinal worms, died on the 21st of August, 1827.

Dr. K. Wenzel, died on the 18th of October, 1827. He may justly be said to have led first to a more accurate study of the anatomy of the brain by his excellent work, "De penitiori Cerebri Structura." He wrote also on several diseases of the brain, and on carcinoma uteri.

On the 19th of June, 1828, Fr. Chaussier died in his 83d year. We intend giving, in an early Number, a concise account of the life and the most important works of this distinguished individual.

POLYPUS CORDIS.

In former times this disease was considered of very common occurrence; but modern pathologists have clearly shown, that a true polypous excrescence of the heart is very seldom met with; and some of them have even gone so far as to deny its existence, at least as a chronic disease. With regard to these different opinions, the following case will be read with interest:—

A lady, who for some years had exhibited all the symptoms of dilatation of the left ventricle, died on the 18th of December, 1827. On examining the body, M. Rigacci found the left ventricle considerably dilated, and almost entirely filled with a fleshy excrescence, which was attached by a thin pedicle to the septum; another root, consisting of two pedicles, came from one of the mitral valves. M. Rigacci injected these roots with mercury; one of them burst, but the other was entirely filled with the metal, which was also conveyed through the mass of the polypous body by a great number of vascular branches.—*Aotologia, Feb.* 1828.

ARTIFICIAL ANUS.

Case of Artificial Anus, arising from Ulceration of the Transverse Arch of the Colon; which, after discharging Fæces for eighty-one days, spontaneously closed. By Edward Swarbreck Hall, Member of the Royal College of Surgeons, London; Surgeon to the South Dispensary, Liverpool.

The subject of this case was an active, volatile girl, eleven years old. My attendance upon her commenced on the 13th October, 1827. She had then been ill six days. Her indisposition came on with pains in the belly, vomiting, loss of appetite, thirst, and fever. At the time of my visit, she was suffering from the usual symptoms of peritonitis; diffused pain over the abdomen, increased upon pressure; moist, furred tongue; dry skin; pulse 120, and weak. She was considerably emaciated. The application of a few leeches, together with fomentations, and a little diaphoretic medicine, relieved her very much. Two days afterwards, the symptoms recurred with additional violence, but were easily subdued by a small general bleeding, a blister over the abdomen, and small doses of tincture of colchicum with sweet spirits of nitre. On the 19th instant, I ceased attending the patient, as she was well nigh recovered, and her parents were afraid of incurring much expense.

On the 29th instant, I was again sent for. I found ascites had taken place; some pain of the belly had returned, with palpitation of the heart, and a pulse up to 140, but unresisting. Local blood-letting was again resorted to, and the tinctures of colchicum and digitalis, in small doses, gradually increased, prescribed. By the 12th of November, the dropsical symptoms had all disappeared. For some days antecedent to that date, the bowels had not performed their functions with regularity, which I attributed at that time to their having been the outlet by which the greater part of the dropsical effusion had been carried off; neither the kidneys nor skin acting with more than their usual energy. At times, even after the dropsy of the belly was dissipated, the dejections were so numerous that my patient was unable to rest at night. They were exceedingly offensive, of a whitish colour, and sometimes had very much the appearance of yeast. I have now little doubt that the mucous glands of the intestines were diseased; and probably the enlargement of the mesenteric glands, which was subsequently developed, arose from that source. The pulse was never below 120 for three months, and the tongue was more or less furred for the same period.

At this time (12th November,) I commenced the use of small doses of blue pill, which was persisted in until the patient became convalescent; sometimes combining it with narcotics, and at others with gentle purgatives, such as rhubarb.

On the 30th of November, my attention was directed to a red, prominent, and painful swelling, of about the size of a pigeon's egg, immediately below the umbilicus. It resembled a furuncle in some measure, wanting, however, the characteristic hardness of a swelling of that nature, and having rather an elastic feel, as if distended with air. The whole belly, likewise, was somewhat tumid and elastic; the legs were slightly œdematous, the pulse considerably accelerated, and thirst very much complained of. I ordered the tumour to be poulticed, and two table-spoonfuls of a saline julep to be taken every two hours.

At my next visit the tumour presented a very singular appearance: the superincumbent cuticle was raised from the cutis, like a blister, but was quite elastic, and evidently distended with air. I made a very small puncture in it with my lancet; a pretty smart report followed, and very fetid air, having the odour of the gas usually discharged per anum, escaped. After this had ceased to issue, a small quantity of matter exuded from the aperture. From the appearance of the fæcal matter, odour of the liberated gas, and situation of the opening, I had no doubt it communicated with the transverse arch of the colon. It is most probable that, during the early part of the complaint, the colon was united to the parietes of the abdomen by adhesive inflammation, and that then ulceration commenced in one of the diseased mucous glands, and gradually extended through the coats of the intestine, and walls of the abdomen. Indeed, I remember that at one time, during the existence of the diffused pain over the abdomen, she complained of it being more severe in the neighbourhood of the umbilicus than any where else, which induced me to examine that region very attentively; but I did not discover any hardness or tumefaction on that occasion. At a later inspection (13th January) I could trace very distinctly an irregular induration in that situation, which I believed to be in the meso colon.

Next day (December 2d,) I found the patient something easier; her tongue less furred, pulse not so rapid, and thirst abated. She had passed several evacuations per anum since my last visit. Upon removing the dressings from the belly, gas again escaped. I found the cuticle which had been raised entirely detached, and beneath it, in the cutis, two points of ulceration, not exceeding the magnitude of pins' heads: fæces slowly issued through them.

From this time until the artificial anus got well, poultices were applied every two hours. Various tonics were prescribed during the further progress of the disease, particularly sulphate of quinine; at the same time continuing the use of the blue pill. Generous diet was allowed her, and wine, ale, and porter freely administered. Of course, particular symptoms were prescribed for as they arose.

It would swell my communication too much to relate the daily changes that took place from this time forwards: suffice it to give a condensation of the most important ones. The apertures in the abdomen slowly enlarged as the disease advanced, until they would admit a moderate-sized goose-quill, but never extended beyond that magnitude. The surrounding integuments always preserved a healthy aspect. The discharge from the artificial anus varied exceedingly; sometimes none would take place for several days, and at others it would be very profuse, probably a quart or more in twenty-four hours. Its consistence, odour, and appearance, were also subject to variation: on one occasion, when my little patient was so bad that I apprehended her almost immediate dissolution, the smell was distinctly gangrenous; at other times it had a musty, disagreeable odour; but the highly-feculent smell was most prevalent. She was frequently troubled with colicky pains, but never to any great extent, and generally previous to dejection per anum. The anal evacuations were as mutable as those from the artificial openings, and pretty generally in an inverse ratio: that is, when the one was profuse and watery, the other would be trifling and consistent. The pulse sometimes rose as high as 160 beats in a minute, but was always weak and unresisting; and, as I have before stated, was never below 120, until the 30th January, at which time some amendment of the health began to take place. The anasarca of the extremities became so great, that I was afraid the integuments would have sloughed; and it was not until her recovery was considerably advanced that it began to diminish. She was often affected with hysterical symptoms, inability to retain the urine, cough, and difficulty of deglutition. For several days she was reduced to such an excessive state of debility that she could not articulate or move herself in bed. Her appetite was at all times exceedingly capricious, being at one period voracious, at another she subsisted for days together merely on fluids. She was likewise very often subject to vomiting, and for many days nothing would remain on her stomach but a little cold ale.

On the 30th January, a decided amelioration of her symptoms took place, and from that date she continued to improve. On the 13th February she was able to leave her bed, to which she had been confined for the protracted period of three months. The artificial anus ceased disharging on the 19th of the same month, and in eight days no aperture whatever could be detected; a puckered depression, that would admit the point of the finger, existing in its site. Her appetite had lost its fickle character, and any kind of food agreed with her. The bowels had completely resumed their healthy functions, and the evacuations were perfectly natural. Up to the present time she has remained quite well, with the exception of occasional slight pains in the belly. Her abdomen is still rather protuberant, and irregular indurations, as if of enlarged mesenteric glands, can be detected. Should she not have a daily evacuation from the bowels, which she commonly has, she feels some uneasiness, and the site of the artificial anus, instead of being depressed, becomes pouting.

Ulceration of the walls of the intestines, followed by the effusion of their contents into the cavity of the abdomen, and thereby destroying the patient, is not an uncommon consequence of disease in the mucous membrane of the bowels; but I am not aware that a case similar to that which I have related has ever been recorded. There are two cases in Mr. Howship's work on the Intestines, which bear some relation to it, but they are by no means parallel.

Liverpool, June 13th, 1828.

Medico-Chirurgical Transactions. Vol. XIV. Part 1 and 2. Longman and Co., 1828.

(Continued from page 659.)

An Essay on a peculiar Inflammatory Disease of the Eye, and on its Mode of Treatment. By William Wallace, M.R.I.A.

We cannot do better than give Mr. Wallace's description of this disease in his own words:—

" When a patient presents himself, labouring under the disease, his aspect is peculiar, and, when once seen, is afterwards easily recognised. To those who have witnessed the venereal iritis, it may be observed, that there are many points of resemblance, as well in the style of the countenance, as in the appearance of the diseased organ. There is often that haggard and worn aspect, that sickly, mottled pallid hue of skin, that sleepy, exhausted, and oppressed appearance of the eye, which is much more easily observed than described. The patient only half opens the lids of the affected organ. They are of a purplish red colour, and tumid. Their subcutaneous vessels are preternaturally enlarged. The vascularity of the sclerotic and conjunctiva is greatly increased. The vessels of the former describe a reticulated zone round the cornea, and those of the latter run in a direction more or less straight to the edge of this membrane, and sometimes appear to pass on the edge. The hue of the redness is peculiar; it is a dark brick-red. The pupil is generally much contracted, and its edge thickened and irregular. The iris is altered in colour, generally greenish, and incapable of motion. There exists a suffused dimness of the cornea, which may be compared to the appearance glass assumes when it has been breathed upon. There is often a turbidness of the aqueous humour, and a pearly appearance of the parts behind the iris may be observed by looking through the pupil. There is great intolerance of light, and a copious, hot, lachrymal discharge. The vision will be found, for the most part, so extremely imperfect, that the patient can merely distinguish light from darkness, and he is often tormented by flashes of light, which shoot across his eye, and these occur more particularly in dark places; or he is troubled by brilliant spectres, or by the constant presence of muscæ volitantes. There is very considerable pain, which returns in paroxysms, and these are almost always more severe at night. The pain is sometimes referred to the ball of the eye, sometimes to one of the lids, sometimes to the temple, or to the circumference of the orbit. It is, one while, compared to the action of a saw on the bones, and, on other occasions, to the darting of a sword through the eyeball.

" This disease occurs as frequently in the male as in the female. The youngest patient, of whose case I have a note, was ten years of age, and the oldest 36 years. It seldom attacks both eyes, and the right eye suffers more frequently than the left. Of forty cases, which I have noted, there were only four who had the disease in the left eye, and only two who had it in both. The general health seldom appears to be much deranged. The tongue is, for the most part, slightly white. There is often considerable thirst, and the pulse is somewhat accelerated. The bowels are frequently confined, and there is, occasionally, a disposition to nausea. The disease has occurred more generally in those who have been the subjects of relapse; but the period at which it takes place after the first attack of fever, is extremely uncertain. In some it has appeared immediately, and, in others, not for months. Sometimes a state of apparently full health has intervened between the attack of fever, and the commencement of the inflammatory disease of the eye. On other occasions, the general health has seemed imperfect from the time of the fever, until the occurrence of the ophthalmic affection.

"This disease presents two very distinct stages. During the first stage, there exist amaurotic symptoms alone; and, in the second stage, to the amaurotic symptoms are superadded the symptoms of inflammation. The length of time that the amaurotic symptoms exist before the occurrence of external redness, or of the visible symptom of inflammation, is extremely uncertain, as also the period after fever at which the amaurotic symptoms commence. On many occasions the amaurotic symptoms, particularly a slight dimness of vision, with muscæ volitantes, have commenced at, or even before the time of convalescence from fever, and yet the inflammatory stage has not supervened for weeks or even months; while, on other occasions, the dimness of vision has not commenced for several days, weeks, or even months after the febrile attack, and has then been immediately followed by the symptoms of inflammation. It is to be particularly observed that I have never seen a case in which, upon strict inquiry, amaurotic symptoms, more or less strongly marked, have not preceded the inflammatory symptoms. This is, in fact, one of the most remarkable characters of the disease. It is also to be noticed that a similar distinction of symptoms is observable during amendment, for it uniformly happens that the inflammatory symptoms subside a longer or shorter time before amaurotic symptoms disappear, and often before they are diminished in severity."

In answer to the questions—what is the nature of this disease, and what is the texture of the eye primarily affected?—Mr. Wallace says, that it must be considered as an inflammation, according to the common view of this morbid state; but, it is not easy to determine what texture is primarily affected.

"Judging from the course of the symptoms, it is the retina which first suffers; but judging from the disease when advanced, it should be called iritis. Does the disease commence in the choroid membrane, and from this extend to both retina and iris, producing, in the latter, the symptoms already described, and a paralysis of the former? This is, perhaps, the more correct view of the subject, and best suited to an explanation of all the phenomena. If this be the case, the disease may be denominated choroiditis."

The disease is perfectly dissimilar to rheumatic ophthalmia, and the only affection with which it is liable to be confounded is *venereal iritis*, to which the resemblance is often so very striking that the one cannot be distinguished from the other, without close attention to the history of the case and concomitant symptoms. Mr. Wallace was led to the discovery of a specific in this disease, by accident. Bark was administered to a man labouring under severe intermittent fever, and who had also the ophthalmic affection under consideration; the consequence was, that both the local and constitutional disorder were cured. Before the efficacy of the bark had been ascertained, depletion and mercury were the usual means employed, but, as Mr. Wallace acknowledges, with "ill consequences."

Numerous cases are detailed, which clearly illustrate the efficacy of the treatment by bark. They are arranged under two heads: 1st, those for which mercury had been employed in vain, and, secondly, those for which this remedy had not been used. In the latter class are included cases not submitted to treatment, until the inflammatory stage had commenced, and those also which were treated in the amaurotic stage.

Mr. Wallace usually prescribes the bark alone, or simply with such medicines as regulate the bowels; at first, he did not employ it when the inflammatory symptoms were very severe, without previous bloodletting; but subsequent experience has shown that bloodletting, in some cases, retards the cure. From half a drachm to a drachm of the powder of bark, or two or three grains of quinine, were given three or four times a day.

PART II.

Pathological and Surgical Observations relating to Injuries of the Brain. By B. C. Brodie, F.R.S., and Surgeon to St. George's Hospital.

Throughout the one hundred pages which are devoted to Mr. Brodie's "Pathological and Surgical Observations," there is not a single line worthy of transcribing. The paper is made up of the most commonplace remarks, familiar to the merest tyro, and to be found in every elementary work on surgery. Is this a part of the "valuable matter," which led to the premature *birth* of the volume? We pass on to the next paper.

Analysis of a Specimen of Cutaneous Perspiration. By J. Bostock, M.D., F.R.S., with an Account of the Case, by Richard Bright, M.D., Physician to Guy's Hospital.

The perspired fluid, in this case, submitted to analysis, was obtained from a patient in the clinical ward of Guy's Hospital, labouring under nephritic affection. Under the use of the warm bath, perspiration was excited to such a profuse degree, that the sweat ran completely through the bedding, and formed streams on the floor. The composition of the fluid was found to be as follows:—

Water	981.7
Animal matter	4.6
Muriate of soda	12.56
Soda	1.14
Phosphates and sulphates, a trace	
	1000.00

Of the Catarrhus Æstivus, or Summer Catarrh. By J. Bostock, M.D.

In the tenth volume of the Society's Transactions, Dr. Bostock gave an account of a disease which, from its symptoms, and its occurring only at a certain period of the year, he proposed to name *catarrhus æstivus*. At the time the former communication was made, Dr. Bostock only detailed the symptoms as they occurred in his own person, whilst, in the present paper, he treats of the disease as it occurred in other individuals, its cause, and observations on the mode of treatment.

Dr. Bostock has met with twenty-eight cases. In all the complaint made its appearance at the same season of the year, viz. about the end of May, or beginning of June, and continued from four to eight weeks.

"Most of them," says the Doctor, "are attended with fulness of the head, stoppage of the nose, sneezing, watering of the eyes, and discharge from the nostrils. In about half of the whole number the respiration is considerably affected, and, in three or four instances, it is almost the only symptom. Some of the cases are attended with distinct cough, most of them with irritation of the fauces, and some with a degree of sore throat. Actual inflammation of the eyes is not a very common occurrence; and, in some of the cases, there is not even the discharge of tears, or the irritation of the eyes. The degree of general indisposition varies very much in the different cases; in some, the patient, during the whole period, is unable to use any exertion, or to continue his ordinary occupations; while, in other instances, he feels no inconvenience, except what arises from the fits of sneezing, and the copious discharge from the nose."

There is no connexion to be traced between the peculiar symptoms, and any circumstances of age, sex, constitution, or mode of life, in the patient. In respect to the exciting cause of the disease, an idea has generally prevailed, that it is produced by the effluvium from new-made hay, and hence has arisen the popular term—*hay-fever*. In his own case, however, Dr. Bostock found that the effluvium from hay had no connexion with the disease.

Case of Rupture of the Stomach produced by Vomiting; with some Observations. By J. N. Weekes, Esq. M.R.C.S.

"George Andover, æt. 34, had been liable for about two years to paroxysms of pain in the stomach. The pain usually continued for several hours, and generally went off with vomiting, and it returned at uncertain intervals, frequently of many weeks. Between the attacks the patient enjoyed tolerably good health. About

Christmas last he vomited a large quantity of blood, which rendered him so feeble, that he was confined to his bed for five weeks. Since that time, his health has been much impaired, and the attacks of pain followed by vomiting have been more frequent.

"On the evening of April 13th, he was brought to St. Bartholomew's Hospital, where I first saw him. He was then suffering great pain, extending from the epigastric region over the whole abdomen, and accompanied by nausea; there was neither tenderness nor tension of the abdomen; the pulse was frequent, tongue clean. He had shortly before his admission drunk some shrub and water, to which he, in great measure, attributed these symptoms, and told me he had a similar attack a week ago, after indulging in spirituous liquors, and that it went off with vomiting. On the following day the pain had subsided; there had been no vomiting, but he complained of nausea; the abdomen was distended by flatus, and he had frequent eructations; the pulse was weak, tongue natural.

"At eleven o'clock, p. m., he had a sudden attack of most severe pain. I was called to him about an hour afterwards, and found him groaning with agony at the pit of the stomach; the abdominal muscles were hard and contracted; the belly was neither painful nor tender on pressure; his pulse was small and feeble; he was extremely restless, and his countenance expressive of the greatest suffering. I instantly gave him sixty drops of tincture of opium, and, as he found no relief, they were repeated, but without benefit. He continued to suffer most acute pain for about two hours, when he was suddenly seized with violent vomiting. After this the pain somewhat abated; there was no return of vomiting; but he sunk rapidly, and died at four o'clock in the morning.

"*Examination.*—On opening the abdomen, the stomach was observed to be flaccid and empty, and its contents, which consisted of a large quantity of dark-brown fluid, were effused into the peritoneal cavity, through a ragged opening situated on its anterior surface, and near the œsophageal orifice. The rupture extended from below the lesser arch of the stomach to near its cardiac extremity, and was about four inches in length. The three membranes were not torn equally, the rupture of the peritoneal extending an inch farther than that of the muscular or mucous coat. On the posterior surface of the stomach was a laceration, measuring three inches in length; and there were two or three small ones, from an inch to an inch and a half in length, at its great arch. These lacerations extended only through the peritoneal coat of the stomach, the muscular and mucous tunics remaining perfectly whole. The mucous membrane of the stomach was lined with a great deal of dark-coloured secretion, beneath which the membrane itself was of a deep red colour throughout; its texture was softened and partially emphysematous. The stomach, in other respects, appeared healthy; the liver was pale and softened; the gall-bladder contained a calculus; the structure of the spleen was unusually soft; the other viscera were healthy."

[We shall conclude our review of this volume next week, with a pretty copious abstract of Mr. Lawrence's valuable paper on Erysipelas.]

INUTILITY OF THE APOTHECARIES' ACT.

To the Editor of The Lancet.

Sir,—You have published a communication from a Surgeon in the North Riding of Yorkshire, on the inefficiency of the Apothecaries' Act. Allow me to state, that not only in that place, but everywhere, the grievance is precisely the same, and I really see no use in passing the Hall in its present state of enforcing the Act. I applied at the Hall some little time ago, for the purpose of inquiring in what manner I should proceed against an ignorant pretender, who, although he can scarcely tell A from a bull's foot, and cannot even write his own name, has a practice of between 5 and 600*l.* per annum, much to my injury and others who live near; and what do you think I had for an answer, that I must get a bill from some person so attended, (so far so good,) but, then, it must be *strictly medical*, or they could not interfere. I suppose, Sir, if I produced them a bill, where the person had an inflammation of the lungs, and was bled, an objection would be started that it was not *strictly medical*, for the lancet was a surgical instrument. Not being exactly able to define what is *strictly medical*, I stand in need of advice; but my firm opinion is, that there can be no boundary so nicely drawn between medicine and surgery, that, for a certainty, we can discriminate them. I may, however, err; but I believe the highest authorities likewise think so. I hope you will pardon me for troubling you upon the subject, but I thought it right to let the medical community know, through the medium of your valuable Journal, in what manner they are to get redress, if they require it.

I remain yours,

A Regular Surgeon.

THE LANCET.

London, Saturday, August 30, 1828.

Caligula is said to have written his laws in small characters, and to have hung them upon high pillars, that the people might more easily incur the penalties of their violation. This was bad enough; but a sharp eye, or a ladder, might have defeated the ingenious malevolence of the legislator. The law of England, as it affects the medical profession, accomplishes with greater certainty the design of the Roman tyrant, for, by subjecting surgeons to severe penalties for the want of professional knowledge, while it inflicts still heavier punishment upon them for resorting to the only means which it has left open to them for the acquisition of that knowledge, it has effectually cut them off—not, indeed, from all chance of escaping punishment—but from all possibility of avoiding the liability to it. "This is too bad," to use the language which Lord Liverpool applied to an attempted encroachment on the ministerial privilege of distributing, in the most advantageous manner, the wages of corruption; and if the attention of government were as awake to grievances affecting public interests, as to encroachments on its right of purchasing Parliamentary influence, this state of things could hardly have endured so long.

We do not suppose that the Legislature ever intended to oppress the members of the medical profession, nor would it be decorous to hint that the Legislature was ignorant of its own intentions, for the law enjoins us to respect the wisdom of Parliament, with the single exception, as Lord Coke reminds us, of that Parliament from which all lawyers were excluded. But, whatever may have been the wisdom of our ancestors, or the intentions of the Legislature, it cannot be denied, that the laws affecting the members of our profession are, in effect, most unjust and oppressive. By the common law, a right of action against medical practitioners is given to persons who may sustain any injury from their want of professional skill; at the common law, also, the exhumation of bodies is a misdemeanour punishable with fine and imprisonment. Neither the right in one case, nor the punishment in the other, can, upon principle, be fairly complained of or objected to. But let us look at the state of the statute law, considered in connexion with the operation of this part of the unwritten law of the country, as it affects the interests of medical men. The wisdom of Parliament has enacted that dissection of the body shall be part of the punishment for the crime of murder, and the consequence of this provision is, that dissection of the body is regarded in this country as a stigma and a degradation. The Legislature has created an artificial horror of dissection, perfectly distinct from that natural aversion to it, arising out of the feelings which prompt us to extend our respect and tenderness even to the remains of those whom we have loved and venerated when living. Dissection in any case, except in that of a murderer, is viewed as a wrong, and the dissector as a wrong-doer, even though the deceased may have left no relations or friends disposed to claim his remains; and until the law be altered which connects the idea of dissection with that of punishment for crime, it is impossible that it should be otherwise considered. Hence the surgeon is cut off from all legitimate means of procuring bodies for dissection, and can only acquire a knowledge of his profession by aiding, or conniving at, a violation of the law. We say, he is cut off from all legitimate means, for the supply from the lawful source is too inconsiderable to affect the argument, and really operates as an aggravation of the evil.

But this is a collateral effect of a provision, in making which the interests of anatomical and medical science probably never came within the contemplation of the Legislature. An Act of Parliament more directly injurious to professional interests is that which sanctioned the charter under which a corrupt and mercenary Corporation has multiplied the obstacles opposed to the acquisition of medical knowledge—a charter, be it remembered, of which the provisions differ, in no material respect, from those of a bill which this Corporation formerly attempted to smuggle through Parliament, and which were denounced, by Lord Thurlow, as most iniquitous and oppressive. It is said, that wherever the law gives a right, it shall be understood that it also gives the means of enjoying it; and justice seems to demand, that wherever it inflicts a punishment, it should also leave the means of escaping it. The members of our profession have, we repeat, no means of avoiding the liability to punishment. The law, as it affects the medical man, is a two-edged sword, which is ready to smite him, if he be ignorant, and to smite him also, if he resort to the only means which are left to him of acquiring a knowledge of his profession. He has to choose between Scylla and Charybdis—between an action for unskilfulness on the one hand, which may cover him with disgrace, and consign his family to ruin—and a prosecution for a misdemeanor on the other, by which he may not only suffer heavily in his purse, but be deprived of his personal liberty.

The disposition which is too often manifested to take advantage of this state of the law, is exemplified in an action which was brought last week at Bristol, by a gentleman named Luttrel, against Dr. Davis, a practitioner in that city, or rather against the assistant of Dr. Davis, for the assistant was the substantial defendant. In this case the plaintiff sought to recover compensation in damages for the injury which, it was alleged, he had sustained from the unskilful manner in which the defendant's assistant, Mr. Grace, had bled him in the arm. The non-medical witnesses for the plaintiff proved, that Mr. Grace bled him in the left arm on the 30th of January, and, that, shortly afterwards, Mr. Luttrel complained of much pain and uneasiness, and within a few hours caused the bandage to be untied by a servant. The arm was livid and swollen. It appeared, however, that, ten days or a fortnight after the first bleeding, the plaintiff *was again bled* by Mr. Grace, and that this second bleeding, which was performed in the right arm, relieved a difficulty of breathing, and pain in the chest, under which he was labouring. Up to this period, Mr. Luttrel appears to have entertained no suspicion of the assistant's want of skill; it is evident, indeed, that he could have entertained none, or he would not have suffered himself to be bled by him a second time. But as the pain and symptoms of inflammation in the left arm still continued, he was recommended by a friend to send for another surgeon, Mr. Bleak, and this gentleman, let it be observed, appeared at the trial as a witness for the *defendant*. Mr. Bleak saw the plaintiff's arm a fortnight after the first bleeding; there was inflammation of the cellular membrane, but he had no reason to suppose that the fascia was inflamed, or that the operation had not been performed with skill and care. Two medical gentlemen who, we regret to say, gave evidence in support of the plaintiff's case, first saw the arm at the distance of *six months* from the time of the bleeding. Both of these witnesses were of opinion that the bleeding ought to have been performed in the median cephalic, and not in the median basilic vein. One of them, Mr. John King, could discern only one scar in the plaintiff's left arm, which was on the median basilic, though it appeared, in the course of the trial, that the plaintiff had been repeatedly bled; and the other, Mr. Swaine, attributed a contraction of the arm, which was one of the injuries set out in the plaintiff's declaration, as resulting from unskilful treatment, to an inflammation of the fascia. Mr. King declared, that a pain resulting from a wound of the tendon was exceedingly great, and Mr. Swaine, that the tendon was not particularly sensible. Mr. Swaine's evidence in this respect, is consistent with the result of Haller's experiments on tendons and aponeuroses; and we may remark, that the acute pain of which Mr. Luttrel complained after the bleeding, an occurrence not very unusual in certain irritable constitutions, might be referable to the division of the small nervous filaments situated over the vessels at the bend of the forearm, which it is impossible to avoid wounding in the operation of phlebotomy. But it was clear, from the evidence given on this trial, whether there were, or were not, what is usually termed inflammation of the fascia after the bleeding, (for it is possible that Mr. Bleak, in denying the existence of such inflammation, might have meant only to express his concurrence in the opinion of many authors, that this part is never inflamed in such cases, and that the inflammation is confined to the cellular membrane,) no want of skill or care was fairly attributable to Mr. Grace. As to the statement of the plaintiff's medical witnesses, that the bleeding ought to have been performed in the median cephalic, it is well known that, although the median cephalic is, *cæteris paribus*, preferable, yet, if other veins of the forearm be more conspicuous, they are frequently selected. Mr. Grace stated that he had attended the Bristol Hospital constantly for four years: that he had bled eight or nine hundred persons; that he found the cephalic, the median cephalic, and the median basilic, very indistinct in the plaintiff's arm, and that the basilic being the largest vein, in that he bled him; that he should not have selected the basilic, had all the four veins been equally accessible; but that, confiding in his own skill, he should have had no objection to bleed in either. It is worthy of observation that, after all, the vein in which Mr. Grace bled the plaintiff, was not the *median basilic,* as represented by the plaintiff's medical witnesses, one of whom could discern no scar except on that vein, but the *basilic.* Upon the whole, this action, in which the Jury, of course, instantly returned a verdict for the defendant, was calculated, from the manner in which Mr. Grace gave his testimony, rather to raise, than to injure the reputation of that gentleman; and at the same time to excite a feeling of regret, that the plaintiff should have brought such a case into a court of justice, and, above all, that he should have found two respectable members of the medical profession ready to give evidence in support of it.

When Mr. STANLEY, a hospital surgeon and teacher of anatomy, was amerced in damages for mistaking a piece of flint, at the distance of two inches from his patient's *entire* patella, for a portion of that patella, it was argued by the Pures and Corruptionists, that, unless the errors of hospital surgeons could be screened, general practitioners would be constantly liable to actions for unskilfulness. This argument was founded on the insolent assumption, that the great body of English surgeons are an inferior department of the profession, whereas it is the *soi-disant* heads of the profession, who are, in reality, at the tail of it. Whether the exposure of Mr. Stanley's want of skill has had the effect of increasing actions against practitioners to any alarming extent, may be judged from the circumstance of the case at Bristol being the only one of this nature which has occurred during the Summer Circuits. The Somerset and Bristol Assizes too, we may observe, have always been rather celebrated for actions of this description, owing to local causes, which it would not be difficult to explain. The truth is, that a few more such actions as that which recently served to open the eyes of the community as to the real pretensions of hospital surgeons, and the *esprit de corps* which animates these functionaries to assist each other, *per fas et nefas*, in the support of those pretensions, would not be unserviceable, either to the profession or to the public. The effect of such actions would be, not to encourage litigation against practitioners generally, but to withdraw the public confidence from a class of men who are not entitled to it, and who are, with a few exceptions, indebted for their nominal distinction, to the influence of corruption and intrigue. Before the verdict against Mr. STANLEY, the difficulty of obtaining redress against a hospital surgeon, for the errors he might commit in private practice, was supposed to be insuperable; and insuperable it would have been in STANLEY's case, if the flight of Bats, that winged their way to Westminster Hall, as his compurgators, could have screened him from the just decision of a Middlesex Jury. With respect to the errors committed by hospital surgeons in their official capacity, whether arising from negligence or ignorance, these functionaries have been hitherto, in effect, nearly irresponsible. The only check upon them is the honest vigilance of a FREE Medical Press, and of that check they are striving, with the earnestness of conscious wrong-doers, to get rid. If a patient, who is compelled to seek relief in a public hospital, be neglected or maltreated, how is he to obtain redress? That the poor may be injured with impunity, is a law of the social system, to which few men who enjoy an ample share of the blessings of civilization are so unreasonable as not to object. In STANLEY's case it was urged, with excellent discretion, by the friends of that gentleman, that the man maimed was merely a tailor! A pauper, therefore, according to the scale of treatment suggested by this distinction, has reason to be grateful to a hospital surgeon, if he escape destruction. And if he be destroyed, death, it should seem, puts the seal of impunity on the ignorance or the negligence of his destroyer. What availed it, that in the case of poor Wheeler, who was destroyed at St. George's Hospital, the coroner recorded, as the verdict of the Jurymen who sat on the Inquest, that the deceased died *from the accidental opening of an artery in the arm, and from the want of proper attention*?* What availed it that, in the case of Hammond, who writhed at the same hospital, the Jury found, at an Inquest held on the body, that the deceased died *in consequence of not receiving proper surgical treatment, after he entered the hospital*? † We mention these two cases, because the facts were put upon record, and not because there was any thing very unusual in the circumstances connected with them, except the holding of a Coroner's Inquest, which, unfortunately for the interests of humanity, is but too rarely held on such occasions. It seems somewhat irreconcileable with plain principles of justice, that, whereas a hospital surgeon would undoubtedly be liable to an action, however practically exempt from it, for any injury, short of death, inflicted upon a hospital patient, through negligence or ignorance, the actual destruction of the patient, from either of those causes, should relieve him from all consequences. If there be no wrong without a remedy, which is the theory of the law of this country, surely the aggravation of a wrong ought not to secure impunity to the wrong-doer. The *undertaking* of the surgeon, be it observed, to treat a patient with competent skill is, in a legal sense, the same; and, consequently, his liability, if he fail to fulfil that undertaking, is equal, whether the patient be a pauper in a hospital, or a person capable of stimulating the surgeon's diligence by liberal and frequent fees. We know not exactly how far, in a case where a patient has been evidently destroyed by the negligence or ignorance of a hospital surgeon, the remedial influence of an action *on the case* might enable the surviving relatives of the deceased to sue for and recover consequential damages. The case would be what the civilians term *primæ impressionis*, for the experiment has never been made; but it might be made, perhaps with salutary effect, in some of the gross cases of ignorance and negligence which are constantly occurring in our public hospitals.

---

* See THE LANCET, vol. vii. p. 229.

† See THE LANCET, vol. viii. p. 135.

The following were the questions set to the candidates for the degree of Bachelor of Medicine, in the University of Cambridge, *for the first time*, in June last. The candidates were required to furnish written answers to those questions without referring to books or papers :—

Examination for M. B. Degree. 1828.

No. I.

1. Describe the Cæliac Artery, its branches, and their distribution.
2. What are the branches of the External Carotid Artery?
3. Describe the Sinuses of the Brain, their form, situation, and structure.
4. Describe the origin, course, and distribution, of the Par Vagum.
5. What are the Nerves distributed to the muscles of the face? What is the difference in function attributed to the fifth and seventh pair?
6. Describe the Pericardium, its situation, attachments, structure, and use.
7. Describe the Omentum, its form, attachment, and position. What is meant by the small Omentum?
8. Describe the Duodenum, its position, attachments, and structure.
9. What are the changes which the Blood and Air undergo in respiration? Is the Circulation assisted by atmospheric pressure?
10. What is the chemical composition of Bile? What purpose does this fluid serve in the animal economy?
11. For translation, Aphorisms from Hippocrates.

No. II.

1. What are the morbid appearances found on the dissection of persons who have died from Apoplexy?
2. Explain the Pathology of Dropsy. In what cases is bleeding to be recommended in this disease?
3. In what stage of Measles does diarrhœa usually occur?
4. What remedy does Sydenham recommend in the diarrhœa supervening on Gout?
5. What is the distinction between erythematous and phlegmonous Inflammation?
6. What are the symptoms and treatment of Tetanus?
7. In what class and order of Cullen's Nosology is Dyspepsia placed?
8. How do we distinguish Pleurisy and Peripneumony?
9. What are the symptoms and treatment of Cholera Morbus? How do we distinguish this disease from the effects of the swallowing of arsenic? What are the best tests of the presence of the arsenious acid?
10. What are the mode of preparation, the dose, and the medicinal powers, of the Bizmuthi Subnitras?
11. How is the liquor Ammoniæ prepared? What are the medical virtues and dose of this preparation? What is the chemical composition of Ammonia? What is its equivalent number?
12. How is the Acetas Plumbi prepared? What are the medical virtues and dose of this preparation? What is the formula for the Liquor Plumbi Subacetatus dilutus?
13. What is the mode of preparation and dose of the Infusum Digitalis? With what medicines is it incompatible? To what class and order of Linnæus does Digitalis belong? To what natural order?
14. For translation, a passage from Celsus.

We have stated that this mode of examining candidates for a medical degree was first resorted to in June last; and we shall subjoin certain passages of The Lancet, from which it may be inferred that we have reason to ascribe to the University a laudable degree of promptitude in adopting our suggestion.

"Let adequate *public examinations* of candidates for the medical profession in all its branches, be established, and all conditions of admissibility, except the single condition of the candidate's competency, might be at once dispensed with. Mere *vivâ voce* examinations are inadequate tests; let candidates, in addition to operations and dissections publicly performed, be required to furnish written answers to a series of printed questions on the different branches of professional knowledge, according to the plan adopted in examinations for mathematical honours at Cambridge, and their competency or incompetency would be put upon record. —THE LANCET, Oct. 6, 1827, p. 4.

"A mere *vivâ voce* examination would, we repeat, be insufficient; candidates should not only be called upon to demonstrate the various parts of the human body on the dead subject, but they should be required to furnish written answers to printed questions on every branch of medical knowledge. Suppose, to give an easy example, a candidate were required to describe the symptoms of ascites, to state the medical means of curing or palliating that disease, and to explain the operation of paracentesis. By giving an answer upon paper to this question, he would either exhibit his knowledge, or he would commit, like Dogberry, his own ignorance to writing. An examination conducted upon these principles, would really furnish a test of the competency of candidates; but then we would no more tolerate the Old Ladies of Apothecaries' Hall as examiners, than we would accept Dr. Hewett as a referee, if the question proposed were to distinguish between the indications of actual parturition, and the symptoms of acute peritonitis."* —THE LANCET, Nov. 3, 1827, p. 186.

THERE is no surer proof of a feeble intellect, than the self-gratulation with which a pretender to criticism exults in the detection of slight verbal inaccuracies. The delight which such a person feels in demonstrating that a syllable is misprinted, or a comma misplaced, is commensurate with his want of capacity to grapple with arguments, or appreciate facts. Dr. JAMES JOHNSTONE, in noticing Dr. WEATHERILL's account of a case of fungous ulceration of the cervix and os uteri, in which the operation of excision was successfully performed, given in the 257th Number of THE LANCET, p. 565, has discovered that the word "excoriat*ed*" has been printed instead of "excoriat*ing*." Not long ago, in one of our notices, wherein we had intimated, that certain facts *militated* against the author's hypothesis, the printer substituted the word *mutilated* for *militated*. Dr. JAMES JOHNSTONE actually discovered the substitution, and blazoned it forth in large capitals, as a proof of our ignorance and his own critical acumen. The delight which the poor creature evidently felt on these occasions, is not inconceivable, because it seems to be consistent with the rationale which we have above given of this species of satisfaction. He can detect an error of the press, if it be perfectly obvious, but he is clearly incapable of appreciating the substantial merits of Dr. WEATHERILL's paper. It is but justice to our Correspondents to observe, that three more valuable communications on operations in cases of diseased uterus, than those of Dr. WEATHERILL of Liverpool, Dr. MACKINTOSH of Edinburgh, and Dr. BLUNDELL, were never transmitted to a medical journal. There is another wretched attempt at verbal criticism in Dr. JAMES JOHNSTONE's notice of Dr. WEATHERILL's paper. Dr. WEATHERILL had observed, that "the uterus was not to be drawn down so easily, and every attempt to do so, sufficiently to proceed with the knife *in situm*, failed." Dr. JAMES JOHNSTONE, forsooth, who knows as much of the Latin language as a cow knows of conic sections, pretends to criticise the words *in situm*, and appends a note of admiration to his criticism. We are prepared for the Doctor's astonishment at Dr. WEATHERILL's Latinity, because there is a class of persons of whom the proverb saith, that they are always wondering; and to that class Dr. JAMES JOHNSTONE undeniably belongs. As a matter of taste, we do not much approve of the introduction of Latin words, where English ones would do as well, or better; but *intrare in locum*, *intrare in situm*, is perfectly good Latin, and if

---

* Dr. Hewett, the Cambridge Professor of Medicine, distinguished himself by treating a case of pregnancy for one of acute peritonitis. He ordered a number of leeches to be applied to the tumefied abdomen, and their application was only prevented by the unexpected reduction of the swelling, *on the appearance of a chopping boy* !

Dr. James Johnstone were to introduce the word, which he probably thinks ought to be substituted for *situm*, he would, as might be expected, make a blunder where he did not find one. But enough of this poor creature; if he possessed power or dignity enough to deserve comparison with the reptile in the fable, we would say,—"Cease, viper, you bite against a file."

DR. HARRISON TO JEMMY JOHNSTONE.

MORBID CRITICISM.

To the Editor of The Lancet.

Sir,—It is with great reluctance that I solicit a place in your next publication for the following letter, in refutation of the reiterated and unfounded animadversions of Dr. James Johnson.

I am, Sir,
Your obedient servant,
Edward Harrison.
Holles Street, Aug. 24th, 1828.

To Dr. James Johnson.

Sir,—Your Fasciculus for May 24, contains such a partial and illiberal attack upon my work on spinal diseases, and you have referred to my name so often of late,* that I cannot, in justice to myself, suffer your unprovoked malevolence to remain any longer unnoticed.

Your observations are a tirade of abusive epithets, instead of a series of relevant observations. Nor have I now to complain of being assailed by you, for the first, second, or even third time, with coarse and inapplicable invectives. When my portrait was exhibited at the Royal Academy, so long ago as 1823, you, imagining yourself an arbiter elegantiarum, made the Medical and Chirurgical Review your vehicle for obtrusive vituperations. Your motive for discussing a subject of taste, in a review of medical books, admits, I think, of but one interpretation—the desire on your part to place my character in an unfavourable point of view. That you failed in your object will be fully apparent, on referring to the September and December Numbers for 1823, of the same Review.

After rousing a host of enemies, and suffering many severe and well-merited flagellations, one might have expected that your splenetic humour would have been sated, if not appeased, and that you would have ceased to calumniate those who had never offended you, or tried to cross your path. But I forget myself; you are not guided by the rules of other men; you are really an object of commiseration, being, on your own confession, liable to distressing paroxysms of "morbid sensibility," and wholly unable, at such times, to control the erratic wanderings of a perturbed spirit.* "Many an individual," as you say, "will be completely changed in his temper, and become waspish, irascible, and capricious, by an irritation in the stomach, (transmitted to the brain,) of which he is *perfectly unconscious*."† Really, most sapient Doctor, before you proceed further with the romances of indigestion, or endeavour to portray the miseries of gastric irritability, of which your experience is so ample, it would be well if you would have the goodness to instruct the ignorant how to detect symptoms, and morbid actions concealed within the body, when the individual has no knowledge of them, and when his physician can, of course, discover no local manifestations. To the obtuse faculties of ordinary minds, doctrines like these savour more of "monomania,‡" than of sound pathology.

I shall now proceed more particularly to examine your animadversions upon my Essay. You observe that "almost the whole of the present *expensive* volume (the Repository calls it a *cheap* volume) was published in a series of Essays in the Medical and Physical Journal eight years since, and are now merely republished, with the addition of plates." The Essays alluded to, forming but a part of the volume in question, were published, with plates, in the years 1820, 1821, 1824, and 1825.

The mis-statement will appear, on referring to the book itself. Nor is it true, that I have only entertained my peculiar opinions eight years. The letter addressed to Mrs. B., a married lady, bears the date of 1818. You are pleased, for purposes of your own, to call her a young lady, and to add that "the letter is too delicate a morceau not to be recorded in the noble art and mystery of medicine." And why, I should be glad to know, was I not to state my ideas of the case to the intended patient and her connexions, before I undertook the cure? A full explanation was, I think, due both to her and myself on the commencement of a novel and untried, but, as it appeared to me, a feasible practice. Had the treatment miscarried, should I have escaped blame, unless a previous disclosure had been made? Besides, the letter received the approbation of a large family, every one of whom is endowed with better taste, sounder sense, and a more cultivated understanding, than you ever possessed. But why, it may be said, give publicity to a private letter? The reason is obvious, and will, I think, be satisfactory to the reader. I had devised a new mode of treating a large class of disorders, which promised to be eminently beneficial to mankind. With these gratifying expectations, I was desirous in this stage to establish my undisputed claims to the discovery, and moreover to mark the exact time, when it first occurred to my mind.

---

* See the Fasciculus for yesterday, Aug. 23.

* See Dr. James Johnson's Essay on Morbid Sensibility of the Stomach and Bowels, passim.

† Ibidem.

‡ For an explanation of this favourite term, the reader may consult this "learned Theban's" Essay on Morbid Sensibility, &c., where it frequently occurs.

You, Sir, do not require to be told by me, that literary plagiarism is no uncommon theft, because, if rumours are to be credited, your own medical fame, such as it is, derives its chief support from the unpublished lectures of the late Dr. James Curry, and yet, with a modesty peculiar to yourself, you do not hesitate to apply the most opprobrious epithets to those, whom you wish to represent as plagiarists also. A candid writer would not have omitted to acknowledge his obligation to the sources from which he borrows. A very slight comparison will show, that among others, the Medical Guide* has supplied you with many of the ideas on indigestion, which you have given as your own, and even in nearly the identical language of the original.

You accuse me of having misrepresented the muscular advocates, and their writings. I shall decline, at present, entering into the controversy, because the reader may, when he pleases, consult the authorities, and form his own conclusions. There is, however, one circumstance connected with the dispute to which I request your attention. After stating my own conviction, that all spinal disorders, where the tissue remains sound, are fixed in the vertebral joints, I propose the institution of comparative trials, to determine, by experiment, the relative value of the two plans. I now say, until that challenge is accepted, you may ascertain, by inquiries of the patients referred to in my book, whether the cases, and their results, be fairly or partially reported. Should they prove to be correct, and their perfect accuracy has never been called in question, I will leave it with the public to form their own opinions, and to draw their unbiassed conclusions, on your candour and veracity.

"After this specimen (you proceed, still alluding to the letter formerly noticed) we must lay down the pen; we are positively ashamed (if it will be believed that such a reviewer can have any sense of shame) to record such a passage from the writings of a physician of the present period, in our pages. But the above extract will characterise the book under review better than any thing we can say." (And this will assuredly characterise the criticism, and the degree of susceptibility to shame incidental to reviewers, better than any observations which could be made upon it.) "The pathology is erroneous." Where are the proofs? Produce them; your assertions will not avail. Is the *practice* erroneous? Until you can successfully disprove its efficacy in the recorded cases, and in others nearly ready for the press, you will only mortify your friends by intemperate clamour, and give greater currency to the new treatment. "The practice, you contend, is for the most part concealed." Neither is the practice concealed, nor did I ever affect any mystery. The different modes pursued in spinal complaints cannot be fully explained in words. They require both the aid of plates and of clinical demonstrations. I have, for some time, been occupied in preparing the former, but as you already complain of the expense, and additional plates will make the volume more costly, you will, perhaps, condescend to assist me with your sapient advice in this unexpected dilemma.

In regard to the second, I have often solicited my friends for pecuniary aid to endow an hospital, partly to relieve the poor, and partly to instruct medical men in the management of spinal complaints. Hitherto my endeavours have not been realised. If you approve the scheme, and are really desirous for the mode of cure to be generally known, I should like to engage you, as an assistant, in the cause of science and humanity. In the mean time, you may satisfy your scruples, by application to the quondam patients, whose names are recorded in my book, as to the truth of the statements. Should they be insufficient to remove your rooted prejudices and hostility, I refer you to Miss Golding, whose health is so completely restored, that she has lately opened a retail shop at 52, in Mortimer-street, on her own account, and where you may find her, at all seasonable hours. She will repay your inquiries with some rich professional anecdotes. In this way you will find, that I soar on firm pinions, and have nothing to do with "Icarian wings," or to fear from "their dissolution." Nor would the visit be irrelevant, as you could not fail to discover, in the course of it, that the *silvery* par vagum is neither the only, nor the chief, nervous instrument, in the digestive process. You will do well, when you hazard a reprint, instead of incumbering an old book with the trickery of new prefaces, to bestow more attention, in your pathology, upon the splanchnic nerves and great sympathetic. According to my observations, derived from experience, and for which I refer you to the cases in my book on Spinal Diseases, these nerves are the principal agents in animating the viscera, and regulating their complex movements. You may, in the course of these visits, hear of several of your friends, who had previously failed in their endeavours to administer relief to a most afflicted individual. As your name has never, to my knowledge, escaped the lips of a single spinal sufferer, I conclude that you are unknown in this department of the profession, and therefore that all your ideas on the subject are the mere phantoms of an unruly imagination, acting under the direful influence of "a bit of pickle, or a drop of black bile."

---

* See Medical Guide, p. 406.

To your groundless invectives about "concealment," I have a ready answer. More than twenty medical practitioners, residing in different parts of the island, have, at different times, accompanied me, and witnessed the treatment, *with a view to introduce it among* their own patients. The last of these, Dr. Robinson, of Doncaster, having read my book, became a convert to its doctrines; he moreover wrote, and expressed a desire to be informed how he should relieve some spinal patients. On receiving the communication, I encouraged him to visit the capital, and become my clinical pupil. The invitation being accepted, he witnessed the practice day after day, till he thought himself competent to direct it. Thus qualified, he returned home to increase his usefulness, by adopting the new practice. I employed the same "concealment" formerly with Dr. Briggs, of Liverpool; Mr. Winn, of Shrewsbury; Mr. Sanders, of Cheshunt; Mr. Hutchinson, of Hythe; and many others. Only a few days since, I directed Mr. Lowder, my workman, to furnish Dr. Taylor, of Kingston-upon-Thames, with all that is required for the cure of a spinal patient of his own. Though personally unknown, I did not hesitate to provide him with every assistance in my power, to enable him to subdue the malady. So much, then, for your misrepresentations about "concealment;" indeed, unless you are more cautious in hazarding assertions, you will soon lose all your respectability and credit for veracity.

You are evidently disappointed at my introduction of plates to illustrate the cases. The reason for your rage in this instance is too obvious for "concealment." Plates have successfully defeated your piratical intentions, and defended my property against your rapacity as a reviewer. Without the aid of "expensive" plates, the text cannot be made intelligible, and thus the author preserves the hard-earned fruits of his industry.

Had not this letter already extended further than the limits originally contemplated, I should have added a few words about my late trial, merely to have exposed your ignorance and effrontery, as well as your selfishness and backslidings.

Having rebutted your arguments, and replied to your assertions, suffer me, good Doctor, who have hitherto quietly endured your unmerited provocations, and really bear you no enmity, now to take my final leave, with a piece of friendly advice—when your "digestive apparatus" is again out of trim, bear in mind the "susceptibility to aberration in your mental frame." Should a hapless patient, with a well-charged purse, apply for advice at this critical moment, pray resist the allurement, and dismiss him unheard, lest your "disturbed intellect" should, perchance, lead you to mistake the disorder, and do him an irreparable injury. You will not, surely, deny your unfitness for the duties of a medical adviser, when, according to your own declaration, you are "so enervated by a fit of indigestion, as to be utterly incapable of breaking the seal of a letter for twenty-four hours, *though, to all appearance, in good health at the time*;" * or, when "your important undertakings have been ruined by a bit of undigested pickle; or your well-laid schemes have failed in execution from a drop of green bile, or in consequence of an irritated gastric nerve." To be serious, good Doctor, deceive yourself no longer with such absurd and ridiculous vagaries; your malady proceeds from none of these causes; its source is much deeper than the digestive organs, and traceable to a nobler member. It is now full time to recal you to yourself, and impress upon your uncertain temper, that

> "'Tis the great art of life to manage well
> The restless mind."

As your nerves have not lately felt the genial influence of your accustomed autumnal ramble, they are, doubtless, reduced to a very shattered condition. My counsel, under these *untoward* circumstances, is, to bear in mind your besetting sin, of not sufficiently guarding against the "hallucinations of a morbid sensibility."

> "While choler works, good friend, you may be wrong;
> Distrust yourself."

I am, Sir, with all due respect, yours,
EDWARD HARRISON.

August 24th, 1828.

---

* See Essay on Morbid Sensibility, p. 29.

ENORMOUS SPINA BIFIDA, OBSTRUCTING LABOUR.

By THOMAS CHALMER, *Esq.*

On the morning of Tuesday, the 15th of July last, I was requested to attend a female in labour in this neighbourhood. On arriving at the patient's dwelling, I was informed, that she had been attended by a midwife, that the head of the fœtus had been born about two hours, and that in consequence of the delay in the delivery, I had been sent for. Upon examination, I found the head and one arm of the fœtus born, and after bringing the other arm down, it was evident that some cause more than natural existed, which impeded the birth; this, on examination, appeared to be a second head, firmly fixed under the pubes, the neck forming an axis upon which the body of the child turned; and the feet were delivered previous to the supposed head. The child was dead when I saw the woman, but she said she felt it stir during the early part of the labour: it was at its full size, and there was a tumour as large as the head of the child, attached by a broad base extending from the third cervical vertebra to the right rib on the left side, which contained near a quart of fluid.

I prevailed with the parents to allow an examination, at which Mr. James Dawson, of Liverpool, assisted; he pronounced it at once to be an immense spina bifida. Upon opening the sac, about a quart of fluid was discharged, and an aperture into the cavity of the thorax, which admitted the middle finger, was visible. The chest being opened, and the contents removed, the neck of the sac was seen following the course of the spine upwards, and was finally traced into the first dorsal vertebra on the left side, where there was a foramen, which freely admitted the end of the little finger. The six superior ribs on the left side were wanting, as was the lateral moiety of the vertebra, to which they should have been affixed, and all that portion of the scapula below its own spine. A female catheter was introduced into the opening in the spine, and it passed according to the direction given it, either into the right or left ventricle of the brain, which were large and empty. Being limited for time, and fearing to disfigure the body more, the base of the brain was not examined. The integuments of the head lay in two folds, and the fontanelles were hollow and flaccid. The withdrawal of the fluid from the spinal sac had, of course, left the ventricles of the brain unsupported; for it cannot be doubted, that the fluid which was discharged from the sac, had distended the ventricles of the brain, the spinal cavity, and the dura matral process, which formed the walls of the sac. The quantity which was saved filled a quart bottle, and some of it was lost. The sac was not large enough to have contained the whole of the fluid discharged, a certain portion of it, therefore, must have distended the enlarged ventricles, and the spinal space already mentioned.

Magendie has taken some pains to establish the fact of the constant presence of a cephalo-rachidien fluid; that it is placed between the arachnoid and pia mater; that, during life, it fills and distends the membranous sac which contains it; but that, like the humours of the eye, it is evaporated and dispersed gradually after death.* The communication between the ventricles of the brain and the sub-arachnoidal spinal canal, is found at the termination of the fourth ventricle, called calamus scriptorius. The communication between the fourth ventricle and the third, is, through the medium of the canal, called the aqueduct of Sylvius; and the third ventricle is in communication with the two lateral ones, by means of the small oval opening found under the anterior pillars of the fornix; so that there is a direct communication between the cavity of the spine, and all the internal cavities of the brain. And the case, already briefly narrated, may be looked upon as a direct proof, on an exaggerated scale certainly, of the presence of a cephalo-spinal secretion, and an ample, dilated, and, in this instance, a free communication, between the internal cavities of the brain, and the spinal space covered by the arachnoid coat.

P.S. Previous to the delivery of the tumour, the head was perfectly round and natural, and the collapse of the fontanelles did not take place in the least degree till the fluid was discharged.

Kirkdale, near Liverpool,
6th August, 1828.

ST. THOMAS'S HOSPITAL.

OPERATIONS OF LITHOTOMY.

On Tuesday last, there were two operations of lithotomy performed at this Hospital, the first by Mr. Green, and the second by Mr. Tyrrell. Previously to these, the patient mentioned in our last week's report as refusing to be operated upon, was again

---

* Vide LANCET, vol. i. p. 528, where Magendie's opinions on this subject are fully stated.—ED. L.

Placed upon the table, and the preliminary steps of the operation (binding and sounding,) dispensed with, but he a second time refused to have the operation performed. Mr. *Joseph Henry* Green, in his characteristic, frigid and deliberate manner, repeatedly urged the importance of the operation, in order to alleviate the sufferings, (which were very great,) but he could obtain no answer. The fellow remained on the table, as before, for some minutes, gazing with a wild anxiety upon the multitude around him, and apparently heedless of the repeated solicitations of Mr. Joseph Henry. The whole scene was, indeed, worthy of the pencil of our modern Hogarth—Cruikshank.

Case 1.—Frederick Hinckley, a child of six years of age, much emaciated, was next placed upon the table. He had been labouring under the usual symptoms of stone upwards of twelve months. The operation was performed with the gorget, and was completed in *six minutes.* The stone was of very large size, and of irregular shape; it required great care in its extraction. Mr. Green was obliged to carry the forceps repeatedly from side to side, in order to facilitate its passage through the wound in perineo.

The child slept soundly the first night, and, up to the present period (Aug. 25,) has not had a bad symptom. The urine flows freely through the wound.

Case. 2—James Gardener, ætat. 5 years, was admitted into the Hospital on the 5th of August, under the care of Mr. Tyrrell. The child had been labouring under obscure symptoms of stone in the bladder for the last two years, and had been in the Hospital before. He was very much emaciated; and although his symptoms latterly were very unequivocal, yet the stone was often with difficulty struck, and frequently it could not be felt at all, as was the case on the preceding occasion, when placed upon the operating table. The operation was performed with the straight knife, having a beaked extremity adapted to the groove of the staff. The first incisions were made with a common scalpel. After the bladder had been opened, and the straight knife and staff withdrawn, it was found that the section of the parts was not sufficiently capacious to admit the finger and forceps. The staff was, therefore, *re-introduced*, the knife carried along its groove, and the opening in the bladder enlarged. The forceps were then passed, and diligent search was made for the stone; but some minutes elapsed, and no stone could be laid hold of. Several forceps were introduced without effect. A blunt-pointed sound was then passed into the bladder through the wound in perineo, by which the stone could be readily struck, as it had been previously to commencing the operation. The forceps were again introduced unsuccessfully, and the blunt-pointed sound a second time passed. Mr. Tyrrell said, "I can readily touch the stone with this instrument, though it eludes the grasp of the forceps." The forceps, which were first used, were then passed, and by elevating the shanks the stone was eventually laid hold of and extracted. It was of small size and oblong shape, being much rounded at each end. The difficulty of seizing it was said to arise "*from its being lodged behind a fold of the bladder*;" and further, that the calculus was situated "*behind and below the left side of the prostrate gland*;" so that when the forceps were passed into the bladder, they glided over the "*fold*," and were carried directly to the back part of the bladder, without even touching the stone.

The child lost a good deal of blood during the operation, but ever since has been doing well. He slept soundly the first night, and the urine has flowed freely through the wound. On Saturday evening, as the bowels had not been evacuated, a mild injection was thrown up, which produced the desired effect. He remains free from fever, or any tenderness of the abdomen.

During the time of searching for the stone, various whispers were heard amongst the students. "It is one of Ben Travers' no stone cases;"—"Is there any body with a *long finger*;"—"Simon is at fault;"—"Another *tragedy* for The Lancet," were amongst the sounds which "saluted our ears."

GUY'S HOSPITAL.

OBLIQUE FRACTURE OF THE PATELLA.

William Bull, æt. 46, of middle stature and muscular, was admitted into Accident Ward on the 30th of July, under the care of Mr. Morgan.

He stated that he was standing on the end of a large beam of timber, when a great quantity of brick-work fell upon the opposite end of the beam, and it tilted him up a considerable height into the air, and in falling he struck his knee against some stones. He was immediately brought to the Hospital, where, on examination, it was found that the patella was fractured in rather an oblique direction from above downward. The direction of the fracture, and the manner in which the accident occurred, very clearly indicated that it was occasioned by the bone coming with great force upon the stones. The limb was laid upon the calf, and the heel slightly raised. Considerable inflammation and swelling followed; but these were reduced by the repeated application of leeches and evaporating lotions. There was very little displacement, and no retraction of the fractured portions, and consequently there has been but little trouble in keeping them in contact. The heel is still kept much elevated, but as yet no pressure has been made upon the parts. The fractured portions are, however, uniting, and the patient is doing well.

CASES OF HERNIA.

There were no less than three cases of oblique inguinal hernia admitted into this Hospital last week. Two of them were reduced by bleeding, the warm bath, and the taxis. The third occurred in a very muscular man, and the hernial tumour was exceedingly tense and tender. It resisted the taxis both before and after venesection and the warm bath. There were, however, no symptoms of strangulation; and Mr. Key considered it a good case for the exhibition of the tobacco enema. Half a pint of the injection of the ordinary strength was thrown up; but this was speedily returned. A second half pint was then injected, which was retained, and soon produced a most complete state of relaxation, under which the hernia was easily reduced. The next morning the patient left the Hospital.

SUPPURATION OF THE ELBOW-JOINT—FORMATION OF SINUSES—AMPUTATION.

William Munden, æt. 29, of middle stature and cachectic appearance, formerly a soldier, was admitted into the hospital on the 5th of April, under the care of the "Senior Surgeon." He stated that about seven years back, he fell down and struck his elbow. The accident occasioned severe pain, which lasted several hours, and was followed by inflammation and swelling, and inability to use the arm. He then consulted the surgeon of his regiment, by whose directions the part was leeched, and the limb supported on splints. After a short time the acute inflammation subsided, but ever since he had suffered pain in the joint, and had been unable to use the arm. Being discharged from his regiment, he went into St. Bartholomew's Hospital, under the *nominal care* of Mr. Abernethy, and, subsequently, under Mr. Earle. He was then labouring under chronic inflammation of the joint, with considerable enlargement, and thickening of the ligaments. The treatment adopted at that time, consisted in the application of counter-irritants, moxas, issues, and blisters; the use of the tartar emetic ointment, and medicines to improve his general health. Under this plan of treatment, he, for a time, appeared to improve, and left the hospital. In a little while afterwards, however, he relapsed, and he then placed himself under the care of Mr. Travers, at St. Thomas's. A similar plan of treatment was there adopted; but whilst in that hospital, a number of sinuses formed, communicating with the interior of the joint. Pressure, with adhesive straps and bandages, was then had recourse to, and with a very beneficial effect; and he left the hospital in a few weeks, much improved in other respects, although the sinuses were not healed. These changes for the better were but of very short duration, and his health becoming much impaired, he came into Guy's Hospital. When admitted, the joint was very much enlarged; there were several sinuous openings communicating with the interior of the joint, and others only with the bursæ; one of the sinuses extended completely behind the insertion of the forceps, so that a probe passed in on one side could, with facility, be brought out at the same point on the opposite side. The discharge was thin, and ill-conditioned. Flexion and extension were completely prevented, the arm being fixed in the semiflexed position. Prostration and suppuration were, however, allowed to a limited extent. The patient was much out of health. The tongue was furred and white; skin clammy, and irregularly hot and cold; pulse irritable and quick; bowels costive and irregular, and the appetite impaired. He had a slight cough, and, occasionally, a little uneasiness in his chest. His face was generally pallid, but sometimes the cheeks were flushed. The pupils were dilated, and a dark semi-transparent state of the skin was observable under each eye. Indeed, his countenance generally indicated incipient phthisis. The first indications, therefore, were to remove this irritable condition of health, and morbidly irritable state of the part, and, if possible, to procure anchylosis. Tonics in the day, and mild sedatives at night, were therefore given, and the diseased part was covered with an emollient cataplasm. For some weeks this plan of treatment appeared to be productive of benefit; but afterwards the joint relapsed into its former irritable state, and he suffered exceedingly from tension of the skin covering the sinuses. Mr. Key then laid open a very large sinus, from which the patient experienced immediate relief. For several weeks the morbid irritability of the part remained diminished, but the general health was not much improved. The relief, however, was of very short duration. A recurrence of the pain supervened, and another large sinus was laid open. This was again productive of great and immediate relief, but of much shorter continuance than before. The part becoming a still greater source of irritation than ever, and the general health fast breaking up, Mr. Key proposed amputation, to which the man readily consented.

The operation by the circolar incision was performed last Tuesday. A good deal of blood was lost at the time, and there was slight hæmorrhage afterwards; but, up to the present period, (Monday,) the man is doing well.

FATAL TERMINATION OF MR. MORGAN'S CASE OF FUNGOID DISEASE.

We regret to state that Mr. Morgan's singularly bold operation, in the removal of an immense fungoid tumour, has proved unsuccessful. The patient sunk on the tenth day, from diarrhœa.

It will be recollected that, at the conclusion of our last report, it was stated the woman was doing well, with the exception of slight diarrhœa, for which chalk mixture, with aromatic confection, was prescribed. On the evening of the same day, the relaxation of the bowels increased, and continued until death, in spite of various means that were employed. If we may credit the testimony of the nurse, the poor woman "*persisted*" in eating ripe fruit, and taking large quantities of subacid drinks.*

Post-mortem Examination.

The body exhibited but slight traces of disease. There were a few small tubercles on the pleuritic surface of each lung. Adhesion had taken place throughout nearly the whole extent of the wound; but, in one small spot, the fungus showed a disposition to sprout.

WINCHESTER COUNTY HOSPITAL.

DELIRIUM TREMENS, FOLLOWING FRACTURE OF THE THIGH, SUCCESSFULLY TREATED BY VENESECTION AND OPIUM.

Communicated by R. Corbin, *Esq., House Surgeon.*

Wm. Brewer, ætat. 34, was admitted into the Hospital on the 14th day of July, with an oblique fracture of the right tibia, about midway between the knee and ancle joint, attended with considerable contusion and swelling. The fracture was reduced, and the leg placed on its outer side on a splint, with the knee bent; an evaporating lotion was constantly applied, and aperient medicines were given. After the expiration of eleven days, the limb was in a proper state for the application of bandages and splints, which were adjusted in the usual manner, and the patient went on exceedingly well till the 7th of this month, when he was *suddenly* attacked, about five o'clock in the afternoon, with furious delirium. He sprang from his bed, totally disregarding his fractured leg, and would have attempted walking across the Ward, had he not fortunately been prevented by the other patients; and on again being placed in his bed, his exertions to quit it were so violent that two men were necessary to restrain him. He was exceedingly loquacious, talking in the most incoherent manner about drinking, (to which he was particularly addicted,) hunting, fighting, &c. and frequently attempting different comic songs, from which he would only desist on being promised some drink. His countenance was flushed and animated; eyes bright and quick, with the pupils rather contracted; pulse frequent, full and hard; tongue slightly brown and dry; his thirst was excessive; skin dry and very hot; and, notwithstanding all these symptoms, he complained of no pain. He was bled to 20 ounces, and a drachm of the tinct. opii was given immediately afterwards. Seven o'clock P.M., continuing just the same, he was bled again to the same quantity, and three grains of opium, with ten grains of calomel, were given, and an evaporating lotion was applied to his head. Ten o'clock, P.M., there being no alteration in his symptoms, the bleeding was again repeated, and three grains more of opium were immediately given; and, after three hours, he was directed to take one grain of opium every hour.

Aug. 8, eight o'clock, A.M. He has been *the whole* of the night either talking, singing, or holloing, and occasionally attempted getting out of bed. His tongue is moist and clean, and his pulse is softer and not so quick. Three grains of opium were given, and the evaporating lotion continued. Eleven o'clock A.M. Continuing in every respect the same, and his bowels not being relieved, a common injection was given, which operated well. Three o'clock P.M. He has been in a tranquil state for the last hour, occasionally dozing, but has just relapsed into his former condition, when it was determined on giving ♏ xl. of the tincture of opium in a common enema, which was directed to be repeated in three hours, and the evaporating lotion to be continued.

Aug. 9, eight o'clock A.M. Has been tolerably quiet ever since an hour after the last report, and is quite sensible this morning, complaining of great pain in his head, which was relieved by the application of a blister to the nape of the neck, and the exhibition of a calomel purge. From that time he has been gradually improving, with the exception of one slight paroxysm, which was speedily relieved by the enema, with tincture of opium, and he is now quite convalescent.

---

* We should be glad to know whose duty it was to prevent the patient from taking such things, if considered improper. Why are women allowed to go through the wards and hawk fruit, which, for the most part, is the very refuse of the Borough market?—Ed. L.

Remarks.—This case appears very analogous to one that was reported in your valuable Journal a little time since, by Baron Dupuytren, in which he states that all kinds of sedatives, and bleeding ad deliquium, had proved unsuccessful, and that the only means of cure, were injections of *small* doses of opium in the rectum; but from this case, together with the observations made by Mr. W. Wickham, (under whose care this man was placed,) I should be induced to think that the bleeding tended as much as the opium, (which was in *large* doses,) towards *this* man's recovery. Mr. Wickham observed that he had witnessed five cases of the same disease, four of which had unfortunately sunk under the attack, within five or six days from their commencement. In these the purely antiphlogistic system had been adopted. That in the fifth case, which was in a man of great power of body and strength of constitution, he had succeeded in curing the disease by copious bleedings, and large doses of opium. This person was bled to 40 ounces at first, and afterwards to 20, at two different times. Each bleeding was ad deliquium, and the opium was given immediately afterwards. He considered the disease to be one rather of irritation than an inflammatory character; that, in fact, the sensorium was suffering from preternatural excitement, and that, from these cases, he should in future adopt similar measures, chiefly relying on the opium, the sedative effects of which, he hoped, would be most effectually obtained, by premising large bleeding, and the use of calomel as a purge. The result of the above-mentioned case will substantiate the propriety of the practice. It will be observed, that on the return of the paroxysm, which was slight, the enema, with the tincture of opium, was administered with immediate relief. This circumstance, together with the previous mode of treatment, shows the power of opium as a remedy in this affection, whether exhibited by the mouth or per anum. This, however, and the successful case to which Mr. W. Wickham alluded, proved that no preference need be given to the injection, rather than the opium by the mouth.

Winchester, Aug. 20, 1828.

ST. BARTHOLOMEW'S HOSPITAL.

FRACTURE OF THE SKULL, WITH DEPRESSION — REMOVAL OF THE DEPRESSED BONE—HERNIA CEREBRI, AND DEATH.

W. Causton, æt. 9, was admitted Aug. 15. It appeared that the father and the boy had been drinking tea out of a pewter pot; the father became enraged with his son, and threw the pot, and struck him a severe blow on the side of the head; the poor boy fell down; he was not insensible, but, in a few minutes he became sick, and vomited. He walked to the hospital; on admission, he was perfectly sensible; his pulse was frequent and feeble. Upon examination, there was a lacerated wound of the scalp, and a portion of the temporal muscle extending above the right ear, for about three inches in length; a considerable portion of the parietal and temporal bones was found fractured, and driven in on the brain; the dura mater was torn through about two inches in length, exposing the brain, small portions of which, mixed with blood, came through the fractured opening. The elevator was applied, and the depressed bone removed, leaving an oval aperture three inches in length, and two in breadth. The integuments were brought together by adhesive straps, and covered with a cold damp cloth. In the evening, there was heat of skin, with a sharp and very frequent pulse; he was bled to twelve ounces, and some aperient medicine was given.

16. Has been in a quiet dozing state during the whole night; he is sensible; tongue natural; bowels open; skin more cool; pulse frequent and sharp; complains of slight pain in the head; has been bled to eight ounces this morning. In the afternoon his pulse again rose, and eight ounces of blood were taken; it was cupped and buffed.

17. Has passed a good night; complains of no pain; the pulse is very frequent and sharp. Venesection ad ℥viij. Blood inflamed.

19. Is going on favourably; he complains of no pain; is perfectly sensible; he has no heat of skin; tongue natural; and he sleeps well. The pulse, however, still continues frequent, 100, and sharp. The dressings were taken off. The brain was found protruded through the laceration of the dura mater, and somewhat raised above the level of the scalp; it was of a greyish colour, very soft, and there was slight serous discharge from it. Its pulsations were synchronous with those of the heart; the boy manifested no pain nor uneasines, on its being touched or pressed. Adhesive plaster,

and a compress of lint, were applied moderately tight.

20. The countenance is much altered, and anxious; he is very restless, and has not slept so well during the night; the skin is hot; pulse 120, and sharp. The dressings were removed; a portion of the brain, in a softened disorganised state, and about the size of a turkey's egg, protruded; there was a discharge of turbid bloody fluid from its surface; a portion of the brain was sliced off, but considerable bleeding took place from one of the cerebral arteries, which was secured by a fine silk. In the afternoon he became more restless and irritable, and whilst turning in bed, an increased protrusion took place. He immediately became comatose, and quite insensible; his breathing was loud and frequent; pulse 130, full, and sharp. Nine ounces of blood were taken from the arm, it produced no apparent relief; the pulse was reduced in strength and frequency, but it shortly after rose, and became very quick. The protrusion of brain gradually increased; it was externally soft, emitted a peculiar odour, and some bleeding took place from numerous small vessels on its surface.

21. Has continued in the same torpid insensible state during the night; his countenance is shrunk, and pale; the respiration loud and laborious; pulse extremely frequent and feeble; there is no paralysis nor contraction of the limbs; pupils contracted, slightly moveable. The protrusion increased, and now hung down over the cheek, much exceeding the size of a large goose's egg; the respiration became more oppressed, and he died in the afternoon.

Examination Eighteen Hours after Death.

The tumour, which was very prominent during life, was now considerably sunk and lessened; in removing the skull-cap, about an ounce of turbid serum escaped through the opening in the cranium. The edges of the lacerated dura mater, through which the brain had been protruded, were in a dark sloughy state. Upon reflecting the dura mater, and exposing the hemispheres of the brain, a quantity of pus was found beneath the arachnoid, covering the right hemisphere. The arachnoid of the left hemisphere presented its natural appearance. Nearly the whole of the right hemisphere of the cerebrum was in a soft disorganised state, extending into the right lateral, and across the fornix, into the left lateral ventricle. The ventricles contained a small quantity of turbid straw-coloured fluid. On making a section of the protruded brain and corresponding hemisphere, it was found extremely soft and pulpy, as if broken down and mixed with serum, and it presented a light greyish colour; the part of the brain surrounding the protrusion was very vascular, and, on slicing, it presented numerous bloody points. There was turbid serous and purulent effusion beneath the arachnoid of the base of the cerebrum. The medullary substance of the left hemisphere was remarkably white. The bladder was distended with urine.

COMPOUND FRACTURE OF THE FEMUR, EXTENDING INTO THE KNEE-JOINT.—AMPUTATION, AND DEATH.

["*The young French Lady.*"]

A. Sermirot, ætat. 26, a native of Bourdeaux, was admitted June 29, and placed under the care of Mr. Lawrence. She had arrived a day or two before from Paris, and was about to proceed with her master, an Irish gentleman, to Dublin. While ascending a ladder to the top of the coach, the horses moved on, and the unfortunate young woman fell to the ground. She was immediately conveyed to the Hospital, and, on examination, the house-surgeon, Mr. Weekes, found a compound fracture of the lower part of the right thigh-bone; the upper end of the bone protruded the length of about an inch, through a wound of the skin in the front of the thigh, and about three inches above the knee pan. It could not be ascertained whether the fracture extended into the knee joint, though, from its proximity, it was questionable. The bone was replaced with tolerable facility; the thigh was laid on a padded splint in the semiflexed position, and on the side,—it retained its natural position. Considerable bleeding took place from the wound; cold damp cloths were applied. Soon after her admission, she had several fits of hysteria, and she was very restless. Camphorated mixture, with laudanum, was given, and she passed a comfortable night. (Fortunately there was a patient, a woman, in the same ward, who spoke French; their beds were placed beside each other, and this woman afterwards attended her as a nurse, and for this purpose was kept in the Hospital.)

30. The knee and lower part of the thigh are swollen, hot, and somewhat tense, but not very painful; the pulse is accelerated, with heat of skin and thirst; the bowels, which were constipated, were opened by an enema. Two dozen leeches applied to the knee. Considerable swelling, inflammation, and pain around the wound followed, with general feverishness; leeches were repeated with great relief to the local and general symptoms. She had occasional violent fits of hysteria, and was very restless. She was constantly moving the limb, and it could not be kept quiet. She was therefore moved on a high bedstead, the limb

placed on the heel, and in an extended position. On the 5th day after, she menstruated profusely; her pulse became feeble; the heat, swelling, and tension of the limb were much diminished, and there was less pain and tenderness about the joint. There was copious discharge of bloody serum from the wound. A bread poultice applied, and she was now able to bear splints around the thigh. Mist. camp. c. ammon. carb. gr. v., sextis horis. She was restless at night, and opium was given to procure sleep.

Aug. 13. She has been gradually improving; her nights are more quiet, and she is less irritable. The pulse is feeble; tongue clean. The discharge from the wound, which was copious and offensive, is much diminished, and of a healthy character; there is no inflammation nor swelling of the limb; it appears somewhat shorter than the opposite. She has continued the ammonia, and takes occasionally wine and water and nourishing diet.

20th. The last few days, there has been some swelling, with heat and redness on the inside of the knee, and it is tender and painful. There is now evident fluctuation; an incision was made, and a large quantity of thin pus evacuated. There is considerable discharge from the wound; she is feeble. The shortening of the limb is somewhat increased, on account of the inflammation and abscess; the splints are left off; a bread poultice is applied.

26. The last few days there has been increased discharge from the wound, and she is rendered more feeble; her appetite is not so good; her nights are restless, and the bowels relaxed. The leg and lower part of the thigh are more swollen, and the foot is œdematous. The limb is considerably shortened; there is now, for the first time observed, a projection below the patella on the outside of the joint, and the bone is nearly through the skin. Mr. Lloyd, who had officiated for some days for Mr. Lawrence, now proposed amputation, as affording the poor woman the only chance of saving her life; Mr. Vincent and Mr. Earle coincided in opinion with Mr. Lloyd, who accordingly removed the limb. Little blood was lost during the operation: the patient bore it very well. On examination of the amputated limb, the fracture was found to extend into the joint, and between the condyles of the femur, which were, however, not separated from each other. The projecting bone on the outside of the knee, was the upper end of the fractured femur, pushed below its lower part, and on the outside of the patella, in consequence of the great retraction and shortening of the limb. The cartilaginous surfaces of the patella, and of the opposed condyles of the femur, were absorbed. A large purulent cavity extended above the wound, which was cut through in amputating, and a large abscess was formed between the muscles of the calf of the leg, and contained much matter of a very unhealthy character. She was extremely feeble for some days after the operation. Brandy, wine, and every nutritious thing which she could take, were procured for her by the attendants. There was, however, no union of the wound; it discharged much offensive matter, and the integuments grew black and mortified. For some days she appeared to rally, and a stop was put to the mortification, and the stump appeared more healthy. Large sloughing of the integument, covering the hips, afterwards came on. Her position was constantly obliged to be changed. She grew more and more feeble, and, after lingering in a most deplorable state, died Aug. 20th. Nothing particular was discovered on the post-mortem examination.

SUBSCRIPTIONS

FOR THE DISTRESSED MEDICAL GENTLEMAN AND FAMILY.

Subscriptions advertised	£121	11	0
J. R. Houghton, Esq., Earl St.	1	1	0
G. R. B.	1	0	0
Jos. Taylor, Esq., Bridge Street	1	0	0
W. C. Dendy, Esq., Stamford St.	1	0	0
Joseph Lowdell, Esq., ditto	1	0	0
Henry Stephens, Esq., ditto	1	0	0
Robert Menzies, Esq., ditto	1	1	0
Edward Doubleday, Esq.	1	0	0
Dr. Burder, Brunswick Square ..	1	1	0
Dr. Anthony Todd Thomson ...	1	0	0
Dr. James Clark, George Street	1	1	0
Thomas Davis, Esq., ditto....	1	1	0
Dr. A. B. Granville, Grafton St.	2	0	0

TO CORRESPONDENTS.

Communications have been received from Mr. Goldsmith—Mr. Franklin—Mr. Hockey—Dr. Forster—An Observer—Mr. Johnson — Botanicus — Mr. Jerrard — Mr. W. Cooke—Messrs. Ballersby and Banks—Dr. M'Cormac, Belfast—*†*—Dr. Ryan—Mr. Rogers, Looe, Cornwall—Edinburgh, L.—Mr. J. P. Holmes—Αλήθεια—A Pupil—Mr. R. Jones—Mr. Beamley—Antijac—G. R. M.—Mr. Fixott — Mr. Sheldrake — Mr. Otto—Mr. Powell—Dr. Wallduck—Mr. Powis.

"Observer" should have furnished us with his name and address. Communications having only a local interest, should be as brief as possible.

Original Subscriber—C. P.—F. B. D.,—and A Friend to The Lancet—are requested to call at our Office in the Strand.

THE LANCET.

Vol. II.] LONDON, SATURDAY, SEPTEMBER 6. [1827-8.

LECTURES

ON THE

THEORY AND PRACTICE OF MIDWIFERY.

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

Lecture XXXVIII.

Of the Phlegmasia Dolens; and Inflammations, &c., of the Breast.

The phlegmasia dolens, an untractable and distressing disease, is, on the whole, not of very frequent occurrence; and though it has been my lot to see several specimens of it, yet, having met with it in my own practice less frequently than the puerperal fever, I have enjoyed but few opportunities of making personal observations on its treatment, and therefore I shall enlarge on it the less. Meeting with this disease in the course of your future practice, you will find it divides itself into two varieties, the acute and the chronic; and treating of these in order, we will, if you please, commence with some observations upon the disease in its acuter form.

In some rare instances, I believe, the phlegmasia dolens makes its appearance even months after the delivery; and Levret, the French surgeon, who, however, had, I believe, a theory to serve by the assertion, states, that he has known an attack to occur on weaning the child, perhaps a year or more after delivery. In general, however, the commencement of the disease is of earlier date, occurring, according to Burns, in the second, third, or fourth week, and usually not far from the second week. It would be too much, perhaps, to assert, that the disease never commences without abdominal symptoms; in general, however, and more or less conspicuously, those symptoms are observable. The patient feels a degree of pain and tenderness, and stiffness, and induration in front of the pelvis, and more so on one side than the other, and perhaps more frequently on the left side than the right, because, for a reason not understood, the left side is more frequently attacked with phlegmasia dolens. After these symptoms have continued for a few hours, longer or shorter, the woman may be seized with a severe pain in the middle of the lower limb, the region of the knee, for example, and this accompanied, sooner or later, with a swelling, firmness, whiteness, heat, and tenderness on pressure, or, when the limb is moved, all the symptoms varying a good deal in their degree in different cases. In other instances, instead of commencing in the middle of the limb, an accident, according to my own observations, by no means uncommon, the attack opens with a swelling of the upper part of the member, the intumescence spreading downwards along the thigh—the knee, the calf, the foot, successively, till the whole limb becomes twice as large as its fellow, being, at the same time, glossy, elastic, tense, painful, hot, tender, and of white complexion; and this enlargement of the limb, with the changes which I have enumerated, may all of them be accomplished within the four-and-twenty or eight-and-forty hours, sooner or later, with different rapidities in different cases.

Under the slighter effects of the disease, the mobility of the limb, independently of that impediment to its movement which results from pain and swelling, is not always much impaired; but in the severer attacks, together with that stiffness of the limb which results from the swelling, there is a want of moving power, in nature allied to paralytic debility, so that, if you ask the patient to move the leg, she performs the action with difficulty; and if you ask her, further, whether the difficulty arise entirely from the pain, she tells you no, but that she feels as if she were incapable of moving it. Together with these symptoms about the limbs and pelvis, certain constitutional symptoms also, not to be overlooked, arise; you have shiverings and heat, and paleness, and cutaneous warmth, and the tongue is milky, and the pulse is 130 or more in the minute; and the *lochia* may be suspended, or they may continue to flow in the natural way, a fact, in a view to the pathology of the disease, well worth your notice; and sometimes the discharge is very offensive, and the urine is turbid, and the perspiration may be copious, but not critical, and the patient is very weak, and there is a good deal of nocturnal restlessness.

After the disease has for a longer or shorter time continued, it usually terminates by a gradual extinction of the inflammation; and, in the more successful cases, we find that all the symptoms entirely disappear, the limb being reduced, or nearly, to its original dimensions, so that the patient can walk about with facility; while in other cases, when the inflammation is subsided, the limb remains hard, firm, and of great bulk, the disease degenerating into the chronic form, in which condition it may remain for months, perhaps for years. When the inflammation yields, topical indurations are sometimes observed in different parts of the limb, not of glandular nature, for they do not generally hold the place of the conglobate structures of the lymphatic system.

Phlegmasia dolens varies much in its intensity. Mortification is certainly uncommon—abdominal suppurations are now and then observed. On the limb a succession of abscesses may form; this Dr. Haighton had observed. The arms may, I believe, swell as well as the legs, and occasionally the disease is itinerant, travelling metastatically from limb to limb. Puncture, I am told, gives passage to a little gelatinous material, say a few drops; of course it does not, as in anasarca, reduce the bulk of the limb. The disease may last for weeks, or days only, for its duration is very various; a fortnight approaches the average term.

On the treatment of phlegmasia I shall enlarge but little, as all that is of value may, I conceive, be comprised in few words. In its first commencement, leeches may be laid above the fold of the thigh, in the region of those pelvic and abdominal symptoms before mentioned. *Blisters* and *sinapisms* may be afterwards applied to the same parts, and the bowels may be cleared. If a woman were robust, I might feel disposed to bleed to the amount of sixteen ounces, if I saw the disease in its commencement; but in the present state of our knowledge, with respect to phlegmasia, it is, I believe, in general unwise to have recourse to much venesection, as we only weaken the system without subduing the disease, which more frequently seizes the debilitated than the vigorous, and can rarely, if ever, be arrested at once.

Again, when the disease is fully developed in the leg, the principal palliatives deserving an essay are *leeches* on the limb, *fomentations, evaporating lotions, poultices,* such *laxatives* as will keep the bowels going, and when the pains and restlessness are distressing, anodynes. If the inflammatory symptoms are very lively and vigorous, then six or eight leeches may be applied once a week to the inflamed limb. A large number of leeches, however, I should not apply, for the reason already assigned; for I should not expect to extinguish the disease by using them; and it is to be remembered, that the weakly irritable constitutions most obnoxious to phlegmasia, do not, in general, bear bleeding well. If the crural attack, the attack in the limb, I mean, be less violent, and the patient as frequently be weakly and irritable, the leeches may be laid aside, and the leg may be wrapped up in light poultices of linseed meal or bread, to be frequently changed in the course of the 24 hours.

We have little encouragement to puncture in these cases, notwithstanding the œdematous appearances. In some cases, perhaps, a little fluid might issue; but we have reason to believe, that what accumulates in the cellular texture is, in its consistency, gelatinous. On lowering the foot, should the intumescence increase there, the collection under the skin may be suspected to be of watery consistency; this test may, perhaps, in some few cases, be of service.

In treating the phlegmasia dolens, too, you must not neglect the state of the constitution, which, indeed, sometimes requires a good deal of attention from us. In the commencement of the attack, when the symptoms are most inflammatory, then *antiphlogistic* means, *laxatives, diaphoretics,* and perhaps the *digitalis,* may be employed; laxatives being used as sparingly as may be, as movement, when the bowels are open, often occasions a great deal of distress.

When the patient has been labouring under the disease for some few days, and more especially if she be weakly and irritable, a treatment somewhat different from the preceding becomes requisite, and *nourishment,* and gentle aperients, and *opiates* and *anodynes* may be given; and if the symptoms are subsiding, *bark, sulphuric acid,* and generally mild tonic remedies may be recommended.

Phlegmasia dolens is not, in general, a dangerous disease, yet patients now and then perish under it. More especially, if women are much reduced in flesh and strength, and energy of nerve, they are liable to sudden dissolution, when, perhaps, nothing of the kind was apprehended; they attempt, perhaps, to turn in bed, or to rise into the sedentary posture; syncope supervenes, and they die. Denman has animadverted on this kind of danger, and instances of it I have seen in my own practice. Beware, therefore, of reducing the strength too much. In a proper manner mention this risk to the friends.

Of Chronic Phlegmasia Dolens.

I have, now and then, met with cases, in which the patient has been labouring under the chronic form of the disease, either of original occurrence, or, (which more frequently happens,) as a consequence of the previous acuter attack. Under this variety of the disease, for weeks or months together, the limb remains twice as large as its fellow, firm and hard, and stiff and cold, and free from inflammation; though now and then perhaps, incidentally, attacks of inflammation may occur. In cases of this kind, of course, it is our grand object to excite such an action of the *absorbents* as may reduce the limb to its original dimensions. For this purpose, gastric medicines are, I fear, of little advantage; but something may be done topically, and not without effect; *friction* with the hand, friction with use of the *mercurial* ointment: (the operator should be protected with one or two pair of oil-silk gloves,) and a well-adjusted roller may be of considerable service. Burns says that advantage may be derived from the liberal use of *cream of tartar* in solution taken into the stomach. Now, of all these remedies, the one I principally recommend to you, is compression by the roller. Young advised compression to dissipate the scirrhous tumours of the breast. Dr. Hull has strongly recommended the roller in these cases of phlegmasia dolens; and, for myself, in some two or three cases, I have employed it, apparently with very obvious advantage. The great object of our bandaging, is to produce such firm and steady pressure as may excite the action of the absorbents, without dangerously interrupting the circulation. For this purpose, a roller should be procured of many yards in length; and this, as recommended by Hull, may be spread with some mild adhesive plaster, so as to give it a firmer seat upon the limb. Beginning at the foot, you may then bandage upwards to the knee, afterwards applying a second roller on the thigh, so as to leave the knee unbound, in order that the patient may have a less embarrassed use of the limb. If the pressure of a single roller be inadequate, a second may be laid over the first; and thus, by multiplying bandages, we may augment the compression in any degree which may be deemed necessary. If, as advised, the knee-joint be left unbandaged, the patient may often be able to attend to her domestic concerns. By bandaging a few weeks, I have seen a case more benefited, than by a previous course of medicines continued for several months.

Dissections of this disease, in its acuter form especially, are much wanted. Zinn, one of Haller's favourite pupils, found an enlargement of the inguinal glands near the large vessels. Dr. Davis has detected a great deal of inflammation in the large blood-vessels of the limb. Gaspar, as cited by Burns, discovered much inflammation about the neck of the womb and the vagina, but the vessels of the limb were without obvious disease. The nature of this malady is still dubious. Levret, Puzos, White, Frye, Hull, and Davis, have all advanced plausible opinions. Burns, in his Midwifery, has written excellently well on the phlegmasia dolens, and to him I am indebted for many observations.

After-pains.—After delivery of the first child, women rarely suffer much inconvenience from after-pains; but when they have borne two or more children, those pains are apt to harass; for a day or two, they have pains not unlike the pains of delivery, produced also by the same cause, namely, the contraction of the muscular fibres of the womb; and these pains are aggravated by concretions in the uterine cavity, by retentions of the placenta, by the application of the infant to the breast, and by the administration of warm drinks. In ordinary after-pains, you will find that *opium* is an effectual and valuable remedy; and it is my own custom, as well as that, I believe, of most accoucheurs, to prescribe from twenty-five to thirty drops of the tincture of opium, with an ounce of camphor mixture, and a little simple syrup. Of these draughts, I order two—one to be taken an hour after I quit the house, should pain urge; the other to be administered an hour after the former, should a first dose not prove sufficiently anodyne.

When the puerperal fever is prevalent, and, perhaps, at other times, you will meet with a sort of sub-inflammatory after-pain, under which the suffering is, on the whole, very severe. In cases of this kind, when you revisit the patient, the nurse perhaps alarms you, by saying that her mistress has suffered in the abdomen greatly, and you go to the bed-side expecting the puerperal fever, but you have the happiness to find a pulse not exceeding 100 or 110 in the minute. Examining the case more minutely, you discover that the uterus is hard under the touch, and there is, too, a sort of tenderness which may be observed when it is compressed, nevertheless you cannot learn that there have been any cold chills, nor (as before observed) do you find cause for apprehension, in the frequency of the beat of the heart. These cases appear to constitute a subdued form of the puerperal fever, prone to break out into the more flagrant symptoms of inflammation; and they ought, therefore, during the first few days, to be watched with solicitous care, and this more especially if the fever be epidemic. From ten to twenty leeches may be applied above the symphysis pubis, three poultices each to be left on the part for two hours, being afterward laid over the leech bites in succession, so as to keep the orifices bleeding. Fomentation of the abdomen for hours together may be useful in these cases, together with action of the bowels four times daily, and, in the more pressing cases, venesection. After the use of antiphlogistics, opium may be employed as in the former case; and it is but rarely that it can be necessary to begin with anodynes, though I see no objection to their employment, simultaneously with other remedies.

Where there are no inflammatory symptoms, a third variety of the after-pains may occur, under which, for two or three days together, the patient suffers so severely, that, perhaps, for ever after she looks forward to the after-pains with still greater apprehension than to the pains of labour itself. In some cases, this highly severe after-pain is occasioned by something in the uterus; a portion of the placenta, or a concretion of blood, for example; severe pain being followed, perhaps, by the expulsion of a solid mass, as large as the closed hand. In other cases, however, (and one I have seen among my own relatives,) these severe pains occur without any distention to account for them.

If the patient want fortitude to wait till the disease cease spontaneously, you may apply leeches, and give opium in operative quantities, the bowels having been previously cleared with salts and senna. The doses of opium must vary in different cases, but I suppose the first may range, on an average, between 60 and 80 drops; smaller quantities, of 20 or 30 drops, being afterwards administered, according to the effect produced. Do not heedlessly have recourse to these very active practices; in most cases it is, perhaps, better that the disease should subside of itself.

In practice, it is of vast importance to distinguish mere after-pains from those pains which are of inflammatory nature, whether they arise from inflammation of the ovary, the uterus, or of any other part; nor is the diagnosis difficult. If inflammation attend, there is chill, dry heat, tenderness, and, above all, an ominous pulse of 120, 130, or 140, in the minute; but in pure after-pain, the pulse is below 100, and the chills and heats are not observed.

From uterine pains, also, we must further distinguish the pains which arise from spasms of other parts—of the bladder, the bowels, for example, not to mention those of the ureters and gall-ducts, of rare occurrence.

Over-distention of the bladder may give rise to violent spasms, always accompanied, I believe, with much frequency of the pulse; a large *hard* tumour in the uterine region, and the introduction of a catheter into the bladder, are the best diagnostics. Spasm of the bowels is known by flatulency, tormina, and pains in kind unlike the after-pains, and which, moreover, are not accompanied with expulsion of solid blood, or other substances, from the cavity of the uterus. In fine, in cases of after-pain the seat of the pain, which is the same as that of incipient delivery, namely, the back, hip, and thighs—the kind of pain similar to the cutting, grinding, and sawing pain of parturition—the eruption of the lochia—the feeling as if something were expelled from the uterus, or the actual expulsion of a large concretion, and the increase of the pain occasioned by the application of the child to the breast,—these are some of the best *diagnostics* I know of, and, in general, they will enable us to distinguish these after-pains without difficulty.

The Lochia.—After parturition has taken place, and the placenta has been removed, women are liable to a red discharge from the uterus, the lochia, as it is called, supposed to be of a purifying nature, but, in reality, consisting of little more than blood which oozes from the orifices laid open by the separation of the placenta. Consisting, at first, of deep red blood, this discharge afterwards acquires a greenish colour, and is denominated the *green water*, when the odour is said to be unpleasing, subsequently to which it becomes whiter and more transparent, afterwards ceasing altogether. In quantity the discharge varies exceedingly, being three times as abundant in one woman as another, both patients recovering notwithstanding with equal facility or difficulty. Much variety, moreover, is observed in the duration of the discharge, as it may last for hours only, or days, or for two or more weeks. To its average duration I have paid little attention, but I suppose it may be of ten or twelve days.

Of the overflow of the Lochia.—In modern practice, much attention is not paid to the lochia, though our predecessors, fond of humoral pathology, professed to study this discharge with a great deal of attention, and certainly it ought not to be overlooked. Should the discharge from the uterus be more abundant than ordinary, the health suffering but little in consequence, quietude and patience are all that the case appears to require. Cough is not unfrequently the cause of overflow; and of palliatives, emulsion and the paregoric elixir seem to be the best. A piece of placenta retained may augment the flow of the lochia, vomiting offensive discharge, and protracted after-pains, being the principal presumptive symptoms indicating the accident, to be ascertained with certainty by examination only when the retained substance may be felt. In these cases, of course, removal is the best remedy; but, unless the symptoms are very urgent, it is better to refrain from manual operations; left to its own efforts, the uterus will, perhaps, more safely clear itself.

Of the Stoppage of the Lochia.—On visiting the patient, you sometimes learn that this discharge is suppressed altogether, an accident which ought always to attract your attention. Now, if you find, on examination, that there is no increase of the frequency of the pulse, and that all other symptoms are favourable, then you need not alarm yourselves about the suppression, more especially apt to occur if a woman have lost large quantities. But suppressed lochia may arise from inflammation of the womb, an accident which may be known by cold along the spine, by the roundness, and hardness, and tenderness of the uterus, easily felt through the abdominal coverings, and above all, by the heat of the skin, and the frequency of the pulse, which rises to 120, 130, or more, in the minute. Suppression of the lochia too may result from closure of the mouth and neck of the womb by clot, the blood collecting within and giving rise to enlargement, induration, and pain about the uterus, all the symptoms giving way after a severe after-pain, under which the concreted blood is expelled.

Lacerations of the Perineum.—In the close of delivery, women are liable to lacerations of the perineum, occasioning, when extensive, much distress to the patient, and of these, therefore, we will next treat.

In different ways the perineum may be lacerated; for it may be torn to the extent of an inch only, when it is a matter of little importance; or it may be laid open from one end to the other into the extremity of the intestine, the sphincter ani being lacerated too, so that the part loses its retentive power; or, it may be, that the perineum is perforated, the fœtal head passing through the aperture thus formed; or, lastly, with tremendous disruption, the head of the child may be forced through the orifice of the intestine, an accident, of which I have myself known one instance. Of these various lacerations of the perineum, or the parts about it, the most frequent is that in which the perineum is torn from one extremity to the other, a specimen of which accident I here place before you. This laceration of the perineum may be produced variously; sometimes by instruments, and the rude abstraction of the head; sometimes by rough attempts to introduce the hand of the accoucheur, and sometimes by the mere pressure of the head, the practitioner having, perhaps, neglected to guard the perineum, or the perineum being guarded with the nicest care, but the head forcibly and unexpectedly making its egress from the pelvis, perhaps during some start of agony; for, it is not always that laceration of the perineum implies either ignorance or carelessness on the part of the practitioner.

When the injury has taken place, if it is merely a slight laceration, keep the parts clean, and it will heal of itself, the patient, it may be, never suspecting what has happened. If the laceration be more extensive, reaching through the sphincter, as in the preparation circulated, miserable consequences ensue, the patient becoming, for a time, incapable of retaining the contents of the bowels: it is, however, a satisfaction to know, that, in the course of months, the parts harden round the orifice of the laceration; and, in consequence of this hardening, unless there be diarrhœa, or extraordinary action of the rectum, the fæces may be retained, though not without uncertainty. Moreover, where this accident occurs, sexual intercourse suffers, and the uterus is very apt to bear down beyond the external parts; extensive laceration, therefore, being looked upon as a very great misfortune, and not without reason. Where a laceration of this kind has occurred, if there should be a copious discharge of blood, an accident, however, which I never myself have seen—ligature, cold, and pressure, would prove the most effective remedies. This accomplished, it would next be desirable to clean, as much as might be, the surface of the sore—ragged, broad, and sloughy. Oil of turpentine duly diluted, tincture of myrrh, and other detergents, may be found useful for this purpose; but the question is purely surgical, and for information on these points, I must refer you to my distinguished colleagues.

The surface of the sore once cleared, it may be well to attempt a re-union of the parts, though, in this, we are generally and totally disappointed; partly in consequence of the difficulty in keeping the parts together, and partly in consequence of indisposition to adhesion, and a propensity to suppuration or slough. Continued contact of the sore is a principal indication in these cases, and this may be variously attempted. That ligatures of the rectum are of doubtful use, seems to be agreed on all hands; but a ligature may be inserted into the perineum now and then, perhaps with advantage. I have reason to believe, however, that it is not so easy to keep the surfaces of the sores together by means of the ligature as *apriori*, we might have expected; the ligatures are apt to give rise to inflammation, irritation, perhaps suppurations and slough, and, in this manner, they are apt to detach themselves before cohesion is accomplished, after the parts have been brought together. The conjunction of adhesive plaster with the ligature may prove a considerable help; and sometimes the union may be accomplished by the use of the adhesive plaster only, independently of the ligatures; and if this can be accomplished, it is to be preferred.

Again, when you are attemping re-union, the management of the bowels is a point of very nice importance, and this may turn on opposite principles; for, after clearing them thoroughly, you may torpify so, that there may be no evacuation for a week or more together; the patient, during this term, using one or two eggs only for her daily food; or, pursuing an opposite method, you may keep the bowels in a lax state from the first, giving very mild aperients for the purpose, the object being to occasion as little disturbance and tenesmus of the parts as may be; the patient, when the bowels act, carefully guarding against effort. Of these two modes of management, I know not which is decidedly preferable, though I have seen one case in which a re-union of the skin forming the perineum, properly so called, was produced, constipation of the bowels being kept up for about ten days. Circumstances must, I presume, direct your choice.

To attempt re-union in these distressing cases is, I conceive, always proper; but much cannot be safely promised, for we seldom succeed to our wishes. Even when re-union is accomplished, I suspect it is, in a manner, more apparent than real; for I doubt much whether the parts are ever brought back into the state in which they were before the occurrence of the accident. When muscular parts are torn, retractions are apt to occur very unfavourable to their becoming duly united, and such appears to be the case here.

Women will sometimes come to you with chronic rents of the perineum, a year or more after the accident, anxious to know whether any thing can be done for them. Now, if they are merely troubled with *prolapsus uteri*, these may be remedied by pessary, without attempt at re-union; but if married, they may, for other reasons, be solicitous of a cure. I have seen one case in which, by removing the callous edges of the wound, and by torpifying the bowels in the way I have been describing, the parts were made to unite; this case was, I think, under the management of Mr. Rowley, in this neighbourhood, and did credit to his surgery. Other cases I have seen, in which the attempt has been made, but not with the same success. The edges of the fissure were removed, ligatures were applied, the bowels were managed with the nicest care; the operation was twice repeated; but either the ligatures came away by sloughing, or there was so much irritation, suppuration, or sloughing of the sides of the wound, that the re-union could not be accomplished. And the inference I could draw from cases of this sort is the following—in chronic laceration, there is a chance, now and then, of accomplishing a re-union of the parts of the perineum; but, in irritable constitutions especially, it is probable that we shall fail in our attempts. If, therefore, a woman is very pressing and anxious that something should be done, an attempt may be made to serve her, but it is not well to be eager for the undertaking, nor to promise too much, where the probabilities of failure are so great. Reproaches never sound musically to the ear, and to these you lay yourselves open, when, after all your pains and all your promises, the patient finds herself in a condition very different from what both had expected:—

———————— " Amphora cœpit
Institui currente rotâ cur urceus exit."

FOREIGN DEPARTMENT.

ON THE CIRCULATION OF THE BLOOD IN THE FŒTUS,

*In Quarto, with Ten Lithographic Tables.**

This is a most interesting work; and we regret that, from want of space, we are obliged to give our readers only a very concise account of it. In the *first section*, a rapid view is taken of the different opinions on fœtal circulation; they may be reduced to the following three:—

1. The blood is conveyed by the venæ cavæ into the right auricle, passes through the foramen ovale into the left auricle, and from thence through the left ventricle into the aorta; the small portion which, from the right auricle, passes through the right ventricle and into the pulmonary artery is, by the duct. arteriosus, carried into the aorta. This is the opinion of Harvey, Fabricius ab Aquapendente, Morgagni, Mery, and Haller.

2. The blood of the vena cava superior is separated from that of the vena cava inferior, by means of the Eustachian valve, by which the blood of the cava inferior is directed through the foramen ovale into the left cavity, whence it passes into the aorta ascendens and its branches, the innominata left carotid, and subclavian; the blood of the cava superior goes directly

---

* H. Fr. Kilian, Ueber den Kreislauf des Blutes, &c.

into the right ventricle, and from thence through the pulmonary artery and duct. arterios. into the aorta descendens. According to this opinion, which is that of Nichols, Sabatier, Bichat, and Bordeu, the head and upper extremities receive arterial blood, while the lower half of the body is supplied with venous blood. By this circumstance, Bichat endeavoured to account for the early development of the head, and superior extremities of the fœtus. As, however, the circulation must considerably differ according to the different conditions of the heart, and as this organ, during its formation, undergoes important changes in its form and mechanical arrangement, it appears that both opinions are defective and erroneous, because they overlook these metamorphoses.

Thus the different size of the cavities of the heart, in different periods, evidently contradicts the *opinion* of Sabatier, &c., that through the whole fœtal life all the blood of the cava inferior passes through the right auricle into that of the left side, and the blood of the cava superior goes directly into the right ventricle; for, *originally*, the left cavity of the heart is by far the largest of the two; at *a later period* they gradually become equal, and *shortly before birth* the right cavity surpasses that of the left side; whereas, the quantity of the blood of the cava inferior, exceeds, at *all periods*, that of the cava superior; so that, if the blood of the former did constantly go into the left cavity, this ought likewise constantly to surpass the other in capacity. It appears, consequently, that the opinion of Sabatier, &c., corresponds *only to the earliest periods* of embryonic life. Another very important objection is, the simultaneous contraction of both auricles, and their alternate motion, with that of the ventricles, so that neither the blood of the cava superior can go in an uninterrupted stream through the auricle into the left ventricle, nor the blood of the cava inferior be carried from one auricle into the other. Lastly, it is very *improbable*, that the head and upper extremities should be supplied with arterial blood, and the lower half of the body with venous blood, and the slower development of the lower extremities can by no means sufficiently account for such a difference.

With regard to the opinion of Harvey and Haller, the right auricle, especially in the earlier periods, is of too small a size to admit of all the blood of both venæ cavæ; at the same time the simultaneous contraction of both auricles prevents the passage of the blood from the one into the other. The use of the valvula foramen ovale can not be to prevent the reflux of the blood into the right auricle, as during the simultaneous contraction of both auricles they are acting against each other, and thus mechanically preclude every passage but that into the ventricles. It appears that the structure of the *valvula foraminis ovalis*, and of the *eustachian valve*, was not sufficiently known to the physiologists, and that the use of these organs was completely misunderstood.

We proceed to the *third opinion* on fœtal circulation: the vena cava has two openings, the one into the right, the other into the left auricle; the latter is the so called foramen ovale. By means of this arrangement, the blood of the cava inferior goes separately into each auricle, and no passage of the blood from one auricle into the other takes place. Originally, and up to the third month, the cava inferior opens *only* into the left auricle, and even, for a considerable time afterwards, this opening is by far *the larger* of the two; so much so, that the foramen ovale may be justly regarded as the principal opening of the vein into the heart, and that its subsequent exclusion is, in fact, nothing but the gradual obliteration of the opening of the cava inferior into the left auricle. The right auricle, and the Eustachian valve, must be considered as a continuation of the right side of the cava inferior; and the left auricle, with the valvula foramen ovale, as a continuation of its left side.

It is the principal object of our author to confirm and develop this opinion, which was originally established by C. F. Wolff, in the Aeta Acad. Petropolit, 1777. It regards only the passage of the blood through the heart; as to its way through the aorta ascendens and descendens, Mr. Kilian adheres to the opinion of Sabatier, &c.

The *second section* contains a comparative view of Haller, Malpighi, Spallanzani, Pander, and Wolff's investigations on the formation of the heart in the incubated egg. The observations of the author on the same process in the human fœtus, refer particularly to the original condition of this organ as a simple cavity, and of the aorta and pulmonary artery as one single canal, and the subsequent metamorphoses of these organs into complicated cavities and several vessels. According to this view, the course of organic formation strikingly corresponds with the peculiar type observable in the general gradation of organisations; a view which, by a comparison of the heart and the principal vessels in fishes, the different genera of amphibia, and in birds, with that of the human fœtus in its different periods, is found correct to a remarkable extent.

We cannot omit giving our readers a brief extract of the author's anatomical researches on the condition of the fœtal heart at various times, as upon them his peculiar opinions on fœtal circulation are founded.

1. *Insertion of the Vena Cava Inferior into the Heart.*—Originally both auricles form a simple cavity, which, in fact, is nothing but a dilatation of the vena cava inferior; a duplicature of this vein begins gradually to be formed, and thus the simple cavity is divided in two. This duplicature represents in the right auricle the Eustachian, and in the left the valve of the foramen ovale. By the latter valve, the opening of the vein into the left auricle is gradually obliterated, while the opening into the right auricle enlarges in the same proportion.

2. *The foramen ovale* is, consequently, not to be considered as an aperture in the septum auriculorum, but as a prolongation of the venous coats; it gradually turns from the right to the left, in the same proportion as the right opening of the vein enlarges, and the left one contracts.

3. *The pulmonary artery, ductus arteriosus* and *aorta descendens,* are to be considered as the abdominal aorta; whereas that arising from the left ventricle exhibits the aorta cerebralis, so that in the fœtus there exist *two aortas.* This the author clearly proves by anatomical observations; it also bears a great analogy to the distribution of these vessels, as observed in the progression of red-blooded animals.

4. *The Pulmonary Arteries.*—Several physiologists have maintained that, previous to birth, no blood at all is carried through the lungs. Bichat first demonstrated the incorrectness of this assertion, and proved, that in the same proportion as the fœtus approaches to the period of birth, the pulmonary arteries enlarge, and that, considerable time before respiration commences, the blood passes through the lungs. This our author justly tends to confirm, although he seems to overrate the quantity of this blood; the size of the pulmonary arteries is, indeed, considerable; but we cannot from it exclusively infer the quantum of blood which they convey, as this, besides, depends on the velocity of its movement.

5. *The Umbilical Vein and Ductus Venosus.*—With regard to the latter, the author differs from most writers; according to him, it is not a continuation of the umbilical vein, but belongs properly to the vena portæ; the umbilical vein goes into the left branch of the latter, which is commonly called sinus venæ portæ. The vena portæ is ingeniously compared to the pulmonary artery; both convey, originally, no blood to their respective organs; the same relation exists further between the abdominal aorta and the pulmonary artery, as between the vena portæ and the vena cava inferior, and the function of the ductus arteriosus corresponds exactly with that of the ductus venosus.

We are now fully enabled to follow our author in his description of fœtal circulation. In the liver the blood of the umbilical vein is divided into two unequal parts; the larger portion is carried through the substance of the liver, the smaller portion passes through the ductus venosus into the cava inferior, where it is mixed with the blood, which returns from the lower extremities, &c. In the heart the blood of the cava inferior is again divided, one part goes into the left, the other into the right auricle. The contents of the left auricle consist of a large portion of blood from the left opening of the cava inferior, and of a much smaller quantity from the pulmonary veins. The right auricle contains a small quantity of blood from the right opening of the cava inferior, and the blood of the cava superior. In this manner the blood of both auricles is of a similar mixture.

By the systole of the auricles the blood is carried into the ventricles; on their contraction, the blood of the left cavity is conveyed into the aorta ascendens, and its three branches; that of the right ventricle passes through the duct. arter. into the aorta descendens. Both aortæ have no communication between themselves and the arterial system of the head, and the circulation of the upper extremities is completely separate from that of the lower half of the body.

The most important difference in the fœtal circulation, from that in the adult, is the *insertion of the cava inferior in both auricles,* and *the double aorta.*

In the fœtus the left opening of the cava inferior performs the same function as the pulmonary veins in the adult; both are, consequently, in the fœtus in an opposite proportion, so that, previous to the existence of any pulmonary vein, the cava inferior goes entirely into the left auricle, and in the same degree as the pulmonary veins enlarge, the left cava superior diminishes in diameter, and, lastly, disappears entirely.

On the other side, the umbilical artery represents, in the fœtus, the pulmonary artery of the adult, and there exists the same relation between them as between the left cava inferior and the pulmonary veins; for while the left cava inferior decreases, the right one proportionally enlarges, and so does the quantity of blood conveyed through the right ventricle into the aorta ascendens; from that period the lower extremities begin to be formed, while up to this time the development of the head and the upper extremities prevailed. All these metamorphoses are accompanied by a decrease in the functions of the placenta; and it seems that in the latter period of fœtal life, the liver is in some degree substituted for it, as appears from the beginning secretion of the bile.

ON THE EPIDEMY WHICH REIGNED IN HOLLAND AND THE NEIGHBOURING COUNTRIES IN 1826.*

By T. C. FRICKE, *M.D., &c., of Hamburgh.*

This is, undoubtedly, the best of the many works we have seen on the subject, and we trust that a brief extract of it will prove interesting to our readers. The principal symptoms of the disease, when it first began in the town of Groeningen, were as follows :—

The patient, without any precursory symptoms, was attacked with violent cephalagia, especially in the forehead, with nausea, bilious vomiting, and diarrhœa ; a fever, first of a continued, then of a remittent type followed, with extraordinary lassitude, pressure, and tenderness of the epigastrium ; the tongue was clean, and the taste pure, but the patient was excruciated by inextinguishable thirst and sensation of internal burning, while the temperature of the skin was often very low. These symptoms continued for more or less time, and seemed to have disappeared gradually, when they returned with increased force, and, at the same time, a cerebral congestion, with slight delirium, manifested itself. These periodical exasperations were first quotidian, but afterwards held the type, called by the ancients hemitritæus. Two paroxysms took place on one day, after which the third attack was generally accompanied by an apoplectic fit, which, under a furious delirium, or a stupor, terminated fatally. In some cases the skin was yellow during the whole of the disease, or became so shortly before death ; usually it was rather of a pale and livid hue.

It cannot be said, that any particular organ was the seat of the disease ; the affection of the brain was only periodical ; the thoracic organs were perfectly free ; in some patients an irritation of the stomach was visible ; in other cases, the affection of the liver, and, in a few, only that of the spleen, seemed to prevail. At the beginning of the disease, the cutaneous exhalation was completely suppressed; afterwards a slight transpiration took place after each paroxysm. The recovery was extremely slow, and relapses were very frequent, but never attended by any dangerous symptom.

This was the disease which reigned epidemically at Groeningen ; in many other districts of Holland, and in East Friesland, diseases of a similar description were very often observed at the same time, but not of the same malignity. The preceding winter had been very healthy ; during the spring, until May, tertians were, as usually, very common. At the beginning of June, the number of patients increased, and, at the same time, apoplexy and an inflammatory state of the liver manifested themselves. In the midst of June, the disease became suddenly very frequent, and of the above described malignant character ; so it remained until the end of September, when it began to decrease gradually, and in December was reduced to its primitive form and frequency. The same increase and decrease, and nearly at the same periods, were observed in those districts where diseases similar to the Groeningen epidemy occurred.

Causes.—All practitioners of Groeningen and the neighbourhood, are decidedly against ascribing to the inundations of 1824 and 1825, any influence with regard to the origin of the epidemy. This opinion is evidently confirmed by the circumstance, that in 1825, after a considerable inundation in the spring, no such malady was observed, and that in 1826 it occurred with scarcely any malignity in such places as had suffered considerably more from inundation than Groeningen itself. It appears, on the contrary, that in 1825, the intense heat of the atmosphere, and the continued dryness of the soil, had produced a similar, but not so malignant, disease. This, in conjunction with some deleterious local agencies, to which the town in 1826 was exposed, was the principal, if not exclusive cause of the epidemy. Some of the numerous canals which pass through Groeningen, were in a most neglected state at this time, and these waters filled with a quantity of animal and vegetable putrid substances, and acted upon by the intense atmospheric heat, so contaminated the air, that miasma might have easily been generated, or the malignity and frequency of a reigning disease might have been considerably increased. This is also confirmed by the fact, that the malady showed itself first in that part of the town, which was most exposed to the mephitical exhalations of the stagnated waters, and that there it exhibited, during the whole epidemy, the most malignant character.

Prognosis.—This was by no means so desperate as might be inferred from the great mortality ; it was, indeed, rather favourable in all cases where medical assistance could be obtained in proper time, and the excessive number of deaths must, for the greatest part, be ascribed to other circumstances than to the disease itself. These were particularly, 1. The want of medical practitioners. There are only eight physicians residing at Groeningen, which number was, of course, quite insufficient to attend all the patients during the intensity of the epidemy. Many patients had no attendance at all, others were visited only once during their illness, and very often not before they were already suffering under the symptoms of the fatal attack. 2. There was no hospital at Groeningen, and the patients of the indigent classes were thus deprived of all the benefits of a dietetical and medical treatment. 3. The miserable state of the poor at Groeningen. 4. The neglect with which the draining of the canals and sewers was carried on. As soon as these detrimental causes were removed, the number of deaths decreased in a striking manner.

---

* Ueber die Epidemie in Holland, &c.

In old persons, children, and individuals of a delicate constitution, the prognostic was, even during convalescence, very unfavourable. The malignity of the disease visibly decreased in autumn, as soon as the atmospheric heat abated. The following is a numerical comparison between the deaths of 1825 and 1828, from May to October :—

	In 1825.	In 1826.
Under 1 year of age	76	287
Between 1 and 5 years	78	374
——— 5 10	19	75
——— 10 20	15	63
——— 20 30	33	117
——— 30 40	43	151
——— 40 50	30	147
——— 50 60	40	190
——— 60 70	45	240
——— 70 80	42	251
Above 80 years	25	132
Total	446	2027

From this interesting table it appears, that to infants and old persons the disease was most fatal in the months of

In 1825:		In 1826:	
May	65	May	61
June	65	June	102
July	62	July	156
August	77	August	449
September	88	September	667
October	89	October	512

In 1823, the number of inhabitants at Groeningen amounted to 28,447; there were 755 deaths, In 1824, of 29,865 inhabitants, 694 died. In 1825, 860 died of 30,215 inhabitants.

In the arsenal, which was made a hospital, 1231 persons were admitted from the 8th of September to the 1st of December; of these 560 were cured, and 151 died; 520 were still at the hospital at the time when the report was given.

During the convalescence, the extraordinary debility and nervous irritability were remarkable; in most cases the digestion was a long time disturbed, and the patients suffered much from costiveness or diarrhœa. By the latter many individuals were exhausted, and eventually carried off, after having apparently escaped the greatest danger. Disorganisations of the liver and of the spleen, were also often observed subsequent to the disease. In other cases, the patient fell into a typhoid state, and died after continued tranquil delirium. In children, enlargement of the mesenteric glands often occurred, &c.

Treatment.—The practitioners were unanimous in the method of cure. Emetics and light saline aperients were most successful at the beginning of the disease, but as soon as the cerebral congestion became manifest, the sulphate of quinine in large doses was the only remedy. It was given from two to three, and even six grains every hour, every half hour, or every quarter of an hour. In some cases leeches to the head, or general bloodletting, were necessary. Not infrequently, and especially on the eighth day, the paroxysm returned, but without any dangerous symptom. The quinine was then repeated in a larger dose, and never failed to prevent a second relapse. The convalescence, and the consecutive diseases, required a more complicated treatment. The violent diarrhœa was best suppressed by mucilaginous decoctions, opium, simarouba, tormentilla, nux vomica, &c.

The post-mortem examinations exhibited the following organic alterations. The brain and its membranes were injected with a deep-coloured blood; sanguineous extravasation into the cerebral cavities; serous effusion between the coverings of the brain or in its ventricles; the spleen and liver filled with coagulated or fluid blood; the gall-bladder distended with a thin and dark bile; sometimes an inflammatory state of the stomach.

Nearly all those who died during the convalescence, had the spleen enlarged, and adhering to the peritoneum by false membranes, or in a complete disorganisation, and filled with a chocolate-coloured fluid. The liver was often in the same state, and the gall-bladder contained numerous gall-stones. In children, the mucous membrane of the stomach and the intestines was frequently found inflamed and ulcerated.

All practitioners agreed as to the non-contagious nature of the disease, and many facts are adduced in proof of this opinion.

HOTEL DIEU.

CLINICAL LECTURE BY M. DUPUYTREN, ON A PECULIAR DISEASE OF THE BONES.

From a frequent observation of fibro-cellular encysted tumours in soft parts, M. Dupuytren was led to suppose, that a similar disease might take place in the tissue of the bones; he found that this is actually the case, and that the origin of such tumours in the bone is often occasioned by a slight contusion, or a similar apparently trifling cause. The further development of such morbid productions is easily understood; the osseous cysts communicate with the surrounding parts by roots, through which they are supplied with nutritious substance. The tissue of the bone is thus, by a deposit of fluid or solid matter, gradually distended, and often attains an enormous size. M. Dupuytren has seen numerous instances of encysted osseous tumours in the vertebræ, the bones of the extremities, and of the face, but especially in the lower jaw-bone, and he often met with complete success by treating them in the same manner as encysted tumours of soft parts.

A young man presented himself in the Hôtel Dieu, on account of a considerable tumour of the right cheek; it was of an oval form, and M. Dupuytren ascertained that it was seated in the horizontal branch of the lower jaw-bone; on pressing the sides of the tumour, a slight crepitation was felt. From the latter symptom, and from the total absence of pain and of swelling in the bone, and from the excellent health which the young man enjoyed, M. Dupuytren inferred, that the disease was not osteo-sarcoma, but an encysted tumour of the bone. By a large incision in the labial angle, along the horizontal branch of the lower jaw bone, the osseous capsula was laid open; on its being divided, a reddish serum issued forth, and a fibro-cellular mass was discovered in the cavity. This mass was for the greatest part extracted, and the small portion which was left, slowly diminished by the process of suppuration; the parietes of the osseous cyst gradually subsided, and their margins ultimately united; thus the deformity was almost completely removed.

In the following two cases the contents of the cyst were fluid. A young female, of about twenty years, had a tumour of the size of an egg on the horizontal branch of the lower jaw bone; it projected into the interior of the mouth, and pushed the tongue forcibly towards the other side. The incomplete extraction of a carious tooth was alleged as its cause. The crepitation, which was very distinctly heard by pressing on the tumour, and the absence of the signs peculiar to osteo-sarcoma, induced M. Dupuytren to expect a complete cure from an operation. An incision was made in the interior of the mouth, and the cyst thus opened; a great quantity of sanguineous serum escaped, and on the ground of the cavity a solid mass appeared, which was extracted, and found to consist of adipocire. Most likely a small portion of animal food had penetrated into the cavity by the socket of the extracted tooth, and afterwards undergone this transformation. Some injections, emollient poultices, &c., completed the cure, which left no traces of the deformity whatever.

In another instance, where the tumour was also situated in the horizontal branch of the lower jaw-bone, the crepitation was very distinct; it was, however, found to disappear after some time. This circumstance M. Dupuytren accounted for by the gradual depression of the thin osseous cyst, from frequent manipulation; a short time afterwards the patient was again examined, and the crepitation had then re-appeared. An incision of an inch along the posterior margin of the masseter, was sufficient to obtain access to the cyst, which was opened by a bistouri. A great quantity of a reddish serum issued forth with some force; no solid mass could be found in the cavity.

No external compression of the osseous parietes was used in any of the cases, and M. Dupuytren is of opinion, that the action of the muscles, and the continual purulent discharge from the interior of the cavity, are sufficient to approximate the osseous margins.

M. Dupuytren made some very pertinent remarks on the diagnosis of these cases. According to him, the osteo-sarcoma is, from its beginning, invariably accompanied by lancinating pains; and by a fungoid state and varicose tumescence of the neighbouring parts. In the disease in question, all these symptoms are absent; the surface of the osseous cyst is smooth and even, and the patient has scarcely any pains. The osteo-sarcomatous tumours grow also very rapidly. The crepitation, which is felt in the osseous cyst only, seems to be a pathognomonic sign of the latter disease. —*La Clinique.*

BIOGRAPHY—DR. GALL.

T. T. Gall, was born in the year 1758, at Tiepentrunn, a small town in the kingdom of Würtemberg. He evinced, in his boyhood, an extraordinary talent of observation; and it is known that at this time he already began to form the ideas on which his future system was founded. After having studied at Vienna, he settled in that town as a medical practitioner; however, his most intense attention was constantly directed to the anatomy of the nervous system, and to the natural sciences. The most anxious integrity, and an impartial love of truth, almost unprecedented in the founder of a new theory, have evidently guided him in his studies, and these qualities, as well as the enthusiastic zeal, and the victorious self-gratulation, which he evinced after the foundation of his system, inspire the reader of his works with the profoundest admiration. Gall promulgated his theory in the years 1796-98. About that time he made a scientific tour through Germany, and the flattering reception he met with every where, is the best proof of the astonishing impression which his system had created. Even the governments took a considerable interest in the discoveries of Dr. Gall, and assisted him actively in his further pursuits. This extraordinary sensation, however, soon subsided; a circumstance of which we are doubtful, whether it is to be ascribed to the political events which at this time began to take place, or to the readiness with which systems are usually embraced and forgotten in Germany. Gall visited England and France, and, lastly, made Paris his place of residence. It may be imagined, that Napoleon took a great interest in Dr. Gall's theory; such was actually the case at first. It seems, however, that the Emperor became prejudiced against it, and owing, perhaps, to the latter circumstance, the report of the Committee, elected by the Academie des Sciences Medicales, was so very unfavourable to Gall. The long discussions between the two parties are sufficiently known; although the Committee decided strongly against Gall's theory on the seat of the mental faculties, it allowed his extraordinary merits with regard to the anatomy of the nervous system. The last, and, if we do not mistake, the most important work of Dr. Gall, is "Les Fonctions du Cerveau," in six volumes.

Dr. Gall died on the 22d of August. The funeral was accompanied by a vast number of eminent literary characters; MM. Broussais, Fossati, Fontanelli, Landru, Bouillon, and Vimond, held funeral orations, and M. Paillet de Plombieres spoke some verses near the tomb.

A subscription has been opened in Paris for a monument, to which no doubt Dr. Gall's numerous admirers in this country will contribute.

MR. SHELDRAKE ON DISTORTIONS OF THE FEET.

To the Editor of THE LANCET.

SIR,—In the case of which I now send you the history, two peculiarities arees bined, one of which I believe to be quite incurable, the other, I am aware, may certainly be cured, so far as to render the patient's leg serviceable to him for all the purposes of life, though with some peculiarities, which will make it permanently deficient in point of form. My correspondent has described it in the following terms:—

To MR. SHELDRAKE.

"Sir,—I have recommended Mr. ——— to consult you on his son's case of lameness of the foot. It happened when he was one year old. Many surgeons, and others, have been consulted; he has been under my care a few months. The following is nearly the history of the case:—When a child, he had, I suppose, an attack of paralysis on the left side, and in six months afterwards began to move about, the inner ancle coming nearly to the ground, the foot turned out, and a good deal of weight upon the heel. The ancle was plastered and bound, and a stiff leather boot recommended to keep the ancle in its place, and prevent the foot turning outward; thigh, leg, foot, and ancle occasionally rubbed with stimulating liniments, and cold affusion of water every morning.

"He is now six years old, and the present symptoms are—leg and foot much smaller than the sound side; the heel appears longer, and the arch of the foot deeper than natural, with the dorsum raised; the ligaments of the inner ancle elongated and relaxed, so that he can erect the foot, and has been constantly in the habit of doing it when at play, kneeling on the ground, and placing the ancle and foot sideways, resting it so on the floor. He walks upon the heel without using the foot, and using only those muscles required for that action, having no use of the flexors of the sole, and the extensors holding the dorsum up when walking.

"Since I attended the case, I cut the fore part of the boot off, and exercised the toes, so that he can now put them flat on the ground while exercising, which he could not before; and I have lately thought of employing a tin case, open behind and before, (except two stays across the instep) to prevent him placing his foot sideways. I intend to raise the heel a little to bring the sole to the ground, and get its muscles into action, as his lameness appears to be from his walking altogether upon the heel.

"If you can advise a plan to restore the proper use of his foot, Mr. ——— will feel himself extremely thankful, and I will endeavour, particularly, to attend to it, and shall be obliged to you.

"Mr. ——— fixed his mind suddenly on his journey to London, or I would have had a more perfect cast taken, having been obliged to get the one I have sent done in haste.

"I am, yours, &c."

The cast which I received with this history of the case was not well executed, but it was sufficiently perfect to show some peculiarities which are not mentioned in the written account.

The lower end of the fibula, which forms the outer ancle, is thrown from its natural situation so far backwards, that when I look in a direct line on the inner ancle, I see a portion of the fibula project backwards, behind the tendo-achillis. I annex four sketches that were made from this cast, which will show these particulars more effectually.

Figure 1. A profile of the foot, looking at the inside, indicates the head of the astragalus projecting under and behind that process of the tibia which forms the inner ancle.

Figure 2. View of the back of the leg; shows the positions of both the ancles, and the heel bending outwards, the inner ancle sinking towards the ground.

Figure 3. Profile of the foot, looking at the outside; shows the fibula, which forms the outward ancle, passed backwards, leaving a hollow in what was its natural situation; the natural form of the joint injured, and its power diminished; the apparent length of the heel, consequent to the unnatural projection of the astragalus, and the other parts of the case, as they are related in the history that has already been given.

Figure 4. A transverse section of the leg, taken through the ancle joint, to show the positions of the bones of the leg, when viewed in that direction. A, the outer ancle; B, the inner ancle; C, the back of the leg; D, the front of the leg.

As my correspondent has just begun to treat *this* case upon the plan that I have recommended, nothing can, at this time, be said of the success of that treatment; for that reason I shall, for the purpose of explaining the principles upon which that treatment is founded, add the history of a case that resembled it in every respect, except that it was much worse, and was completely cured by the treatment that has been adopted in this.

A young lady, aged eight years, was brought to me. I received this account of her case: she had a curve, directly forwards, of the bones of her leg; she had received some injury in the ancle joint of her left leg, which deprived her of all power of moving her foot, in any manner, in obedience to the will. When she lifted her leg from the ground, her foot remained suspended from it by the mere action of gravity; when she placed her foot on the ground, it turned outwards, and the outer ancle came very near to the ground; the process of the fibula, which formed the outer ancle, could not be felt, and the foot, altogether, appeared as if the fibula had been fractured at that part, and the joint luxated by turning the foot outwards.

The parents of this child lived at a distance from London; they said that her feet were both perfect at the time of her birth, and till about two years before I saw her; they had put her to school at a village in their own neighbourhood, and, upon her returning home for the holidays, they perceived she was a little lame, and that lameness continued to increase till the time that I saw her. The child steadily denied that she had received any strain, or other accident, that could lead to discover the cause of her lameness.

The apparent want of the end of the fibula to complete the ancle joint, rendered it extremely doubtful whether the use of that joint could be restored, but as she was rapidly getting worse, it was, at all events, desirable to cure it if possible; if it could not be cured, it was still a desirable and important object to secure her from further injury, and enable her to make the best use of her leg that existing circumstances might admit of.

To effect this the foot was gradually placed upright, and supported so as to hinder it from sinking under the weight of the body; it was then moved forwards, to bring the astragalus under the scaphoid cavity of the tibia, to bring the whole weight of the body to bear perpendicularly upon the foot, and, in this state, it was firmly supported by proper instruments, so as to enable her to walk without straining the ancle joint. In this way she was supported for twenty months; at the end of that time the foot had regained its natural form and position; she had acquired the power of moving her foot in any direction, but had not strength enough to support the weight of her body when taking common exercise. That she might regain this strength, it was necessary for her to use instruments that were adapted to her case; she did so for five years longer, at the end of which time she had acquired strength enough to support herself under any exercise that she had occasion to take; she then, finally, laid her instruments aside. I had many opportunities of seeing her after she arrived at maturity, and know that she never had any return of this very distressing defect.

I have annexed three views of this patient's leg; they were drawn from a cast that was taken when she first was placed under my care.

Figure 5, in the annexed page, is a front view of the leg; it shows the foot turning outwards, and the inner ancle bending towards the ground.

Figure 6. A side view of the leg, looking at the inside; it shows the curve in the bones of the leg, which project forward, and the foot, besides being turned outwards, was thrown backwards, so as to make the heel seem to be unnaturally long.

Figure 7. A back view of the leg; shows the bending of the ancle joint, and the apparent absence of that portion of the fibula which should support the astragalus, and give strength to the ancle joint.

As the circumstances of resemblance and of dissimilarity between these two cases are sufficiently evident, I shall return to consider the peculiar circumstances of the first case.

Although it was not noticed before, a foundation might have been laid for the peculiarity in this child's foot at an earlier period of his life. The old writers on distortions of the feet, divide them into two classes; the first they call varus, because the feet, in those cases, turn the toes inward, with respect to the legs; the other they call valgus, because the feet turn outwards. This is a very unscientific, and very little intelligible, classification of these defects, because the feet may be turned either way, in different patients, though from different causes, so that the mere position of a child's foot is no indication of the cause of the defect, or of the means that should be employed with any rational prospect of effecting a cure.

Of those distortions of the feet which take place before the birth, and are called varus, I have ascertained that the direct cause is a peculiar form of the bones of the leg; in those which are called valgus, the direct cause is a peculiar position of the fœtus in utero. By some cause, which has not yet been understood or explained, the feet of these children, instead of being turned towards each other, so as to fall into the natural position the child should lay in before the birth, are turned outwards, so that, to be brought within the form of the gravid uterus, the top of the foot is pressed against the bones of the leg; in consequence, the astragalus is pressed out of its natural situation, and placed behind and under it in different degrees, which vary in different cases. I have seen one case in which the feet of a child had been so completely turned back and compressed against the legs, that the bones of the tarsus and metatarsus had become almost as flat as a hand. I very much doubt if this could ever have been cured; but the child lived but a few weeks, so that that point was never decided.

I have seen many cases of this kind, when distortion in different degrees had taken place; they are more difficult to cure than any other that have come under my observation. When this distortion is in a very small degree, it sometimes is not noticed till the time comes when a child should begin to walk, when an unusual backwardness in using its legs causes an examination to take place, and the defect has been discovered. Something of that kind may have taken place here, and may make this case more tedious to me than it would otherwise have been.

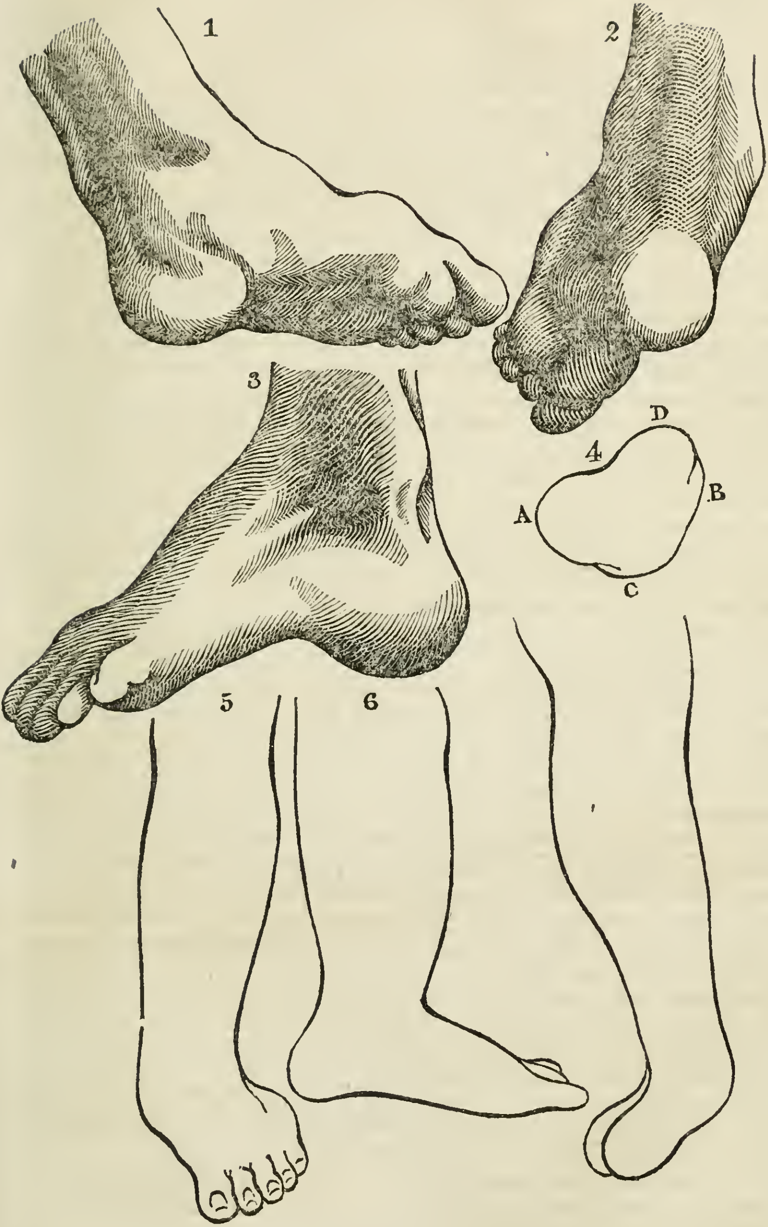
The peculiar position of the fibula constitutes the distinguishing feature of this case; it is the more to be regretted, because, from the manner in which it is connected with the tibia, and the bones of the foot, there is little probability of returning it to its natural situation; I know of no means by which it can be done, and many cases of this kind have been under my care in which I have made the attempt, but without success. As it may be expected that, in this case, it will always remain, it will give a peculiar appearance to the ancle, in consequence of the fibula not being in its natural situation; the ancle joint must remain weak, even under proper treatment, much longer than they would have done if the fibula had been restored to its place, but still the use of the joint will be restored at last, as it happened in the second case.

The treatment of the rest of the case will be conducted on the same principles as were described in my last; viz. compression to keep the bones of the foot and leg in their natural situation, with respect to each other; further compression to promote absorption of the redundant portions of ligament that have been occasioned by improper position of the bones; and such restraint as will prevent any of the muscles from going beyond the extent of their natural action. If this is carefully done for a sufficient length of time, the patient will have the use of his leg, although there will still remain some peculiarity in its appearance. The father of this patient said, that the lame leg was, at the present time, one-third less in circumference than his other leg: this being the case, if he was well at this time, his legs would henceforward grow *equally*, whence it would follow that the leg which was lame, would, when the patient arrived at maturity, be as much less than the other as the difference between the size of the two legs, as they exist at this time.

I am yours, &c.,

T. Sheldrake,

No. 32, Upper Norton Street,
Portland Place.


1
2
3
D
4
A
B
C
5
6

ABUSES AT ST. BARTHOLOMEW'S.

To the Editor of THE LANCET.

ALLOW me, Mr. Editor, to make a few remarks in answer to those made by Mr. Lloyd in the wards of the Hospital, on Saturday last, respecting my letter in THE LANCET of that day. Mr. Lloyd wished, most particularly, to impress upon the minds of the pupils that I had misstated facts in that part of the letter which alluded to himself, signifying that there were not more than three or four of those patients admitted during Mr. Lawrence's absence, (which Mr. Lloyd, of course, as second assistant-surgeon, has had the care of,) who had the names of their diseases written on their boards. For the purpose of showing that I was wrong, Mr. Lloyd appealed to two of Mr. Lawrence's dressers then present, and they certainly affirmed that there were few, if any, of their patient's boards without the names of the diseases inscribed on them; whereupon Mr. Lloyd endeavoured to make it appear, that as the patients of two dressers, out of six, had their diseases named on their boards, at least one-third of the patients must have their diseases so recorded; but I would beg leave to remind Mr. Lloyd that these two dressers were out of town when my letter was written, as he may see by the date, and that they themselves of their own accord, unwilling to see the customs of their respected master, Mr. Lawrence, slighted, have since amended the condition of their boards, finding that those who officiated for them in their absence had received no directions or instructions from Mr. Lloyd for that purpose; and, in fact, the boards of the other three or four dressers were, and are even now, many of them, without names, as Mr. Lloyd found on going round; and even some of those that have a sort of name attached would be much better graced by a blank space, than by their present type of ignorance. However, I need not dwell longer on this point than while it may be necessary to prove that what I said was correct, because Mr. Lloyd candidly acknowledged, that he did not know before, that it was the duty of the surgeon to name the diseases, and direct the dressers to inscribe these names on the boards, and, therefore, that he had never done so: he assured the pupils, though, that he should have no objection to do so for the future. Mr. Skey, who was standing by, said he thought it would be necessary to carry plates round with him for the purpose of naming diseases; I have no doubt he will find it so, during Mr. Earle's absence.

Mr. Lloyd, it appears, was also perfectly unaware of any book being kept by Mr. Lawrence's dressers, in which the names of the patients, their diseases, time of admission, result of their cases, &c. were entered, and was positively astonished at a species of regularity which he had no idea of, more especially (and this was most particularly impressed on our minds) as he himself had been dresser at that Hospital for a very considerable period, and house-surgeon for two successive years.

Mr. Lloyd, by the by, expressed it as his opinion that it rather belonged to the pupil to *request* information of the surgeon on the different points of practice, than for the surgeon to *voluntarily give* that information to the pupil; but when I paid my money to the surgeons of Bartholomew's, I did not understand that I paid it merely for the privilege of asking them questions, but rather for the opportunity of hearing their clinical instructions and observations; believing that more would spontaneously issue from their experienced heads than my inexperienced noddle would ever dream of inquiring about. There are many points in disease which are not perceived by the pupil, unless pointed out to him; and it is rather improbable that things unknown should be looked into and inquired after.

Another observation of Mr. Lloyd I cannot pass over without remark. He publicly complained of his duties at the Hospital interfering very much with his private practice, and expressed his regret that he could not pay that attention to those duties which he felt he ought to do. Marry, come-up! is this an assertion that ought to drop from the mouth of an assistant-surgeon of St. Bartholomew's Hospital? Are the pupils of that Hospital to be thus publicly insulted by their assistant-surgeon? Does Mr. Lloyd mean to say that he would come to that Hospital at all, or hold the situation which he does there, were it not his interest to do so? I must say, Mr. Editor, that I think Mr. Lloyd offered a most gross insult to the pupils around him when he made use of such an expression; and I would inform him, that if people think it their interest to be surgeons, or assistant-surgeons, to hospitals, they are bound to do their duty in that situation, in every respect, as much as in their private practice.

I should not have made these observations on Mr. Lloyd, had he not drawn them from me by publicly contradicting the statements in my former letter.

I am, Sir,
Your obedient servant,
A PUPIL OF ST. BARTHOLOMEW'S.

Aug. 18th, 1828.

THE LANCET.

London, Saturday, September 6, 1828.

The Report of the Select Committee on Anatomy is an interesting, and, upon the whole, a satisfactory document. Mr. Warburton is especially entitled to the thanks of the profession and of the public for the zeal and ability which he exhibited as Chairman of the Committee; and although a wider scope might, perhaps, have been beneficially given to some branches of the inquiry, we are not on that account the less disposed to acknowledge the value of what has been effected by the labours of the Committee. The revision of the laws regarding anatomical dissection is, in fact, intimately connected with the general question of medical reform; but it was the opinion of many members of the Committee, that it would be desirable to separate as much as possible the immediate subject of their investigation from the collateral grievances and abuses of which the profession has so long, and with so much reason, complained. It is satisfactory, however, to observe the liberal spirit in which the inquiry was throughout conducted; and if the Committee sometimes met with a reluctant witness, from whom it was difficult to extract the required information, the forbearance which they exercised under such circumstances, was evidently to be ascribed rather to the principle of limitation which they had prescribed to themselves in this investigation, than to any want of disposition to probe an abuse to the bottom. We shall have occasion hereafter to comment more particularly on the species of evidence to which we allude, and shall content ourselves, for the present, with observing, that a reluctant witness is much more effectually dealt with in a court of justice, than in a committee-room of the House of Commons. A *shy* witness, like an eel, slips through a smooth hand, and requires a coarse uncompromising process to be reduced to a state of nudity.

The Report consists partly of an analysis of the facts and opinions collected from the testimony of the several witnesses, and partly of a statement of the views of the Committee, founded upon an attentive consideration of the evidence adduced. The plan, which most of the witnesses have concurred in approving, as calculated to afford an adequate remedy for the existing evils, is that which has been repeatedly recommended in this and other journals, namely, the appropriation of unclaimed bodies to the purposes of anatomical tuition. The following passage in the Report, comprises the substance of the evidence delivered before the Committee on this point.

"It is the opinion of almost all the witnesses, that the adoption in this country of a plan, similar in most respects to that which prevails in France, would afford a simple and adequate remedy for the existing evils. They recommend that the bodies of those who, during life, have been maintained at the public charge, and who die in workhouses, hospitals, and other charitable institutions, should, if not claimed by next of kin within a certain time after death, be given up, under proper regulations, to the anatomist; and some of the witnesses would extend the same rule to the unclaimed bodies of those who die in prisons, penitentiaries, and other places of confinement. In the hospitals which supply subjects to the anatomical schools of France and Italy, religious rites are paid to the dead, before giving up the bodies for dissection. In the plan proposed for this country, most of the witnesses recommend, that the performance of religious rites should be deferred until after dissection, and they are anxious that the anatomist should be required, under adequate securities, or a system of effective superintendence, to cause to be administered, at his own expense, to the bodies which he dissects, religious solemnities, and the usual rites of burial.

"The plan proposed has this essential circumstance to recommend it—that, provided it were carried into effect, it would yield a supply of subjects that, in London at least, would be adequate to the wants of the anatomist. It appears from the returns obtained by the Committee from 127 of the parishes situate in London, Westminster, and Southwark, or their immediate vicinity, that out of 3,744 persons who died in the workhouses of these parishes in the year 1827, 3,103 were buried at the parish expense; and that of these, about 1,108 were not attended to their graves by any relations. There are many parishes in and around London from which, at the time of making this Report, returns had not been delivered in; but it may be inferred from those returns which have been procured, that the supply to be obtained from this source alone, would be many times greater than that now obtained by disinterment; that when added to the supply to be derived from those other sources which have been pointed out, it would be more than commensurate to the wants of the student, and, consequently, that the plan, if adopted, as meeting the exigencies of the case, would eventually be the means of suppressing the practice of exhumation.

"If it be an object deeply interesting to the feelings of the community, that the remains of friends and relations should rest undisturbed, that object can only be effected by giving up for dissection a certain portion of the whole, in order to preserve the remainder from disturbance. Exhumation is condemned as seizing its objects indiscriminately, as, in consequence, exciting apprehensions in the minds of the whole community, and as outraging in the highest degree, when discovered, the feelings of relations. If selection then be necessary, what bodies ought to be selected but the bodies of those, who have either no known relations whose feelings would be outraged, or such only as, by not claiming the body, would evince indifference on the subject of dissection? It may be argued, perhaps, that the principle of selection, according to the plan proposed, is not just, as it would not affect equally all classes of the public; since the bodies to be chosen, would necessarily be those of the poor only. To this it may be replied, 1st, that even were the force of this objection to a certain degree admitted, yet that, to judge fairly of the plan, its inconveniences must be compared with those of the existing system; which system, according to the evidence adduced, is liable, in a great measure, to the same objection; since the bodies exhumated are principally those of the poor; 2dly, that the evils of this, or of any other plan to be proposed on this subject, must be judged of by the distress which it would occasion to the feelings of surviving relations, and the unfairness to one or another class of the community, by the degreee of distress inflicted on one class rather than another; but where there are no relations to suffer distress, there can be no inequality of suffering, and, consequently, no unfairness shown to one class more than another.

The reasoning, in the last paragraph, is perfectly sound, though, as our readers will no doubt observe, somewhat at variance with the principle laid down in a former paragraph, namely, that the bodies of persons dying in workhouses, hospitals, and other charitable institutions, ought to be given up for dissection, under certain circumstances, by way of compensation for their having been maintained during life at the public charge. There can be no doubt that, if all unclaimed bodies were given up for dissection, such a principle of selection would fall almost exclusively on the poor, for a man who has anything to leave will rarely want a friend, who will be ready to show a regard for his remains, respectful or tender, in proportion to the assets wherewith his feelings can be remunerated. But there is no injustice in taking the circumstance of a body being unclaimed, to whatever class the deceased may have belonged, as the principle of selection; whereas the claim set up to the bodies of the poor by some of the witnesses, on the principle of *compensation* for a debt supposed to be due to the public, is unjust, as well as invidious. Mr. ABERNETHY is the person who has broached this notion of a claim to the bodies of the poor, on the principle of compensation, in the most unqualified, and, as it appears to us, the most indiscreet and exceptionable language. The following is the part of his examination to which we allude:—

"Should the law, in your opinion, be compulsory, or only permissive, which sanctioned the giving up, by public establishments, of unclaimed bodies; and should not such a law apply equally to the bodies of all who died in such establishments, to whatever class they might belong?—Certainly permissive; I have this feeling, that so strong is the necessity, that so much public injury must be done by ignorance of anatomy, that so correspondent with the principles of justice is it, that those who have been sustained in illness and infirmity at the public charge, and who consequently die in debt to the public, should have their bodies claimed and converted to the public good, that I myself should not hesitate, if I were a member of the Honourable House, to move for leave to bring in a bill to legalize such a proceeding, and to give power to the Colleges of Physicians and Surgeons, and the teachers of anatomy, to demand the body of any friendless pauper who had been maintained at the public charge, for, in that case, no feeling is violated."

Now, passing over the manifest contradiction involved in Mr. Abernethy's answer; for, though he states that the law in question should be "certainly *permissive*," yet he declares, that if he were a member of the Legislature, he would introduce a bill, of which the provisions would be, to all intents and purposes, *compulsory*: we deny altogether the correctness of the principle upon which he founds the supposed claim of the public to the bodies of persons dying in workhouses and hospitals, namely, that such persons have been maintained at the public charge, and, consequently, die in debt to the public. With regard to hospitals, many of these have been most munificently endowed, and the poor have an unquestionable *right* to all the benefits derivable from a just appropriation of the funds of these institutions, without any conditions or restrictions, except such as may have been imposed by the will of the founders. Nor have the poor of this part of the United Kingdom a less undoubted *right* to that support, which Mr. Abernethy supposes to raise a *post-mortem* claim to their bodies—a right free from all conditions, except those which the Legislature has expressly annexed to it. The landed property of this country is pledged to the maintenance of the poor, and the poor have the same *right* to support from this source, which the parson has to his tithe, or which Mr. Abernethy has to the difference between the whole produce of his professional labour, and that portion of it which he surrenders in the shape of taxes to the state. The Legislature might, indeed, in the spirit of Mr. Abernethy's suggestion, annex a condition to the grant, and enact that the bodies of all persons who had, during life, received aid from the poor rate, should be delivered over to the anatomist; but we cannot agree with Mr. Abernethy that, in such cases, "no feeling would be violated." On the contrary, we feel satisfied that all the benefit likely to result from the late parliamentary inquiry would be put to hazard by the recognition of such a principle as that upon which Mr. Abernethy founds the supposed claim of the public to the bodies of paupers, and it is for this reason that we are anxious to point out its fallacy. The appropriation of *all* unclaimed bodies to the purposes of anatomical tuition, would be unobjectionable in principle; for though it is obvious that none but the bodies of the poor are likely to be unclaimed, this circumstance is one of the evils, if it be an evil, inseparable from poverty, and affords no just ground of objection or complaint.

The following extract from the Report refers to the legislative measures which have been suggested as necessary to carry the plan so frequently recommended into effect, and contains also what may be regarded as one of the most important results of this inquiry—a distinct recommendation to the Legislature, on the part of this Committee, to repeal that clause of the act of Geo. II., which makes dissection a part of the punishment for the crime of murder.

"The legislative measure which most of the witnesses are desirous of, in order to enable them to carry the plan into effect, is the repeal of any existing law, which would subject to penalties those who might be concerned in carrying the proposed plan into execution: they wish for an enactment, permissive and not mandatory, declaring that it shall not be deemed illegal for the governors of workhouses, &c., and for anatomists, the former to dispose of, the latter to receive and dissect, the bodies of those dying in such workhouses, &c., such bodies not having been claimed, within a time to be specified, by any immediate relations, and due provision being made for the invariable performance of funeral rites. Some few of the witnesses, indeed, who state that they wish for the success of the plan, contemplate any legislative interference whatever in this matter with apprehension; but they do not appear to have been aware how nearly the cases decided by the courts of law, and already adverted to, would apply to persons engaged in executing the plan in question. In those cases, the bodies for the non-burying of which the defendants were severally convicted, were those of a pauper who died in a workhouse, and of a person who had suffered death as a felon. If these cases apply, as it appears they do, to persons engaged in giving up or in receiving, for other purposes than for burial, the bodies of the inmates of workhouses or of prisons, such impediments to the success of the plan cannot be removed, as these witnesses think they might be, simply by the favourable interference of the executive government, however disposed to show indulgence to the profession; but an act of the legislature can alone provide a remedy.

"Amongst the measures that have been suggested for lessening the dislike of the public to dissection, is that of repealing the clause of the act of Geo. II., which directs that the bodies of murderers shall be given up to be anatomized. It appears from the returns already laid before the House, that, as regards the direct operation of this clause, on the supply of subjects, the number which it yields to the anatomist is so small in comparison of his total wants, that the inconvenience which he would sustain from its repeal would be wholly unimportant. As to its remote operation, almost the whole of the witnesses examined before the Committee, and of those whose written communications will be found in the Appendix, are of opinion, that the clause in question, by attaching to dissection the mark of ignominy, increases the dislike of the public to anatomy, and they, therefore, are desirous that the clause should be repealed.

"The Committee would be very unwilling to interfere with any penal enactment which might have, or seem to have, a tendency to prevent the commission of atrocious crimes; but as it may be reasonably doubted whether the dread of dissection can be reckoned amongst the obstacles to the perpetration of such crimes, and as it is manifest that the clause in question must create a strong and mischievous prejudice against the practice of anatomy, the Committee think themselves justified in concluding, that more evil than good results from its continuance."

As the Secretary for the Home Department was one of the members of the Committee who agreed to this Report, it may be inferred, from the above recommendation, that no opposition will be made to the repeal of this most obnoxious clause in the House of Commons. We may conclude, therefore, that this point will, at any rate, be conceded, and this will be a step towards the amelioration of the laws affecting the interests of the medical profession. It has been said, that the man who causes a blade of grass to grow where none grew before, may be regarded as a benefactor to his country; for our own parts we are more disposed, in proportion to the greater difficulty of the undertaking, to feel grateful to the man, or body of men, who succeed in eradicating a prejudice. To this praise we trust that the Committee on Anatomy will, in the next Session of Parliament, be entitled; for it is hardly probable, that a measure recommended by a Select Committee, and sanctioned by the House of Commons, would be rejected in the other House of Parliament. If Earl Grey should not have become sensible of the weakness of the arguments by which he formerly defended this clause, and should again successfully oppose its repeal, we are not aware of any good which the public has ever derived from that Nobleman's political services, which would be at all comparable to the mischief that might ensue from his persevering opposition to a measure calculated to confer a lasting benefit on the country. The Committee, as we have seen, think it "manifest that the clause in question must create a strong and mischievous prejudice against the practice of Anatomy." That Lord Grey should not have seen the manifest tendency of this clause is the less surprising, as it was clear from the speech which the Noble Earl delivered, when he opposed its repeal, that he had not felt the necessity of giving much of his attention to the subject. But we certainly did feel a little surprise, when we found Mr. Abernethy, whose whole life has been spent in professional pursuits, and who ought to have reflected on the manifest tendency of such a clause with, at least, as quick a perception of professional interests as the members of a Parliamentary Committee, declaring his belief that the making dissection a punishment for crime, so far from creating a strong and mischievous prejudice against the practice of Anatomy, had no kind of operation on the public mind, It will be seen, from the following answer of Mr. Abernethy, how little the profession and the public were indebted to *him* for the support of a suggestion which almost the whole of the witnesses examined before the Committee concurred in approving; and how little the Committee were influenced by *his* opinion in founding their enlightened recommendation to the legislature on the manifestly mischievous tendency of the clause in question.

"While the law still attaches the stigma of a crime to dissection, do you think the public feeling is ripe for such a change as that contemplated, namely, that the unclaimed poor should be dissected, their only fault being their poverty or misfortune?—I do not think that the penalty of dissection, in conjunction with that of crime, has any kind of operation on the public mind."

This is not the only point in which Mr. Abernethy is singularly distinguished from the most eminent of his professional brethren. The following answer may be cited as a remarkable instance of this discrepancy of opinion.

"You are understood to say, that very few pupils who quit the London schools, have learned the actual operations by performing them on a dead subject, before they are called upon to perform them upon the living?—I believe very few indeed; but we consider, that a person who is thoroughly conversant with anatomy, and has seen operations performed, will be very capable of performing them with dexterity and security to the patient, though it is his first operation."

Let us see how Sir Astley Cooper answers a similar question:—

"Can the young practitioner be expected to possess the necessary courage in performing a difficult operation on the living, if he has not already been taught to perform a similar operation upon a dead body?—He must be *a blockhead* if he made the attempt; and the practice of the most sensible and the most expert surgeons in London has been to visit the receptacles for the dead, for the purpose of performing the operation which they were about to execute upon the living, if the operations were in the least novel.

"Can a student know when to cut with freedom, when with caution, and when not at all, if he has not an intimate knowledge of the structure of every part of the human body?—I would not remain in a room with a man who attempted to perform an operation in surgery, who was unacquainted with anatomy, unless he would be directed by others; he must mangle the living, if he has not operated on the dead."

Mr. Lawrence's opinion is not less strikingly at variance with that of the patriarch of St. Bartholomew's:—

"Do you not consider it essential to a good course of surgical instruction, that the student should perform upon the dead body those operations which he will afterwards be required to perform on the living?—I consider it essential; operations cannot be performed on the living body without the risk of serious and even fatal errors, unless the surgeon shall have acquired a knowledge of anatomy generally, and have repeatedly operated on the dead subject."

A similar question was put to Mr. Green, and Mr. Green's opinion was equally opposed to that of the venerable lecturer at St. Bartholomew's.

"Do you not consider it an essential part of a good course of professional education, to be learnt previously to performing operations on the living body, to perform the principal operations on the dead body?—Certainly."

One of the most curious circumstances connected with the late inquiry, and one which illustrates in a very striking manner the necessity of altering the present state of the law regarding anatomical dissection, is the examination before the Committee of a person actually engaged in the practice of body-stealing. He does not make his appearance like an approver in a court of justice, whose punishment is to be remitted in consideration of the evidence he gives against his partners in iniquity, but he is called in, and interrogated touching his past success and future prospects in his profession, as coolly as if he were a regular dealer in hardware or calico. A suitable degree of delicacy, however, is observed in concealing the name of the witness, seeing that he is designated by the initial letters A. B.

"*A. B.* called in; and Examined.

Is it not your occupation to obtain bodies for the anatomical schools?—Yes, it has been for some years.

What are the causes of the present rise in the price of bodies?—Because they are scarce.

To what do you attribute their being scarce?—Because every ground in London is watched by men put into them at dark, who stop till day-light with fire-arms.

Then very great risk now attends the obtaining bodies?—The risk is almost beyond describing.

Can you now obtain a sufficient supply of bodies, by raising them in London?—No, you cannot.

Are you obliged to obtain a part from elsewhere?—Yes, a part.

What are the risks to which you are subject in the attempt?—You are subject to be shot in the first place; and, in the next place, if you are taken, the parish prosecutes you, and you may get six or twelve months' imprisonment, according as the chairman likes.

Have you men in your employ for the purpose of obtaining bodies; that is, would you call yourself at the head of a set?—I have worked with one man for seven years.

Are the other persons who are at the head of parties, employed in raising bodies?—There might be some; but there are many who never supply the schools, and never will.

Are not the persons at the head of parties, in the habit of giving information against one another?—Yes, they are.

Is it to that you ascribe a part of the present difficulties?—Yes, that has gone a great way towards exposing of the business.

In general, what punishment should you expect if you were caught in the act of raising a body?—I was sentenced to six months' imprisonment.

Should you now consider the business as worth following, if you could find another?—Yes, it is worth following, if you can get subjects; a man may make a good living at it, if he is a sober man, and acts with judgment, and supplies the schools; but that is now out of his power; there is so much difficulty."

We are not, of course, so fastidious as to find anything really objectionable in the mode of examination to which this witness was subjected, since the necessity of the case obliged the Committee to have recourse to such a source of information; but that very necessity proves the anomalous state of the law regarding anatomical dissection. Exhumation must, in the present state of the law, be tolerated, or rather the violation of the law against exhumation must, so long as anatomists are cut off from other sources of supply, be encouraged. It is plain that the offence of body-snatching, however disgusting, is regarded, in consequence of the necessity which now exists for encouraging it, in a very different light from other misdemeanours punishable with fine and imprisonment, or we should not find a Committee of the House of Commons interrogating this man respecting his *present* method of stealing bodies, in nearly the same manner as they might have questioned an individual of unimpeachable character, respecting his lawful occupations. We must observe, however, in justice to this resurrection-man, that he appears to be, in many respects, a far more shrewd and intelligent person, than some of the more distinguished witnesses who were examined before the Committee. We have seen how Mr. ABERNETHY answered the question respecting the effect upon the public mind, of associating dissection with the idea of punishment for crime; and we will now compare an answer or two of Mr. HARRISON, the treasurer of Guy's Hospital, with the answers given by the resurrection-man to nearly the same questions.

"Do you think the repugnance to dissection which exists in the minds of the patients that have come to the hospital, is connected in any way with the penal law, which subjects the body of a murderer to dissection?—I do not consider it is on account of murderers being dissected that they abhor it themselves.

If exhumation was still further discouraged, and, under strict and proper regulations, the rule were genera in all hospitals, that persons dying there and unclaimed, should be dissected, are you of opinion that the number of applicants for admission into such hospitals generally, would be much diminished?—I have no hesitation in saying, that it would be the most injurious thing that could be to the public hospitals."

Such are the answers of Mr. Harrison; it will be seen by the following extract from the evidence of A. B., how much this gentleman is surpassed by the body-snatcher in point of intelligence and sagacity.

"Do you think the dissecting of murderers tends to increase the dislike of the lower classes to dissection?—In my opinion, the public think there are none fit to be dissected but very bad characters, through that very thing.

Suppose the bodies of all persons dying in hospitals, complete strangers to this place, with no relatives whatever near, do you think the public would care much if their bodies were dissected?—No; I should think the public would care nothing about it, because they would not know it.

Suppose the bodies of those who die in workhouses, and have no friends to claim them, were given up, do you think that the public would be much against that practice?—There is no doubt that the inhabitants of the parish where the workhouse was situated, would be prejudiced a little while; but they would come round after a time, and they would know it would be done for the good of the public."

There is a part of Sir Astley Cooper's evidence, which is likely to have a stronger influence than any arguments which can be urged in favour of an alteration of the law, towards inducing persons of a certain intellectual calibre, to support any measure which may have the effect of putting an end to the practice of exhumation. The worthy baronet has not hesitated to declare, that there is no person, however exalted his rank, whose body, if he were disposed to dissect it, he could not obtain.

"Does the state of the law actually prevent the teachers of anatomy from obtaining the body of any person which, in consequence of some peculiarity of structure, they may be particulary desirous of procuring?—The law does not prevent our obtaining the body of an individual if we think proper; for there is no person, let his situation in life be what it may, whom, if I were disposed to dissect, I could not obtain.

"If you are willing to pay a price sufficiently high, you can always obtain the body of any individual?—The law only enhances the price, and does not prevent the exhumation; nobody is secured by the law, it only adds to the price of the subject." *

This declaration is well calculated to produce an effect on the fears of persons to whose understanding reason could find no access. We shall have frequent occasion to return to the Report, and to the Minutes of evidence taken before the Select Committee.

Medico-Chirurgical Transactions. Vol. XIV. Part 1 and 2. Longman and Co., 1828.

(Continued from page 688.)

Observations on the Nature and Treatment of Erysipelas, illustrated by Cases. By W. Lawrence, Surgeon to St. Bartholomew's Hospital, &c., &c.

"Although erysipelas, in its various forms, is a disease of frequent occurrence, and comes daily under the observation of the physician and surgeon, great difference of opinion still prevails respecting its nature and management Regarding it as an affection essentially inflammatory, some adopt the antiphlogistic plan, including general and local bleeding; while others, conceiving that the part, the constitution, or both, are in a state of debility, endeavour to remove this by the free use of stimulants and tonics, more especially by bark, ammonia, and wine. The former appears to me the correct view and practice; I accordingly consider the latter notion completely erroneous, and the treatment founded on it, not only inappropriate, but injurious.

By erysipelas I understand inflammation of the skin, either alone or in conjunction with that of the subjacent adipous and cellular tissue. Like other inflammations it varies in degree. When it affects the surface of the skin, which is red, not sensibly swelled, soft, and without vesication, it is called *erythema*. *Simple erysipelas* is a more violent cutaneous inflammation, attended with effusion into the cellular substance, and generally with vesication; *phlegmonous erysipelas* is the highest degree of the affection, involving the cellular and adipous membrane as well as the skin, and causing suppuration and mortification of the former.

---

* We have given Sir Astley credit for what, we presume, he meant to say; but it is evident that the worthy Baronet has, with his wonted felicity of diction, made his threat of dissection apply rather to the living, than to the dead.

Description of the Affection. Simple Erysipelas.

In *simple erysipelas* the skin is preternaturally red and shining, having a light or rosy tint in the early stage and slighter cases of the affection; whence, in some languages, it has received the popular appellation of the *rose*; while in other instances it is of a bright scarlet, or even a deep and livid red. The colour disappears on pressure, returning as soon as the pressure is removed. If the skin alone be affected, there is hardly any perceptible swelling, and no tension; yet some difference is perceived between the sound and the inflamed part by passing the finger over it. Erysipelas, however, is seldom confined to the skin, except in the slightest cases; effusion soon takes place into the cellular texture, causing a soft swelling; and this may be considerable, together with much tension and a shining surface, when a large part of the body, or an entire limb, is involved. The inflamed part is hot and painful; at first a stinging, or itching, is felt, which soon becomes a sharp smarting and burning sensation, with acute pain on pressure. The pain is not so intense and unremitting as in phlegmon, nor is it attended with throbbing. This kind of inflammation often ends by resolution; the redness and other symptoms disappearing, and the skin recovering its natural state, with or without desquamation of the cuticle. Frequently serous effusion takes place from the inflamed surface, elevating the cuticle into smaller or larger vesicles, or into bullæ, like those produced by blisters, or raising it by a soft yellow jelly-like deposit, which remains slightly adherent to both the cutis and cuticle, and exactly resembles the effect often produced by the common blistering plaster. The contents of the vesicles, or bullæ, are transparent, sometimes nearly colourless, but more commonly yellowish; sometimes they consist of a thin pus; or they may exhibit a bloody or livid discolouration (phlyctænæ.) The fluid loses its clearness, becoming thicker, opake, and whitish or yellowish. The cuticle gives way, the fluid escapes, and incrustations form, which soon fall off, leaving the skin sound; or they may lead to superficial ulcerations. Erysipelas sometimes produces gangrene, but this is a comparatively rare occurrence. So long as this inflammation is confined to the skin, it does not produce suppuration; and the affection of the cellular structure is too slight for that termination in most cases of simple erysipelas. It may, however, become more severe at one point; and thus we occasionally see the formation of abscess under the skin towards the decline, or after the disappearance of the general erysipelatous redness.

This inflammation generally attacks a considerable surface of the skin, the inflamed part being irregularly circumscribed by a defined line. It spreads quickly to the neighbouring skin, declining and disappearing in the part first affected; and this alternation is repeated until the whole surface of the head and face, of a limb, or of the trunk, has been successfully inflamed. Thus we commonly see the various stages of erysipelas existing together at the same time in different parts of the skin; the portion last affected is red and swelled; another part is vesicated, while others exhibit incrustation and desquamation. Sometimes it leaves entirely the part first affected, to appear in a distant situation. Its origin, development, and complete termination seldom take place in one and the same spot. The neighbouring absorbent glands are frequently inflamed, and red streaks are sometimes seen leading towards them.

The local symptoms, above described, are preceded and accompanied by fever, which varies in its character according to the constitution, age, and general state of health. Shivering, followed by increased heat, general uneasiness, lassitude, headach, loss of appetite, nausea, white or foul tongue, and constipation, usher in a severe attack, and the general disturbance is of a decidedly inflammatory character in the young, strong, and those of full habit. Blood drawn from a vein exhibits, in a greater or less degree, the inflammatory character. This circumstance was noticed by Sydenham, Cullen, and Vogel; it has, nevertheless, been denied by Callisen. Often, particularly when the head is the seat of erysipelas, the sensorium is principally affected, and the symptoms are of the kind called nervous, such as pain and oppression of the head, sleepiness, coma, or delirium. The tongue, in such cases, becomes dry and brown; but this state of the organ is often owing, principally, to the circumstance of the patient breathing entirely through the mouth; the pulse is rapid and feeble, and there is great loss of muscular strength; in short, the symptoms at length are those called typhoid. In other cases, the circulation and the nervous system are not much affected; but there is pain in the epigastric region, foul tongue, with bad taste in the mouth, nausea, and constipation; that is, so many indications of disordered stomach and intestinal canal, to which, as its cause, the local affection must be referred.

It is not to be expected that an affection, of which the obvious symptoms during life are merely vascular distension and redness, with swelling, will produce much change in the affected parts, recognisable after death. In simple erysipelas, the red colour disappears as soon as the circulation stops. The cuticle, if not already separated by vesication, soon loses its adhesion to the cutis, and the surface of the latter, in an advanced stage of the affection, has a livid appearance. The texture of the skin presenting a reddish or brownish tint, is loaded with serum. Serous effusion is found in the cellular tissue; and its vessels, as well as those of the skin, are distended. Sometimes we unexpectedly discover suppuration where the case has appeared during life to be simple erysipelas, and no symptoms, indicating formation of matter, have been noticed.

Phlegmonous Erysipelas.

Phlegmonous differs from simple erysipelas merely in the higher degree and deeper extent of the inflammation, which not only occupies the whole thickness of the skin and subjacent adipous and cellular tissue, but soon proceeds in the latter to suppuration and sloughing, the skin itself being often involved secondarily in the mortification. Both the local and general symptoms are more strongly marked, and hence more serious effects are produced than in simple erysipelas. Rigours, feverishness, and disorder of the stomach precede the inflammation of the skin, which then shows itself from the first in a violent form; or, the local complaint begins mildly, without much general disturbance, and gradually assumes a more serious character. The redness is deeper than in simple erysipelas, often with a brownish or dark livid tint; the discolouration is often irregular, giving to the part a marbled appearance; the tumefaction is more considerable, the whole depth of the adipous and cellular textures being loaded with effusion, so that an arm or leg appears of twice the natural size; the sensation of heat and pain, at first slight, is aggravated to a very severe degree, and may be accompanied with throbbing. The swollen part at first yields slightly to the pressure of the finger, but subsequently becomes tense and firm. Vesications form on the surface, often minute and miliary, with purulent contents; frequently, however, the skin does not vesicate. Suppuration and sloughing of the cellular membrane soon come on, the skin becoming livid and covered with phlyctænæ, and the febrile symptoms are aggravated. These changes are not attended with increased swelling, elevation, and pointing, as in phlegmon; on the contrary, there is rather a diminution of tension, a subsidence, and a feel of softness in the part. At first the cellular texture contains a whey-like or whitish serum, which I have sometimes seen in the eyelids almost of milky whiteness. The fluid gradually becomes yellow and purulent, and we often find it presenting all the characters of good pus, and very thick. The serum is diffused through the cells at an early period, and a mixture of serum and pus often fills a considerable portion of the cellular texture without any distinct boundary. Frequently matter is deposited in small separate portions, forming a kind of little abscesses, which often run irregularly in the cellular texture. Such small collections are sometimes found where lividity or phlyctænæ have not preceded, and where no external changes nor any aggravation of other symptoms have announced suppuration. During this process of suppuration the cellular texture turns grey, yellowish or tawny, and sometimes appears like a dirty, spongy substance filled with turbid fluid; then losing its vitality altogether, it is converted into more or less considerable fibrous shreds, of various size and figure, which come away soaked with matter, like a sponge. The integuments over a large slough of this kind, being deprived of their vascular supply, become livid, and often lose their vitality. The suppurating and sloughing processes go on to a great extent when an entire limb is affected, sometimes completely detaching the skin, and often separating it through a large space; occasionally penetrating deeper, passing between the muscles, causing inflammation of them, suppuration between them, and often sloughing of the tendons. When the substance of a limb is thus generally inflamed, the joints situated in the affected part do not escape.

Phlegmonous erysipelas spreads, like the simple species, to new parts successively; we notice a visible advance of the redness and swelling every day, and thus the affection is, in different stages, in the different portions of the inflamed part. The absorbent glands are generally more or less swollen, and the absorbent vessels are frequently inflamed in the commencement of the affection.

Seat and Nature of the Affection and Diagnosis.

The practice of making incisions into the inflamed textures, enables us to see that the vessels are enlarged and more numerous in the early part of the disease, and that the cellular texture is loaded with a yellowish serum. Portions of that texture then assume a light yellow, or a dirty colour, which is the precursor of mortification. The actual occurrence of suppuration and sloughing must, of course, be immediately observable. The matter often extends irregularly, or is diffused in the cells of the part. Thus the skin and the cellular substance are the seat of this inflammation, which, in examination after death, is generally found not to extend beneath the fascia.

A consideration of the origin, development, and effects of erysipelas, of all its phenomena, whether local or general, leads us irresistibly to the conclusion, that the nature of the affection is inflammatory. In its four leading characters of redness, swelling, heat, and pain, and in its effects of effusion, suppuration, and sloughing, it agrees with what is called common or phlegmonous inflammation; while the general disturbance, preceding and accompanying the local affection, is often exactly alike in the two cases. Erysipelas then is merely a particular modification of cutaneous, or cutaneous and cellular, inflammation. If we were to class these according to their natural affinities, we should place erysipelas between the exanthemata and phlegmon. It is less diffused than the former, not so circumscribed as the latter. The exanthemata are coned to the skin; erysipelas affects both skin and cellular structure; while phlegmon has its original seat in the latter, the skin being secondarily involved. The most striking and important distinction between the two affections, is that inflammation is confined to one spot in phlegmon, and is distinctly circumscribed in its seat, while it is diffused in erysipelas, and spreads without limit. This difference seems to depend on the adhesive character of the inflammatory process in the former; the substance called coagulating, coagulable, or organisable lymph, effused around the inflamed part, forms a boundary between it and the sound portion, which is altogether wanting in erysipelas. In the latter, the effusion is serous; hence, when matter is formed, it is not confined to one spot, but becomes extensively diffused in the cellular tissue. We cannot, at present, explain the cause of this difference; that is, we do not know how it happens that coagulating lymph is poured out in the one case, and serum in the other.

Nosological Arrangement.

Of erysipelas, which may be called spreading inflammation of a considerable portion of the skin, with diffuse redness and swelling, sometimes preceded and generally accompanied by fever, it would be sufficient to admit three species; namely,

1. *Erysipelas Simplex*; superficial spreading inflammation of the skin, with bright scarlet or rosy redness, and soft tumefaction of the part, generally with vesications and fever.

2. *E. Œdematodes*; the swollen part dark red, and pitting on pressure.

3. *E. Phlegmonosum*; acute inflammation of the skin and cellular texture, with firm, general, and deep-red swelling of the affected part, ending quickly in suppuration and sloughing.

Causes—There is really no difference, in this respect, between erysipelas and other inflammations. The habitual excitement of the vascular system, or the long-continued disturbance of the stomach, alimentary canal, and liver, consequent on intemperance and excess, lay the foundation of inflammation generally, and it depends on individual peculiarity, or on local causes, whether the skin or other parts shall be the seat of disease.

When it arises from internal causes, that is, when its appearance depends on the previous existence of disorder in another organ, it is called *sympathetic* or *symptomatic*. But, in a large proportion of cases, it is directly excited by external causes immediately acting on the part, and it is then called *idiopathic*.

Simple erysipelas, and those cases more especially, which some writers have denominated the exanthematous, true, or genuine species of the complaint, are usually of the sympathetic kind, arising from internal causes, particularly from disorder of the primæ viæ or liver: hence the epithets *bilious* and *gastric*. As these causes are more or less permanent, they may produce repeated attacks of the disease, or render it of long duration: hence the expressions of *periodic*, *chronic*, and *habitual* erysipelas. The occurrence of erysipelas of the face, may be traced, in some instances, to contagion.

Phlegmonous erysipelas is more commonly idiopathic; it supervenes on the wound of venesection, on injuries of the superficial bursæ, as those of the patella and olecranon, on incised and lacerated wounds, and compound fractures. An inflamed state of ulcers, especially in the lower extremities, is a common cause of it. This frequently comes on when large ulcers or extensive wounds are healed rapidly, in persons confined to bed, and allowed a full diet of meat and beer. It has often been produced by wounds received in dissection.

Treatment.—As this affection resembles other inflammations in its causes, symptoms, and effects, so it must be treated on the same principles; that is, on the antiphlogistic plan. Venesection, local bleeding, purging, and low diet, are the first measures, to which saline and diaphoretic medicines may be afterwards added. The earlier these means are employed the better: vigorous treatment in the beginning will often cut the attack short, and prevent the disease from spreading beyond its original seat.

In contending for the inflammatory nature of erysipelas, and for the propriety of treating it antiphlogistically, I do not mean to recommend that measures equally active, and, in particular, that bleeding, whether general or local, are to be employed in all cases.

The treatment of erysipelas, like that of any other inflammation, must be modified according to the age, constitution, previous health and habits of the patient, and the period of the complaint. In asserting generally that the antiphlogistic treatment is proper, I speak of the beginning of the disease, when the original and proper character of the affection is apparent; and I am decidedly of opinion that, in some shape or degree, such treatment will always be beneficial in that stage.

When the affection occurs in old and debilitated subjects, the powers of life are soon seriously impaired, and our efforts must be directed rather towards supporting them, than combating the local affection. I have often seen such patients labouring under erysipelas of the face in its advanced stage, with rapid and feeble pulse, dry and brown tongue, recovered, under circumstances apparently desperate, by the free use of bark and wine.

The cases of erysipelas which I have seen in young persons, have almost all proceeded from external causes, and required antiphlogistic treatment. The tonic and stimulating plan has been injurious to such patients under all circumstances.

Local bleeding is sufficient in the milder cases of erysipelas, and is often necessary in the mere severe ones, as an auxiliary measure. It may be accomplished either by cupping or leeches. The former, where practicable, is the most efficacious: a great objection to it arises from the painful state of the inflamed skin. Although leeches, when applied to the sound skin of some individuals, produce an effect analogous to erysipelas, they exert no similar influence over the inflamed skin, to which they may be applied freely and safely.

General experience has determined that local applications possess but little efficacy; they relieve the patient's feelings, however, if they do not contribute greatly to stop the disease. In the commencement, and before the inflammation is fully developed, cold applications are very agreeable by lessening the sharp burning heat of the skin. If their use is preceded and accompanied by a proper plan of general treatment, there is no fear that the diminution of the external affection will cause inflammation of any internal part. Warm applications, more especially fomentations, are very soothing when the inflammation is developed. To derive the full benefit from them, they should be used steadily four hours together, and the part may be covered with a warm bread and water poultice in the intervals of fomenting.

Treatment of Phlegmonous Erysipelas.

Venesection, and the application of leeches in large numbers to the inflamed part, together with the antiphlogistic treatment generally, may be advantageously employed in the early stage of phlegmonous erysipelas, in order to prevent the full development of the affection. The bleeding of the leech-bites should be encouraged by warm fomentations, and cold lotions may be afterwards applied to the part; when, however, the inflammation is more advanced, the latter must be exchanged for fomentations and poultices. After the bowels have been evacuated, calomel and antimony may be freely administered, accompanied with saline medicines. The local abstraction of blood is more serviceable than venesection; the latter therefore may be reserved for the instances in which the patient is young and plethoric, the pulse full and strong, or the head much affected.

The most powerful means of arresting the complaint, is by making incisions through the inflamed skin and the subjacent adipous and cellular textures, which are the seat of disease. These incisions are followed very quickly, and sometimes almost instantaneously, by relief and cessation of the pain and tension; and this alleviation of the local suffering is accompanied by a corresponding interruption of the inflammation, whether it be in the stage of effusion, or in the more advanced period of suppuration and sloughing. The redness of the skin is visibly diminished during the flow of blood from the incisions; in twenty-four hours it has usually disappeared, and the skin itself is found wrinkled from the diminution of the general inflammatory tension. The immediate relief, although very desirable to the patient, is, however, of less consequence than the decided influence of the practice in preventing the further progress of the disorder; and this important result has never failed to occur, within my experience, when the case has been a proper one for the practice, and the state of the patient has admitted of its being fairly tried.

The treatment by incisions is suited to various stages of the complaint; but it is employed to greatest advantage at the beginning, since it prevents the further extension of inflammation, and the occurrence of suppuration and sloughing. The redness and swelling gradually subside; the surface of the cut granulates, and it heals rapidly. At a more advanced period, the incisions limit the extent of suppuration and gangrene; and at a still later time, they afford the readiest outlet for matter and sloughs, and facilitate the commencement and progress of granulation and cicatrization.

To preclude the possibility of misconception on a practical point of so much importance, I beg to observe, that I do not advise incisions in erysipelas generally, but confine their employment to cases of the phlegmonous kind.

When erysipelas attacks the face, it is not attended with that serious inflammation of the subcutaneous structures which requires incisions. However, the abundant cellular structure of the eye-lids not unfrequently becomes the seat of more severe inflammation, proceeding to suppuration and sloughing, and even causing partial mortification of the skin. Here incision may be advantageously resorted to.

We may have in the scalp either simple erysipelas affecting the skin, and the texture exterior to the aponeurosis, or a form of the complaint which may be called phlegmonous, in which the cellular tissue under the aponeurosis is inflamed. The former is to be treated by the ordinary antiphlogistic means. In the latter by having recourse to incisions at an early period we prevent the progress of this very serious affection, and the same proceeding is necessary at a more advanced stage, either to limit the suppurative and sloughing processes, or to provide a discharge for matter and large masses of dead cellular membrane.

After the incisions have been made, the part may be covered with warm fomentation cloths until the bleeding has ceased, when a warm bread poultice may be applied. If discharge does not soon take place from the wound, it should be dressed, under the poultice, with lint thickly spread with the yellow basilicon ointment, or with some other stimulant. When suppuration has already occurred, the matter finds a free discharge at the incision; large portions of the cellular membrane often slough, and come away with copious discharges of matter, and it is sometimes necessary to extend the incision, in order to promote their separation. When this is at an end, and more particularly when the skin has been extensively detached by sloughing of the cellular membrane, pressure by bandage is very serviceable in promoting the healing process."

In giving this summary of Mr. Lawrence's paper, we have carefully embraced all the leading points; so that our readers may consider themselves in possession of a concise statement of the talented author's views and practice in Erysipelas; want of space has compelled us to omit the various quotations and references which the erudition of the writer has supplied; and, from the same cause, we have not inserted the numerous cases which he has related;—the greater part have indeed appeared in this Journal at different times in the reports from St. Bartholomew's. The cases tend fully to confirm the correctness of Mr. Lawrence's opinions respecting the inflammatory nature of Erysipelas, and they exhibit in a striking manner the beneficial results of the antiphlogistic mode of practice—pursued, be it remembered, not blindly, but in reference to certain conditions of the system.

We cannot avoid expressing our surprise that Mr. Lawrence should have devoted (sacrificed, we should say) several pages, to the refutation of the opinions of Mr. Henry Earle, and Mr. Arnold (Surgeon of the Grampus!), on inflammation of the fascia. We smile, indeed, at placing such names in juxtaposition with that of Lawrence;—however, it has been truly said that there is but one step between the sublime and the ridiculous, and here is a case in point. Mr. Lawrence has adopted a process closely analogous to that of "breaking a fly on a wheel." To be sure, we had something equally ludicrous, in DR. JAMES JOHNSTONE'S "*literary collision*!"

On the subject of incisions in cases of phlegmonous erysipelas, we must say a few words in conclusion. There are, doubtless, many cases in which this practice is of the highest advantage; there are other cases in which it is unnecessary, and many in which circumstances prohibit its adoption. If the whole cellular tissue of a limb be in a state of high inflammation, engorged with fluids producing immense swelling, and threatening a destructive suppuration—this is a case in which free incisions afford the greatest possible relief; the distended vessels get rid of their superfluous blood, the serum already effused, and producing excessive tension, escapes; suppuration is prevented, and, in a word, the disease is cut short.

A less degree of disease, of course requires a less active treatment; and we would not adopt the full extent of practice applicable to the robust and vigorous, in the case of a debilitated old man. But it is not only in preventing suppuration that incisions are useful; when matter has already formed, and there is great destruction of cellular membrane, then *free* incisions are imperatively necessary, to allow of the exit of pus and dead cellular tissue; for want of *ample* incisions, we have witnessed the burrowing of pus, suppuration of the whole limb, and destruction of the patient. If we could reduce the thing to a mere dry question of arithmetic, and compute the quantum of pain in a given number of quarter of an inch incisions, as contrasted with the pain experienced in making an incision of eight or ten inches in length, the balance would be decidedly in favour of the latter practice. It is not, however, with this childish view, that we must regard the matter; let us look at the results of the separate modes; let those who hold out the delusive bugbear—debility, and adopt the *phlogistic* plan of treatment, bring forward a mass of evidence equal to that Mr. Lawrence has adduced; and then, we say again, look to the *results*. As the question now stands, the evidence is all in support of Mr. Lawrence's opinions and practice.

LONDON UNIVERSITY.

We can state, on the authority of the Warden, Mr. Horner, that the Medical Certificates of the Professors of this Institution, *will not be received* for the Diploma by the Scotch Universities. We shall offer some remarks on this subject at an early period.

ST. THOMAS'S HOSPITAL.

CASE OF CHOREA SUCCESSFULLY TREATED WITH CARBONATE OF IRON.

Jane Cresey, a spare little girl, æt. 14, was admitted into Queen's Ward on the 14th of August, under the care of Dr. Roots. She stated, that she had been ill three months previous to her admission, having suffered a great deal from pain in her head, and also from violent motions in her right arm and leg, which were more severe on first waking, and over which she had no control. She had a very severe attack five years ago, when both sides of the body were affected, and she was then ill for five months. For some time previous to her admission, she had frequently complained a pain in her head, although she has had no return of it since she has been in the Hospital. When admitted, the surface was cold, and she complained of chilliness; the bowels have generally been constipated; the pulse small and weak, 88. She was ordered to take fifteen grains of the powder of scammony, with calomel, immediately, and two drachms of the carbonate of iron every six hours.

22. The symptoms are much more slight in every respect; the bowels were freely opened by the cathartic powder, but have again become constipated. Ordered to repeat the powder and the carbonate of iron as before.

26. She continues to improve. Ordered to take the medicines, with an increase of half a drachm to each dose, and to have a cathartic powder every other morning.

29. The symptoms of chorea have entirely ceased; she has had no return of pain; the bowels are regular, appetite good, and she only feels weak. Ordered to continue the medicines, with an addition of half a drachm of the carbonate of iron to each dose; the cathartic powders as before.

She continues to take three drachms of the carbonate of iron every six hours, but may be considered as quite well.

PROLAPSUS UTERI, OCCURRING SUDDENLY IN A YOUNG WOMAN, FROM VIOLENT EXERTION, AND FOLLOWED BY PROFUSE HÆMORRHAGE.

E. R., of spare habit and cachectic appearance, was admitted into Queen's Ward, on the 31st of July, under the care of Dr. Elliotson. She stated, that about six months back, she was lifting a person out of a coach, when she suddenly felt intense pain in her back, and the uterus descended, and protruded beyond the os externum; its descent was accompanied by profuse hæmorrhage. She was immediately placed in bed, and a surgeon was sent for, who replaced the womb. In a month afterwards, feeling herself quite well, she was married, and ever since that period she has suffered exceedingly from pain in her back, and from repeated descents of the uterus, accompanied with hæmorrhage.

When admitted she was feverish; the knee was hot, the face flushed, and the pulse sharp and quick. Last week she caught cold, and had inflammation of the throat and bronchiæ, with ulceration, and, at the present time, she has spitting of blood. She complained of pain, increased by pressure in the hypogastric region, and, on examination, there was found to be a prolapsus of the uterus some way into the vagina. The tongue was white in the centre, but red at the tip and edges; the bowels were tolerably regular, but the appetite was defective, and there was evidence of great distress in her countenance; she had occasional vomiting, and constant thirst; her catamenia were, however, perfectly regular, and had been so ever since the first descent of the uterus. She was much emaciated, and her spirits were exceedingly depressed. She was ordered to apply 20 leeches, to-day and to-morrow, to the hypogastrium. Perfect quietude and rest in the recumbent posture were strictly enjoined. The uterus was replaced.

21. She is much better, and has much less pain and fever. Ordered to repeat the leeches every other day.

August 5. She has an increase of fever to-day, and also complains of pain in her chest; the tongue is much furred, and the bowels confined. She was bled to eighteen ounces, and ordered to take two grains of calomel, half a grain of opium, and a sixth of a grain of tartar emetic, every six hours.

8. She is much better in every respect; the bowels have been but scantily acted upon. Ordered to take half an ounce of castor oil immediately.

15. She has continued to improve up to the present period. Her symptoms of pneumonia have all vanished, and she has no pain in the back. The uterus has not descended since it was replaced, but if she attempts to walk about, or stand, she feels a strong bearing-down sensation, accompanied with pain. She was ordered to use an injection of the decoction of oak bark twice a day, and to keep herself quiet. She afterwards refused to use this injection, and suddenly left the Hospital.

[This patient affirmed, that at the time of the sudden descent of the womb she was *intact*; and this led to a remark, from Dr. Elliotson, that a lesion of what has been supposed to be the "test of virginity," may occur from *internal* as well as from external causes.]

GUY'S HOSPITAL.

CASE OF COMPOUND FRACTURE OF THE SKULL, WITH DEPRESSION, WHICH ENDED FATALLY.

Thomas Doharty, four years of age, was admitted into Chapel Ward on the 36th of July. The friends stated, that the child was playing at a window, when he fell out, and was precipitated head foremost upon the stones, a height of about eighteen feet. He was immediately taken up and brought to the Hospital, where, on examination, there was found to be a small wound of the scalp over the back part of the right parietal bone, and a depression of the bone to a great extent. There was slight extravasation of blood under the right eye, and considerable dilatation of both pupils, but the child was perfectly sensible. He was put to bed and carefully watched. In about an hour afterwards he became comatose and insensible; the eyes were fixed, and the breathing stertorous. Mr. Key immediately divided the scalp, and reflected it back upon each side, and thus discovered an extensive fracture, extending a considerable way downwards and forwards through the parietal bone, and also backwards through the occipital bone. The lower portion was partially overlapped by the upper. A portion of bone was removed by Hey's saw, and the depressed portion elevated. In a few minutes afterwards, the child showed signs of sensibility, and began to cry; the wound was lightly dressed, and he was put to bed. Four grains of calomel were given, and a house enema administered. Low diet.

27. He has passed a restless night, and there is much increase of heat upon the surface. He has had no evacuation from the bowels. Ordered to repeat the powder and the enema.

28. Not so restless last night as on the preceding, and he has rather less fever than yesterday. The tongue is not much furred, but there is a great deal of irritability, and a marked intolerance of light, so much so, that we did not disturb him to examine the pupils. The bowels have been freely evacuated.

29. He slept very little during the night, and has been continually moaning and crying. He is excessively irritable, and appears to be very uneasy. The temperature of the skin, however, is scarcely more than natural; the tongue is cleaner, and the pulse soft, 110. Mr. Key removed the dressings; the wound looked healthy, and was healing. There was a good deal of pus under the dressings, which Mr. Key thought, by its being confined, might be the cause of the

patient's uneasiness. A warm bread poultice was ordered to be applied to the part. He had had no evacuation since the day before yesterday. A dose of house medicine administered.

30. Has had a much better night, and is less irritable than yesterday. The pupils are much less dilated, and the countenance is less heavy. There is but little heat of skin; pulse 120, but soft and compressible, and the tongue clean, but the bowels have been purged but once. The house medicine repeated.

Aug. 1. Much improved in every respect; the intolerance of light no longer exists, and he answers rationally when spoken to. The bowels are freely open; the pupils natural.

4. Since the last report he has become much worse. Coma, and an accession of fever, have supervened. He has become more irritable and impatient of light than ever; and he is no sooner touched than he begins to cry, and presently relapses into a comatose state. The surface of the body is but partially hot, pulse small and 140. On removing the poultice, and examining the wound, the granulations were found to be loose, pale, and flabby, and the discharge thin. Just over, and in front of the ear, a little puffiness of the scalp was observed, which, on pressure, fluctuated. A lancet was put into it, and it was then found to be a small abscess in the temporal muscle beneath the fascia, containing about two drachms of thick puriform fluid. This evacuation of the matter was apparently productive of but little relief at the time. He remained in a half comatose state for some days afterwards. When these unpleasant symptoms again vanished, his appetite returned, and he appeared to be doing well. About three weeks ago, however, he was attacked with difficulty of breathing, and other symptoms of chest affection, consequently he was turned over to Dr. Cholmeley. Various medicines were administered, but with no benefit whatever. He lingered out till the 26th, when he expired. The body was immediately removed by the friends, and no inspection could be obtained.

ST. BARTHOLOMEW'S HOSPITAL.

STRANGULATED HERNIA, REDUCTION, FATAL TERMINATION: INTERESTING POST-MORTEM EXAMINATION.

———————, ætat. 75, a healthy looking old man, came into Harley's Ward, on the 19th August, at nine A.M., labouring under all the symptoms of strangulated hernia. The tumour was as large as a fist, firmly constricted at the external ring, and very sensible to the touch. The patient stated, that he had laboured under hernia for the last sixty years, when in the erect position, and had always been able to return the gut when in the horizontal position, until the night before his application at the Hospital. At about eight o'clock that evening the hernia came down, and he observed the tumour to be unusually large; he had tried, but had not been able from that period to return it. Mr. Weekes, the house-surgeon, examined the patient when he came to the hospital, and found a large portion of the gut down. He heard a gurgling noise; had no doubt of the nature of the tumour; returned the intestine, and the patient felt quite well, so much so, that he was desirous of leaving the Hospital, but Mr. Weekes persuaded him to remain, and go to bed. Ordered a dose of castor oil.

Between eleven and twelve o'clock, Mr. Skey saw the patient; the bowels had not been moved. Ordered an enema. In the course of a few hours afterwards, Mr. Weekes administered a dose of calomel and jalap, which was speedily ejected from the stomach. At five P.M., the patient complained of tenderness and pain about the abdomen, to which the dresser applied leeches. The tension, pain, and disposition to vomit continued to increase, and in the course of the evening other injections were administered, which brought away a very small portion of fæcal matter. At twelve P.M., Mr. Skey saw the patient again, whose unfavourable symptoms were still bidding defiance to every sort of treatment. Mr. Skey saw nothing to justify an operation. The symptoms continued; the pulse became more and more feeble till eight o'clock on the following morning, when the patient died. During the period he lay in the Hospital the gut very frequently descended, and was always returned with the greatest ease.

Post-mortem Examination.

On laying open the abdomen, *at least three feet* of the intestine, were observed to be *gangrenous* and agglutinated together by recent deposition of lymph. On cutting further down, the external ring was found to be enormously large; three fingers could be passed easily through it. The omentum lined the sac all the way down, and seemed as if it had for a long time been firmly adherent to it. The strangulation of the omentum went completely round the mesentery in the shape of a cord, making an entire circle or loop. The greater portion of the gangrenous intestine lay in front and to the left of the omentum.

A very small opening was detected in the gangrenous portion of the intestine, through which fluid matter passed; but whether it had been occasioned by ulceration, or the knife, was not known.

Hydatids.—On continuing the dissection the bladder was found to be diseased. A large sac was formed between the rectum and posterior part of the bladder, containing hundreds of hydatids, some of them as large as a small pullet's egg.

Hydrocele.—The patient had been the subject of hydrocele of the left (the opposite side to that on which the hernia was) testicle. He stated before his death, that he had been once tapped for it; but it was not ascertained whether any stimulating injection had been used. The bag, at his death, was again filled with water. No adhesions had taken place from the operation of tapping.

WORKS RECEIVED FOR REVIEW.

Elements of Chemistry. By Andrew Fyfe, M.D., F.R.S.E. In two Vols. 8vo., boards, and numerous engravings. pp. 513 and 520. London, Longman and Co.; Edinburgh, Adam Black.

Plain Observations on the Management of Children during the first Month, particularly addressed to Mothers; with an Appendix, containing a few practical hints for the further guidance of the Nursery. Stitched. 8vo. pp. 44. London, Underwoods.

A Letter to the Right Honourable Robert Peel, on some of the Impediments, Defects, and Abuses, existing in the present system of Medical Education; with suggestions for their removal and correction. By H. W. Dewhurst, Surgeon. 8vo. Stitched. pp. 51. London. Highley.

A Manual of the Anatomy, Physiology, and Diseases of the Eye and its Appendages. By S. J. Stratford, Surgeon. London. Longman. 1828.

Mechanics' Magazine. Vol. IX. pp. 448. Knight and Lacey. London.

This Volume maintains the high character of its predecessors. It abounds in valuable information, and is illustrated by a vast number of well-executed engravings, on subjects of national and domestic interest.

LITERARY INTELLIGENCE.

An Essay will very shortly be published, on the Operation of Poison upon the Living Body. By Dr. Addison and Mr. Morgan, of Guy's Hospital.

SUBSCRIPTIONS

FOR THE DISTRESSED MEDICAL GENTLEMAN AND FAMILY.

Subscriptions advertised	£135	16	0
Samuel Merriman, M.D.	1	0	0
Hugh Ley, M.D.	1	0	0
T. Spencer, Esq.	1	1	0
T. A. Stone, Esq.	1	0	0
H. Leigh Thomas, Esq.	1	1	0
Thomas Copland, Esq.	1	0	0
Edward Thomas Monro, M.D.	1	0	0
John Warburton, M.D.	1	1	0
J. H. Pope, Esq.	1	0	0
F. P. Dela Fons, Esq.	1	0	0
B. Travers, Esq.	1	1	0
John Stevenson, Esq.	1	1	0
F. R. Parslow, Esq.	1	1	0
N. P.	1	0	0
S. L.	1	0	0
X. Y.	0	10	0

TO CORRESPONDENTS.

Communications have been received from Mr. Wilmot — Mr. Milford — Mr. Mackinnon—Mr. Joseph Davies—Mr. Keddell — Virtuoso—Anti-Inquisitor—One of the Unfortunate—Dr. A. Garry, Dublin—A. Walker—Scrutator—Dr. Gordon Smith —Hibernicus — Dr. Horsley—Erinensis—Mr. Sang—Dr. R. S. Bailey—Mr. Sheldrake—A Reader of The Lancet—Messrs. Wood, Lorrain, and Newlands—Dr. H. Williams.

We have just received a letter from St. Petersburg, complaining, in strong terms, of the treatment experienced by some of the English medical gentlemen who have been induced to embark for the Russian army and naval service. We shall publish the letter next week.

We will endeavour to comply with the request of "A General Practitioner."

The printed paper forwarded by Dr. Bailey is an Advertisement.

"A Reader of The Lancet" is requested to send us the paper from which he has taken his extract.

A letter, which has been forwarded to us by a Correspondent, for a "Medical Benedick," is lying at our Office.

Dr. Gordon Smith's communication arrived too late for insertion this week.

THE LANCET.

Vol. II.] LONDON, SATURDAY, SEPTEMBER 13. [1827-8.

LECTURES

ON THE

THEORY AND PRACTICE OF MIDWIFERY,

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

Lecture XXXIX.

Strictures on the Diseases of Young Children.

Of the diseases of infants, it is not my design to treat at large, as such an undertaking would lead me into longer disquisitions than the limits of our course will admit. In this and the following Lectures, however, I shall endeavour to make a few strictures on this important topic, confining myself, in the main, to that sort of information which may be of use at the bed-side, beginning with those affections which belong to the department of surgery.

When labours are laborious, in consequence of resistance to transmission, whether from rigidity, coarctation, or unfavourable position of the fœtus, it happens, not infrequently, that the scalp becomes intumescent, the tumour commonly lying to the one or other side of the vertex.—This swelling rarely requires art, though fomentations and lotions may sometimes be used as placebos, the tumour wasting, in most cases, in the course of a few days, so that the part soon acquires the natural appearance. Accumulation of the scalp, and perhaps effusion into the cellular web beneath, appear to be, in most cases, the causes of the intumescence. With these swellings of the scalp, inflammation and suppuration are now and then combined, though rarely; these, so far as I have hitherto seen, doing very well, as treated on ordinary surgical principles. Suppuration is, I suspect, generally external to the tendon of the occipito-frontalis muscle. Inflammations of the scalp in infants are, perhaps, more dangerous than similar inflammations in the adult, as the vascular communications between the inner and outer surfaces of the cranium are numerous and free.

The cranial bones, as may be seen in this faithful model, are exceedingly moveable, and hence, in laborious labours, they frequently become displaced; the occipital bone being pushed, perhaps, beneath the posterior edge of the parietals, or the margin of one parietal bone becoming lodged beneath the margin of the other; not to mention that the whole cranium may be thrown back upon the occipital region, or so dislocated, that the summit rises preternaturally above the basis, as may be seen in the crania of certain savages, when deformed by barbarous art. Now, in these compressions of the brain, the fœtus is not infrequently still born; and you use the warm bath and the artificial respiration, with little effect beyond the excitement of a few sighs, and a little unavailing respiration. It is to be observed, however, that the death of the fœtus seems to depend upon some other cause than the mere force of the compression, as fœtuses may be born still when the collocation of the bones is little altered; or they may breathe, struggle, and cry, directly they enter the world, although, from the deformity of the head, and the intumescence of the scalp, and its evident and forcible compression during transmission through the pelvis, irreparable injury of the brain seemed, at first thought, to be inevitable. Whatever the apparent injury of the head, therefore, attempts should be made to resuscitate the child by the bath and pipe; no case ought to be left, as desperate, till these active resuscitants have been found on trial to fail. The mobility of the bones seems to render unnecessary the replacement of them by active surgical means. Accordingly, of these means I have had no experience in the cases under consideration, and I forbear, therefore, to give an opinion respecting them.

In facial presentations, the form of the features sometimes suffers but little; but, in many instances, in consequence of accumulating blood, and swelling, and a certain paralytic weakness of the neck, which allows the head to fall about unsupported, the appearance of the face becomes frightful, not to say hideous. These cases, however, generally do well; in the course of a few days or weeks the parts recover their healthy condition, and you are surprised to see a countenance, at first so disfigured, adorned, at last, with all the pleasing graces of infancy. The head may be steadied by tapes annexed to the cap and the dress below, and much attention must be given to its due support during nursing. The swelling may, I believe, in general, be committed to nature; time and patience will accomplish the rest.

Haighton, by dividing the 8th pair of nerves successively, at the interval of a few months, proved satisfactorily, that nervous structure may be repaired. The recovery of the sciatic nerve in Koscioscow, after severe injury inflicted by a Russian bayonet, has already been made the subject of remark. Violence has no place in a wise midwifery, yet now and then it breaks unawares into our operations, and seldom without mischief. In presentation of the nates, as I am informed, under rough management, the anterior crural nerve has been severely injured, and less rarely, perhaps, in those cases in which the arms have been abstracted with difficulty, the axillary plexus has been severely bruised; an iron hook, or a rude finger, are said to be the usual instruments by which injury is inflicted—beware of violence, therefore; but should injury be sustained, remember that the case is not wholly desperate; the nervous structure, unless extensively injured, may, perhaps, recover itself. Much is to be expected from Nature in these cases—little from art.—Comfort the friends with these reflections.

In a scientific midwifery, violence has no place; this apothegm cannot be too frequently repeated. Even tempered effort is not without its dangers: it is a sort of elephant in the battle. Sometimes, however, fractures of the fœtal skeleton occur during delivery, and the bones which most frequently suffer, are those of the thigh and the hind arm, to which may be added the clavicle, and perhaps the bones of the pelvis, and the maxilla inferior. The mere action of the uterus may, perhaps, break the fœtal bones; but Nature, provident in her operations, has rendered this accident rare. More frequently under preternatural presentations, when, in the drowsy moment, undue force creeps upon us, fractures of the thigh or arm, or clavicle, occur in rude attempts to extricate the limbs. "I always break the thighs," was the downright, unblushing, declaration of a female practitioner, when stating to Dr. Lowder her method of managing the presentations of the nates. I love her honest plainness. Even Sir Anthony's language could not be more explicit. —Beware.

In ordinary deliveries, it is unnecessary to examine whether the bones are fractured; but in all preternatural cases, where, from the difficulty of the birth, a fracture may be suspected, examination should be made. On the general principles of surgery these fractures may be treated; much constitutional irritation does not attend the process of reparation. As nutrition at this age is rapid, repair is rapid. From cutting a tooth, an infant may suffer more, and more dangerously, than from a fracture of the femur or the humerus. Four cases of fracture, two of the humerus, and two of the thigh-bone, all ultimately doing well, have been narrated to me by my friends. Might not splints be made conveniently of softened pasteboard, or *papier mâché*? Many a witty thought has issued from a French snuff-box; perhaps this may be made a useful one.

Hernia of the brain is sometimes formed with the fœtus, as these preparations show; but I forbear to dwell on this monstrosity, as, in the present state of knowledge, it admits no remedy. More frequently we find at birth, on the parietal bone, an encysted tumour, larger than half a pullet's egg, and which may take place to the right or the left of the sagittal suture. That a chasm of the parietal bone, leading into the cranium, never exists at the basis of this tumour, I am not prepared to assert; but in general, that part of the bone which corresponds with the inner table is complete, the external leaf being alone deficient. The defect of the external table, however, gives rise to extensive superficial excavation, the margin of which may be felt all round at the base of the cyst, and this margin is liable to lead the uninformed into an opinion, that there is a large chasm opening down into the brain, to the great alarm of those who are about the little patient.

It is not wise to press the brains of a young infant with a tight bandage, for, as our information now lies, this will, I presume, be acknowledged, on all hands, to be a dangerous experiment. Do not, therefore, in these cases, apply a bandage to the cranium, for the bones being mobile, any pressure made on them might be transferred to the brain, which lies beneath. Do not hastily puncture these tumours; the two surfaces of the cranium, external and internal, communicate freely by the emissory vessels: the brain of the infant is prone to inflammation, and frequently these inflammations prove fatal. Durate et rebus vosmet servate secundis. Time and patience cure a vast number of evils, physical, mental, and moral, and these two Catholic remedies, accompanied by placebos, are, perhaps, the best which may be employed here. Astringents and stimulants, however, do seem to be tried with no very doubtful advantage; and port wine, lees, and aluminous solutions, are alternative topical remedies which, from my little experience in these cases, I should feel disposed to recommend. Let your first applications be weak, for the infant skin is tender and prone to mortify; as the parts may bear, the intensity may be increased. The lees may be diffused through bread, so as to form a poultice; of the alum you may make a lotion, beginning with a scruple, to six ounces of water. The alum failing, let the lees be tried. Glairy fluid issues when these cysts are punctured; at least, if I may infer generally from a single case, which used to be related by Dr. Haighton.

In young infants, the nymphæ, or the labia pudendi, are occasionally coherent; the labial cohesion being easily discriminated, while that of the nymphæ requires somewhat closer inspection. When the labia are opened, the nymphæ being in cohesion with each other, in consequence of this separation, the nymphæ are laid flat over the orifice of the vagina, and the blood being pressed out of the vessels, the whole structure becomes pale and scarcely distinguishable from the surrounding parts, so that, at first glance, it seems as if there were no nymphæ, and as if the vaginal orifice did not exist. The gradual approximation of the labia under which the nymphæ begin, as it were, to form afresh—the interposition of a probe easily passed along behind between the cohering nymphæ, and the entrance of the vagina—the declaration of the nurse, that the orifice of the vagina, though now totally vanished, was originally obvious enough, as in other children, (for the disease is not usually congenital)—these are the principal diagnostics by which the case is discriminated. A knife in these cohesions is rarely required; mere separative pressure is, in general, sufficient to disjoin the parts; or when the probe has been properly placed, so as to bear upon the connexion, this may often be gently torn asunder, by merely advancing the instrument: take care that the cohesion is not renewed.

With imperforation of the genitals, infants are sometimes born, and this with two conditions of the parts within, for it sometimes happens, that the internal genitals are more or less deficient, while, in other cases, they are formed perfectly enough, with the exception of the barrier, which closes the access from the inferior parts to the superior. When the inferior organs are imperforate and imperfect, it ought always to be our first consideration, whether those organs which lie above, are in a healthy state or not—the ovaries, I mean, and womb and vagina. It would be too much to assert, that the determination of these points is wholly impracticable, even during the first two or three years of infant life; but it should not be forgotten, that the most commodious season for deciding this very important question, is after the period of puberty is gone by. If the ovaries exist in perfection, the womanly changes occur, and to omit the development of the external system; the hips spread, and the bosom swells, and the charms and graces which embellish the sex are found to gather about the whole person; the mind also, from unknown causes, undergoing that consentaneous change, whereby it becomes not insensible to corresponding desire. From the ovaries, as their centre, all these effects are emanating, and their manifestation is the best proof that these important organs exist. Propter sola ovaria mulier est quod est; to the maxim of Paracelsus, thus modified, I heartily assent. Again.

A few years, not to say a few months, after puberty, we may, moreover, easily determine, in most cases, whether the uterus and upper part of the vagina exist or not; for if these parts are not wanting, the symptoms of monthly action will be perceived, and, after a time, the secretion accumulating, both the womb and the upper vagina will become dilated, and, on careful examinations, by a competent operator, both these organs, when distended, may be distinctly felt; and thus, it seems, from a review of the whole subject, that it is after puberty that we shall most successfully inquire respecting the condition of the genitals within the pelvis. Nor is this to be regretted, for, till the period of puberty, these organs are of no use.

If the internal genitals are wanting, the case admits of no remedy; throughout life, the individual remains a mere girl—neither desiring marriage, nor becoming it; but if the parts above are well-formed, a closure of the vagina, above or below, constituting the only defect of organisation, in some cases, at least, the ailment may be relieved and removed, merely by dividing the partition. Before puberty, whatever may be the wish of friends, it is unwise to attempt this, for we are ignorant of the state of the womb, vagina, and ovaries, and the parts are too small and too tender to be well fitted for the knife; but when puberty is gone by, and the condition of the pelvic viscera is known, and the vagina and womb, dilated by the accumulation, are become accessible to the knife; the operation, in many cases, may be performed easily enough; and if the opening be sufficient to allow of impregnation, however small it may be, delivery, which naturally lays open this part of the person, may, with a little help from surgery, thoroughly accomplish the rest. Of constricted vagina, I mean in conjunction with parturition, it has been my lot to see some bad cases; the stricture was divided, and they have all hitherto done well.

If you open the mouth before a mirror, and raise the tip of the tongue, you may observe a sort of ligature, which, while it allows free motion to the tip, assists, however, in conjunction with other bonds, in restraining its more extensive movements, and this ligature is called the frænum. I never saw a case in which the frænum left the tongue too loose, though reputed cases of this kind have been put on record; and it is said that the tongue may be partially swallowed in consequence, so as to lodge over the rima glottidis, and occasion suffocation. Cases, however, are common, in which the frænum is pushed forward to the very tip of the tongue beneath, giving rise to tongue-tying, as it is called, a disease not uncommon, even in female infants.

Nurses, usually themselves profuse of words, have a great horror of this restraint of the tongue, and making their exordium in the received formula of "Lord, Sir," (a nursery translation of the classical ædepol of their predecessors, or of the more dignified P. C. of Roman oratory,) breathless and alarmed they come down at length upon the peroration, and "esse videantur" the child's tongue is tied! Tongues are not always tied, when nurses please to fancy so; and it is well, therefore, to be in possession of diagnostics, by which the disease may be known. Now the tongue is free, for all its functions, if the tip may be advanced beyond the outer margin of the lip, and, moreover, if it may be placed upon the roof of the mouth, liberation being requisite, if the confinement be such as to restrain from either of these movements. Those who are in the habit of examining the frænum of the tongue in healthy children, can tell, at first look, whether it require a division. Acquire this artist-like glance, for it may be of use to you. There is one right way, and many wrong, in doing most things; and thus it is with the division of the frænum—a little operation, which, if ill-conducted, may occasion trouble to you, and danger to the infant; a wound of the ranine vessels, beneath the tongue, sometimes producing a fatal bleeding. To divide the frænum, you ought to be provided with a pair of scissors, with rounded tips, and which will cut well to their extreme ends. Try them on a bit of damp paper. The nurse, moreover, ought to hold the head firmly, with the face upwards, when the child will frequently scream; for at no age are we fond of restraint; and, at this moment, when the infant is pushing forth a long-continued cry of thirty or forty seconds, the operator, taking his place behind the top of the head, finds the mouth wide open, and the tip of the tongue a little raised, so that, inserting the first and second fingers of the left hand, he can easily place one upon either side of the frænum beneath the tongue, when, both lip and tongue being protected from the scissors, the frænum may, in a leisurely manner, be divided to any extent deemed necessary. Do not hurry. If nurses and mothers are very firmly persuaded, though without reason, that the tongue is tied, to satisfy them you may touch the frænum with the scissors; the operation, if well done, is of no pain. Do not cut the frænum too far; do not wound the ranine vessels, or the salivary ducts. If a child be suffered to grow to the age of eight or ten years before the tied tongue be liberated, it may never afterwards acquire a free use of the organ. This is shocking neglect. It would be easy to contrive a pair of scissors expressly for the division of the frænum; they ought to be without points, and should cut at the tip only, to the extent of half a line. Whatever is worth doing at all, is worth doing well; this must be my excuse for dwelling so minutely on this small but delicate operation.

Tyrtæus was lame, and Byron. Very fine children are sometimes born with defects of the lower extremities; and where all the parts of the foot and leg are duly organised their may be a misplacement, the foot being turned too much outwards or inwards, as here shown. The infant growth is amazingly rapid; a young child will triple its weight in six or eight months after birth; it will double its length in two or three years; and, during the first months especially, the bones containing but little earthy matter, become as obsequious to external impressions as the future mind. In the cases under consideration, think of this. When the foot is distorted, it may, I suspect, be frequently drawn to its proper bearing. Any apparatus which, without materially disturbing the circulation, has the effect of continually urging the limb towards a healthy relative position of its parts, may be tried, with benefit, in these cases. The tin boot, however, here demonstrated, answers this purpose very well, and the mode of employing this instrument I now demonstrate. (Demonstration.) The apparatus ought to be examined once or twice every day.

Do not needlessly interrupt the circulation by your bandages. If the inner bandage be coated with mild adhesive plaster, it will retain its place with less pressure. "Can you not wait a few months before you tease the dear child with these bandages and instruments?" This question is sometimes put by mothers in a tone of supplication. The best answer is bi-literal no—no, not a month, not a week, a day, needlessly. If the bearings of the limb are to be rectified at all, it must be while the bones are yielding, and the organs are rapidly growing. At the end of the first year the cure may, perhaps, be impracticable. Think of the facts before stated. I have been told of cures which have been accomplished in the course of some eight or ten weeks; but never having had cases of this kind under my permanent care, I cannot decide from personal observation. Vari and Valgi are the classical appellations of these infants. The two patrician families of ancient Rome, probably, derived their names from these deformities.

Infants are sometimes born with an umbilical hernia, as large as a full-sized orange, most of the intestines lying forth beyond the abdominal coverings, invested solely by the peritoneum; for it deserves remark, that there is generally, if not always, a very large aperture through the muscles and common teguments in these cases, and through this aperture the hernia pushes. The preparations circulated demonstrate, clearly, both the hernia and the aperture. Lowder used to relate a case, in which the hernia, being of middle size, the peritoneum became encased with cicatrix, and an imperfect cure was obtained; but, in general, death is the only effectual remedy in these cases—death, of which we have that instinctive aversion (horror, if you will,) necessary to prevent us from deserting the post of life on every slight occasion; but which, after all, in conjunction with generation, becomes an admirable contrivance of creation, whereby structures, unfit for further service, are decomposed, to be modelled afresh in renewed perfection.—The tomb and the womb together constitute a sort of chrysalis. In death we are disorganised—in generation renewed, and the magic of Medea's chaldron is passing continually under our eyes. When we attempt to contemplate death, does not this instinctive horror delude the judgment, and, to our own advantage, magnify the evil? Is it not a part of the design of Nature, that, like some other affections, (love, for example,) this feeling should delude us? Is dissolution really so great an evil as——but I ask pardon for this digression.

Revenons à nos moutons. When, as very frequently happens, the umbilical hernia is no larger than the tip of the finger, the common teguments, I think, usually cover it, and we may cure the disease either by ligature or pressure. When the chord drops, as usually, a few days after birth, if the navel protrude, we may lay over the front of the abdomen a broad slip of adhesive plaster, so as, in part, to repress the intestine; and then, directly on the navel, may be placed a thin plate of tinfoil, about as broad as a shilling, to be retained in situation by a second adhesive bandage, which, completely surrounding the abdomen, may lie over the first, Once or twice daily the firmness of the apparatus ought to be inspected. When it becomes necessary to change, have every thing in readiness, and, if possible, do not excite screaming when the apparatus is removed, lest the navel should start, and the aperture should be enlarged afresh. If the child grimace, as if about to cry, an assistant should be at hand, to place a finger over the umbilicus, and to resist the eruption of the hernia; but, unless this eruption be expected, it is better not to touch this part. Umbilical hernia is of slow cure by compression, and, among the lower classes especially, the necessary attention and perseverance may be wanting. In some cases, then, we may find it convenient to attempt the cure of the disease by pushing back the intestine, and closing the sack at its root with a ligature. Great care must be taken not to include the bowel. I am afraid this operation is not unattended with danger, even when the bowel lies clear of the ligature; think well before you have recourse to it. This operation reminds one of the ancient remedy of the empirics; they used to call it the "royal stitch."

Infants may be affected at birth with dropsy of the spinal theca, concurring with variety in the anatomical condition of the parts. Sometimes the dropsy is in the theca wholly; sometimes in the theca and the cranium too; and the dropsies may communicate. The spinal marrow may, I believe, be perfect, or the cauda equina may be more or less deficient; the nerves of the lower limbs and pelvis being formed, nevertheless, in all their perfection, and stretching into the cavity of the spine to terminate, as Burns has justly stated, not in the marrow, but in that part of the theca which lines the corresponding arches of the lumbar vertebræ; the nerves, in fact, originating, or rather coalescing, at the theca of the spine. When the arches and spinous processes of the vertebræ are wanting throughout the chain, so that the spinal canal is completely open behind from end to end, the spinal marrow is, I suspect, generally deficient altogether; and, indeed, the disease scarcely belongs to that which I am now considering; but in spina bifida generally, there is a deficiency on the back of the lumbar vertebræ only, forming a chasm, at which one or two fingers may be passed down into the cavity of the spine; and above, and perhaps below, to some little extent, the spinous processes separate into two lateral pieces, so as to become forked, whence the disease is frequently denominated spina bifida. "Dum res manent fugiant verba." The appellation is not, perhaps, a good one; but if we understand one another, the terms may pass. Life is short—our time may be laid out on more important matters. Over the lumbar chasm, we may find the parts in one of two very different conditions; for sometimes on this part there is a large tumour, bulky as a small orange, covered with a dark rosy red skin, marbled with a leaden livid tint; and, in other cases, we find upon the chasm a circular brown wrinkled scar, broad as a half crown, and flat, appearances which are excellently well shown in the preparation before us. An infant may be born with this tumour lacerated and open. Hydrocephalus, in conjunction with this disease, may become very obvious, in consequence of the enlargement of the cranium, and the widening of the sutures and the fontanels. Mr. Bryant, of Kennington, showed me a fine example of this.

If the medulla spinalis be defective, I presume the case admits of no effectual remedy; but when this is sound, and the disease is, in other respects, favourable, a cure is not impossible; and for this, as for some other useful practical additions to surgery—surely well worth whole volumes of mere musical and well-turned periods, our race is indebted to a man whose name conveys his eulogy—I mean Sir Astley Cooper. To him, and to my distinguished colleagues, his successors, I must refer you for a fuller exposition of the method of operating; suffice it to remark, that the tumour is punctured with an instrument like a glover's needle, and day after day, by little and little, the fluid is gradually drawn away; the aperture being secured, more or less effectually, after every drawing and pressure being kept up by means of bandage, or otherwise. Forty or fifty times, as I learn, it may be necessary to repeat the punctures; the cyst filling repeatedly, but continually shrinking, till, at length, after a succession of operations, the cyst contracts into a sort of cicatrix lying over the chasm, to be afterwards protected by truss. To open the cyst extensively, and discharge the water at once, is, I believe, highly dangerous. In the course of twenty-four hours, death ensued in a case of this kind, narrated to me by one of my pupils. The tumour was mistaken for abscess. The cases with the brown flat scar are not fit for this operation. In hydrocephalic cases, there is little to be hoped. Infants left to their fate, in this disease, perish after different intervals. They may live for weeks, months, or years. They may even reach to man's estate, always labouring under the disease. If the marrow be defective, the lower parts of the body may be defective in feeling. Dr. Haighton used to relate the case of a boy, who would thrust pins into the skin with little suffering. Acupuncturation sometimes occasions little pain, even in the healthy.

To be born with an imperforate œsophagus, would seem to be a terrible calamity; for what more terrible than the fate of Ugolino, especially when this is painted in the dark deep colouring of Dante, the Rembrandt of poetry. Physical evils, however, are, I suspect, oftener more intolerable in prospect than in sufferance. Nature, to make us bestir ourselves, threatens like a step-dame, but corrects like a tender mother. When the imperial clemency conceded the *arbitrium mortis*, the Roman nobles, if my memory serve, not uncommonly gave preference to death from hunger. For sixteen long days and more, a young infant may pine under the starvation of an imperforate gullet—sleeping, waking, weeping, wasting, greedy for the breast, grieved or angry when disappointed; and yet, after all, to judge from the unaffected expressions of the feelings, it may be fairly doubted whether its sufferings from thirst and hunger exceed those produced by many of the smaller infant ailments; and surely they will scarcely bear a comparison with those that result from the suffocating symptoms hereafter mentioned. Those who are placed in situations which expose them to starvation, ought to remain inert; under these circumstances, the less wear of mind and body the better. When a town is besieged, I imagine that the daily consumption of food might be considerably diminished, if those, whose operations, mental or bodily, can contribute nothing to the defence, would imitate those fasting women, of whom the public has at times heard so much, and lie vegetating on a sofa. According to the Italian poet, Count Ugolino, who, together with his children, perished from hunger in the tower of Pisa, after surviving all of them, died on the eighth day; but infants, when famished by this disease, being in a state of comparative quietude, they may sometimes remain alive for two or three weeks, as I learn from a case related to me by Mr. Hallam, of Newington, who first drew my attention to this disease.

When the œsophagus is imperforate, all the pains of strangulation may be suffered every time the infant attempts to swallow. It takes the pap greedily, a small effort of deglutition follows, and then in a few seconds the countenance alters, and the placid look of infancy changes for that of distress and agitation; and the breath is intercepted, and the face darkens, and the chest heaves, and the muscles quiver, and convulsions, followed by a dead quiet, ensue; the child remaining in a state of asphyxia, till the very sight of it, as you watch returning life, shortens the breath with anxiety, and engthens the seconds to minutes. At length you think it is all over, when, as you rise from the chair, a small struggle is perceived, and the food taken is emitted from the mouth, life and breath being again restored, to be again miserably interrupted, should the attempt be repeated. Infants thus treated suffer many deaths. Severer symptoms are not produced by strangulation with the rope. Food, therefore, or the breast, ought not to be offered when these violent symptoms result. Life might, perhaps, be prolonged, by injections into the bowels; but the mind at this tender age being wisely constituted, without the instinctive fear of dissolution—of no use to a being which cannot help itself—a few hours or days are not desired; and why should we attempt to add a little space to existence, and to prevent that death which nature uses as the only effectual remedy for the disease?

When, during swallowing, the food passes the pharynx or hinder cavity of the mouth, muscular action grasps the bolus, and, at the same time, closes all the passages, with the exception of the gullet, and, of course, the air-tube among the rest. Observe the rapidity with which the water, in large gulps, flashes along the œsophagus of the horse when drinking. When we are well, and full of appetite, deglutition, like winking, is accomplished with the same promptitude; and, therefore, the stay of the food in the pharynx being less than momentary, the closure of the passages is unattended with inconvenience. But with infants, in whom the œsophagus is imperforate, this is not the case; for, the food entering the pharynx, the rima glottidis becomes closed, and the bolus, involuntarily grasped on all sides by this muscular cavity, being propelled towards the œsophagus, where descent is prevented, the aliment remains in the pharynx, spasmodically detained, forming a sort of gag, till approaching death relaxes the muscles, opens the passages, suffering the food to escape, and the air to return to the lungs.

Ah! if our surgery could triumphantly interpose with one of its natural miracles—if the art which gives hearing to the deaf, and sight to the blind, and legs to the lame, and patent legs, too, could also help us here! but this may not be. One case of this kind was dissected by Mr. Hallum; another in conjunction with him by myself; a third by Mr. Burrows, an excellent practitioner in the city; and, in all three of these throughout the mediastinum to the extent of several inches, the œsophagus was unformed, or represented by a mere ligament, stretching from the closed extremity of the œsophagus to the orifice of the stomach. The trochar and canula, therefore, can be of no service. Death is the natural remedy. Infants, who die under this disease, are, I believe, frequently thought to perish from convulsions. As I know myself of three cases, I presume it is by no means very uncommon. Van Swieten describes an affection called a swallowing of the tongue, in which suffocation is said to follow the attempt to swallow, in consequence of the tongue, too loose in the mouth, getting into the cavity of the pharynx, and lodging over the rima glottidis. Having never seen this disease, I feel inclined to think that Swieten may have been deceived by an imperforation of the œsophagus. Should swallowing of the tongue really occur—if the practitioner do not reach the infant till apparent death is produced, the tongue ought to be drawn down into place with the incurvated shank of a spoon, or any other convenient instrument; and though the child have lain to appearance dead for twenty or thirty minutes, artificial respiration, and the warm bath, ought to be diligently tried. New-born infants may, now and then, be resuscitated, after they have lain in a state of asphyxia for a good part of an hour. We ought not, therefore, in these cases to despair too soon.

FOREIGN DEPARTMENT.

EXPERIMENTS ON THE VELOCITY OF CIRCULATION.

By M. Hering, *of Stuttgart.*

Haller and Sauvages were the first who tried to ascertain, by experiments, with what velocity the blood is carried through the vascular system; their calculations, however, were fallacious, as they were founded on the supposition, that the movement of the blood depended exclusively on the action of the heart. Haller's conclusions respecting the velocity of circulation in frogs, and small fishes, are more correct, as they were confirmed by autopsy; but his observations were confined to cold-blooded animals, and we need hardly mention how hazardous it would be to infer from them the velocity of the blood in warm-blooded animals. The same remark applies to the experiments of Spallanzani and Dollinger. In more recent works on the subject, the comparison of the quantity of blood contained in the ventricles of the heart, with the whole mass of the blood, and with the number of pulsations in a certain time, was considered sufficient to determine the relative velocity of the blood; a method, the uncertainty of which clearly appears from the circumstance, that the quantity of blood cannot be made out with precision, and that the number of pulsations, and the capacity of the ventricles, differ very considerably in different individuals. (M. Hering found the capacity of the left ventricle in horses, differed from 3 to 11 ounces, and that of the right ventricle from 4 to 38 ounces.)

M. Hering tried another method, which seems to lead to a more accurate result. He mixed a solution of the hydrocyanate of potassium with the blood; he then took, at certain intervals, small quantities of blood from various parts of the body; and from the chemical examination of these different portions of blood, and from the comparison of the time which the substance required to arrive from one vessel into another, endeavoured to ascertain the relative velocity of the blood. The hydrocyanate of potassium seemed to answer best, as, even in a considerable quantity, it can be mixed with the blood, without causing any important derangement in the economy, and by chemical re-agents, it is easily, and with great accuracy, detected in the fluid, and also in the solid animal parts.

The fluid was not injected, but by means of a small funnel, instilled into the vessel. The sulphate of iron was principally employed to discover the presence of the hydrocyanate of potassium; as, however, the blue colour of the precipitate, produced in this manner, does not form immediately, a few drops of hydrochloric acid were added, to accelerate the latter effect. By these means, one particle of hydrocyanate of potassium is detected in 20,000 particles of serum. In order to obtain the latter as pure as possible, the chemical examination was made some days after the blood was taken. The experiments were made on horses. A solution of two drachms of the hydrocyanate of potassium, in twenty-two drachms of distillated water, was instilled into one of the jugular veins, and at the intervals of a minute, sometimes only of ten seconds, a small quantity of blood was taken from other parts of the body. The instillation of the fluid had, in most cases, no injurious effect on the animal; it even had no influence on the pulse. In some instances, where the animal was killed immediately after the experiment, most of the fluid and solid parts were submitted to a chemical examination. We omit detailing the experiments, and give our readers only the conclusive remarks of M. Hering.

1. The time, within which the hydrocyanate of potassium, after having been mixed with the blood, passes from one of the jugular veins into the opposite, is from twenty to thirty seconds; from the jugular vein into the thoracica externa, it requires twenty-three to thirty seconds; into the saphena magna, twenty seconds; into the arter. masseterica, fifteen to thirty seconds; into the arter. maxill. externa of the opposite side, from ten to twenty-five seconds; and into the arter. metatarsi, from twenty to forty seconds. It would seem that an increased frequency of the pulse is not accompanied by an increased velocity of the blood; for, in several experiments, where the pulse differed in a considerable degree, the velocity remained the same.

2. The hydrocyanate of potassium, within a very short time after the experiment, is excreted by the serous membranes, but in a small quantity. The time varies from two to eight minutes.

3. The mucous membranes excrete the hydrocyanate of potassium more slowly; that of the right half of the stomach surpasses, in this respect, that of the intestines, and the latter that of the respiratory organs. In the mucous membrane of the urinary and genital system, the excretion is slowest. On those parts of the mucous membranes, which are lined by an epithelium, as the eye, the mouth, œsophagus, and left half of the stomach, no trace of the hydrocyanate could be discovered.

4. In the kidneys, the excretion appears to take place with the greatest rapidity; in all experiments, within one minute after the instillation, the hydrocyanate of potassium was found in the cortical, sometimes also in the tubular substance, and, in a few instances, in the pelvis renum.

5. In the lungs, the hydrocyanate of potassium was found in very small quantity.

6. Only one minute is required to bring the substance from the jugular vein into the thoracic duct; in the lymphatic glands, it was not found in several experiments, although it appeared in considerable quantity in the ductus thoracicus. This apparently confirms the recent experiments concerning venous absorption, and makes it highly probable, that there is a direct communication between the lymphatic and arterial systems.

7. The foreign substance is, within a short time, eliminated from the blood; after twenty-four hours, no trace of it could be found even in the solid parts.—(*Zeitschr. für Physiol.*)

ON THE USE OF CIRCULAR LIGATURES IN INTERMITTENTS.

There are some interesting observations in La Clinique, on the effect of circular ligatures applied to the extremities in ague, and several other diseases. In a person with intermittent fever, circular ligatures were applied to the extremities, with a view of diminishing the violent trembling by compression of the nerves; this object was not attained, as might, indeed, well have been anticipated; but the febrile attack was considerably mitigated and shortened; thus the practitioner, Dr. Robouam, was led to the idea of making some experiments to ascertain the febrifuge power of circular ligatures. They were applied to the upper arm, and made sufficiently tight to interrupt the superficial circulation, and to retard that of the more deep-seated vessels. As soon as the extremities began to redden, the patient felt easier, and the symptoms of the approaching paroxysm abated; the cold and trembling ceased; the pulse became more free, &c. Nearly in all the cases of Dr. Robouam, two or three applications of the ligatures were sufficient to suppress the fever. According to his experience, the following rules are to be observed.

1. The most favourable time for the application of circular ligatures is the beginning of the cold stage, when they seldom fail to suppress, or to mitigate the fit. They have much less effect in the middle of the paroxysm, and none at all during the intermission.

2. In case of syncope, the ligatures must be loosened; the patient usually bears them better after some time.

3. If the ligatures are too tight, they may produce dangerous symptoms, and even suffocation.

4. The application of circular ligatures, has an effect correspondent to bloodletting.

The numerous experiments made in the Hôtel Dieu, with circular ligatures, in intermittents and other diseases, were attended with very favourable results. A young physician, (M. Bourgery,) wrote his Inaugural Dissertation on the effect of this method, as observed in this hospital. The discussions, to which the subject gave rise in the Faculté, led to the following conclusion: it appears, from undeniable facts, that the ligatures have an effect very similar to that of bloodletting; this circumstance cannot be accounted for, but by the fact, that a large quantity of blood is retained in the extremities, and thus is prevented from being injurious to the animal economy, in the same manner as if an actual loss of blood had taken place. (According to this view, the observations of Dr. Mackintosh on the efficacy of venesection in the cold stage of intermittents, form a very remarkable coincidence with the operation of circular ligatures.) The ligatures had an extraordinary effect in several inflammatory affections in epistaxis, hæmoptoë, in diseases of the heart, apoplexy, &c. Dr. Robouam relates the case of a patient who laboured under the worst symptoms of arachnitis, pneumonia, and gastro-enteritis, and where the ligatures, applied to the extremities, proved beneficial under the most unfavourable circumstances.

We must confess, that we cannot entirely participate in the sanguine expectations which our neighbours seem to entertain with regard to circular ligatures, especially as a substitute for bloodletting; it would, however, be very interesting, if some experiments were made in this country to ascertain their febrifuge quality, and their effect on the constitution in general.

DEFECTIVE FORMATION OF THE URINARY SYSTEM.

The patient, a girl fourteen years of age, had laboured under gastro-enteritis; the post-mortem examination gave the following results: the umbilical ring was in the mons veneris; the opening of the rectum was of an extraordinary dimension, and occupied the place of the orificium vaginæ. Of the external genitals, no trace was discovered, except a small round body, which seemed analogous to the clitoris. The ossa pubes were not united, and the symphysis consisted of the cutaneous coverings only. No bladder was found; the urachus was very long, and of an unusual size; the uterus, with its ligaments, as well as the ovaries and tubes, were regularly formed, but the kidneys and ureters were entirely wanting. The umbilical vein was unusually large.

The individual had always been troubled with a continued, and apparently urinous, discharge from the umbilicus. Dr. Moulon, of Triest, who relates the case, is of opinion, that, in the absence of the kidneys, the liver vicariously performed the secretion of the urine, and was the source of the fluid discharged through the umbilicus. We regret that the case is reported (Journ. des Progres) in such a defective manner, that we cannot form any decisive judgment of the malformation; we should think, however, that it was one of those rare cases, in which the development of the urinary system is retarded at a very early period of embryonic life, and where that portion of it which, as appears from analogy, is the first rudiment of the bladder and its appendages, the ureters and urethra; the urachus remains constantly in its primitive condition. This was also most probably the secretory organ of the urinous fluid, which, during life, was discharged through the umbilical ring.

SKETCHES

OF THE

MEDICAL PROFESSION IN IRELAND.

No. XXIII.

COLLEGE OF PHYSICIANS IN IRELAND.

Science, independent of Corporations.

Many of those controversies which have lately agitated the medical profession may be traced to the fallacy of confounding the advancement of science with the interests of corporations. While one party strenuously maintains its dependence on acts of Parliament, the other, as resolutely, rejects the necessity of laws for its cultivation; the former affect to believe, that the more powerful and wealthy corporate bodies are, the more learned and respectable must be their members; the latter, indignant at so selfish an assumption, espouse the freedom of the human mind, and will brook no bondage in the empire of intellect. Like the currier in the besieged town, which could be saved only by fortifications of leather, the one deems laws and lectures the only protection against the incursions of empiricism; the other, like the inhabitants of the Grecian city,* who refused the proposal of defending themselves by walls, disdains such degrading expedients, and assert a trial of strength by examination, the only ordeal worthy the votaries of science. Between parties holding such very opposite opinions, and so deeply interested in their support, it is not at all surprising, that the proper manner of considering the question should have been overlooked, and that feelings should, during the heat of the conflict, have been substituted for the calm arbitrations of reason. There is much to palliate, or to account for the warmth with which the belligerents on both sides have vindicated their respective propositions. Impressed with a lively sense of the advantages derived from these institutions, their supporters naturally feel inclined for their preservation. The judgment, too, is easily convinced, where the conviction conduces to power, place, and affluence. Educated with prospects of this description in view, men are readily reconciled to the errors of a system by the personal advantages which it promises to secure. Many, besides, who have no such objects in contemplation, are so accustomed to see education conducted by corporations, that they look on the one as necessarily connected with the other, and, consequently, imagine that the road which they themselves have trod is the only sure one to knowledge. A great majority of this party is thus made up of the deceiving and the deceived. On the other hand, much allowance should be made for the zeal of men who consider themselves aggrieved, and conceive that they have found a remedy for the evil in a repeal of existing laws, which they have not yet been able to accomplish. Their ardour has been thus increased by the powerful incentives of conscious wrong, the enthusiasm of discovery, and the irritation of thwarted intentions. Among these victims of corporate monopoly, and the advocates of the new theory of medical economy, are certainly to be found the talent and numerical strength of the profession. The supporters of the present system must admit that it has had a fair trial, and that where so many complaints are made, all cannot be right, for it is contrary, even to the querulous disposition of John Bull, to rail without some annoyance. Men, indeed, are much more liable to err on the other side, and to remain contented even with many inconveniences sooner than risk a change of circumstances; for were they to act as promptly as they perceive, the reign of error would soon be at an end. In England, the consequences of this system are best seen, because they exist there on a large scale. We there see a college of surgeons composed of a few individuals, claiming and exercising a right of regulating the education, and managing the business of the whole surgical profession of the country, without being responsible to any human tribunal for the abuse of their power, and without that class of men, over whom they domineer, having the slightest influence in the management affairs in which each of them is more or less interested. In the same country, we see two universities, and a college of physicians, arrogating, for their graduates and licentiates, a superiority of qualification, and an exclusive right to public patronage, on the simple ground of having received a better preparatory education than their cotemporaries. In Scotland, we see one or two universities confer medical degrees on such easy conditions, that these diplomas are now no longer considered a safeguard to the public for the efficient practice of medicine; while other universities of the same country, whose names are now only remembered for their mercenary vices, were in the habit, until very lately, of transmitting, for a certain sum, diplomas by the Post Office. In Ireland, we have an university which places medical degrees beyond the reach of the great mass of Irish students; a college of physicians, which offered a bounty on ignorance, by exacting a promise from its licentiates never to practise one of the most useful branches of the art; and a college of surgeons, which, in addition to its former imperfections, is now threatening us with the worst effects of the English regime, in a second edition of their charter. It is very remarkable, that while all these institutions act upon one system of policy, each of them condemns the other with sectarian acerbity, so that they perpetually keep up a sort of civil war among themselves, about lectures, privileges, and pre-eminence; and if the influence of their folly were confined to the focus of production, it might be suffered to expend itself within its own sphere without much concern, but—" Quicquid delirant reges, plectuntur Achivi,"—the public and the profession are the only sufferers in the end. Is this, then, a state of things which the most violent opponent of innovation can pretend to justify upon principle; or how is it that such a difference of opinion should exist as to the extent of the evil and the nature of a remedy? Simply, in our opinion, by confounding science with corporations, which are as independent of each other as the Christian religion is distinct from church establishments and decimation. It is the object of the subsequent remarks, suggested by the contemplated consideration of a body which owes so many of its errors to this fertile source of evil in the medical world, to disembarrass the question of one of these fallacies by which it has been hitherto encumbered, through an examination of the origin, constitution, and influence of corporate systems of education. If this proposition can be satisfactorily established, the consolatory conclusion must follow, that a system which has been productive of mischief and discord may be safely dispensed with; and that the ground being thus once cleared of this nuisance, the only contention will be, in future, about a substitute more worthy to occupy its place.

---

* Fuerat quondam sine muro Sparta.
Livy. B. xxxiv.

Spartani urbem, quam semper armis non muris defenderant, tum contra responsa fatorum, et veterem majorum gloriam, armis diffisi, murorum præsidio includunt.
Justin. B. xiv. c. v.

In the consideration of any system, it would tend much to settle our opinions of its merit, if we were accurately acquainted with the times when, and the men by whom, it was instituted. If it were formed in an enlightened age by enlightened individuals, and if along with this we knew that these individuals had no other object in view than that which they ostensibly professed, there would be, at least, a strong probability in its favour. If, on the other hand, we were aware that it had originated in a barbarous era, that it was the mere offspring of chance, fostered by ignorance, and that along with these disadvantages, its natural defects had been deteriorated by design, to answer other ends than those for which it was originally created, we should have little hesitation indeed in deciding on the value and fitness of a system to the present age, which had originated under such circumstances. Let us just apply this test to the corporate system, and read its pedigree by the lamp of history.

Literary corporations were totally unknown to the ancient world, and, as they exist at present, are comparatively a modern invention; even their prototypes, the municipal corporations, had no existence then, being the growth of much later ages. Some writers, indeed, who affect to see all things prefigured in the page of history, as some lynx-eyed physiologists would persuade they can see the germs of future kings and empires in the seminal fluid, would have us believe that the Greeks and Romans were blessed with these institutions, and confidently appeal to the union of the Sabines with the latter people, by Numa, as a proof of the truth of their assertions; but the amalgamation of two contending tribes, by mingling them together, according to their respective pursuits, or the voluntary associations of the artizans of Athens for social and benevolent purposes, present no analogy to the privileges and immunities enjoyed by modern corporations. No such institutions existed among these nations, who, however, contrived to manage all their affairs without any such assistance; we must, therefore, descend from these bright eras of civilization to search for their origin amidst the barbarism of the middle ages. It was at this period of human degradation and ignorance, when the light of learning faintly glimmered through the monastic cowl, and the spirit of freedom was borne down by feudal and ecclesiastical power; when man was as much the property of his lord as the soil on which he trod, and the alphabet was known to exist but by report to many kings, and almost the whole of their subjects;—that the models of those literary corporations, which the sages of the nineteenth century would persuade us are the best " possible instructors," were first established; it is, therefore, little to be wondered at, that in their formation we can discover so few traces of wisdom and of enlightened design. The manner, indeed, in which they were founded, almost excludes the possibility of their being adapted to the diffusion of knowledge, and the political government of the medical profession. We can scarcely discover a movement in their formation which was not the result of some accidental cause, or motive for the attainment of some temporary purpose. Thus, Richard the First patronised Oxford, because he had been born there; Edward the Third was actuated by nearly a similar object, on account of having been educated there; and Queen Elizabeth, for the high and useful ends of forcing Protestantism on the people, by compelling the students to submit to the degradation of taking test oaths on their admission. The masters of this university were not exceeded in good sense and liberality by their royal patrons; for such was their hostility to the Greek language at this time, that they absolutely formed themselves into what they classically denominated a Trojan association for the extermination of that language, and violently opposed the learned Erasmus, who came over to England to open the treasures of Grecian literature to the people, in a series of lectures, which, for the honour of the composers, and the amusement they would no doubt afford, it is a pity that they have been lost. It is not from such royal patchwork, or literary vandalism, that we could expect a prudent and liberal system of education and policy would have arisen. We are not, however, beholden to historical testimony for proofs of the inaptitude of corporations for the cultivation of science and the government of its professors.

The constitution of these bodies presents a *prima facie* evidence of their unfitness for such purposes. The consequences which have resulted from them are precisely those which might, *a priori*, be expected from their organization. The distinguishing feature of a corporation, and that which gives tone to all the others, is the possession of an irresponsible power conferred in the legal right of making by-laws. Now, it is an axiom proved by the experience of almost all bodies politic, as well as of individuals, that the abuse of such power is as certain as its possession, without some competent check. It is true such a check is contemplated in all charters, by providing that these by-laws are not to contravene the ends for which the charters were granted; that they are not to be contrary to the common and statute law of the country; and that the holders of such charters can be sued in Court for a violation of their privileges, by a *quo warranto* prosecution. But to what purpose are these restraints imposed, which are but as gossamer to the hand which sets them at defiance? What individual will risk the trouble of litigation, and the expense attending it, in the application of this check to a body supported by an ambiguous statute, and a joint-stock purse, accumulated by public exaction? It is by this power of framing by-laws for any or all purposes, that the London College domineers over the surgeons of England; the Dublin College excluded all but their own apprentices from an examination; and the College of Physicians swore their licentiates never to practise surgery. The simple fact of each of our medical corporations having thus really forfeited its charter by its contravention through the enactment of by-laws, and yet remaining free from the operation of the intended check, is evidence quite sufficient to establish, that a system which enables men with impunity to do, in short, whatever they please, can neither be adapted to the purposes of instruction, nor the government of a liberal profession.

There are persons, however, so ignorant of the history of literature and science, and so insensible to the facts which are every day presented before them, that they endeavour to persuade the public that were corporations to be extinguished, the world would be left in instantaneous darkness. At the head of this class stands, "in bad pre-eminence," that "mere white curd of asses' milk," Sir Anthony Carlisle, who has lately taken the trouble of embodying the opinions of his disciples into a sort of negative creed, which is worth the transcription, as the political faith of this party. "I do not believe," gapes the oyster, "that any subversive change in our English colleges, would amend the profession, or benefit the public." We shall immediately show the sceptical Knight, that not only would a "subversive change" be useful, but that such a change is essentially necessary to the amendment of the profession, and the benefit of the public; but it may be as well to prove to him in the first place, that those institutions, on which he places so high a value, can be safely dispensed with. The ancients, he will admit, were as thoroughly masters of the arts, sciences, and literature of their time, as the moderns are of those which prevail at present. Let the population of Athens be taken as an illustration. Every citizen, in the higher ranks of life, was expected to be a proficient in philosophy, in the art of war, and the polite accomplishments of civilized life, so as to be able to serve his country, if called on, in a civil or military capacity. Among the lower orders, a suitable education was general; and for reasons which it would be pedantry to quote, we know that each class excelled those of every other nation in their respective accomplishments. By what means was learning, of every kind, so generally diffused, and so successfully cultivated in this "city of the soul?" Not by colleges, corporations, nor by any other species of chartered institutions, for there were none such in Athens; but the whole was simply and effectually accomplished by private instruction. There was no body of men, in Athens, invested by an act of the Prytamia, to compel pupils to attend the lectures of particular persons, at fixed periods of the year. By one of Solon's laws, which exonerated the son from the natural obligation of supporting his father, if he had not been brought up in some profession or other, the republic, indeed, required that every individual should be educated; but beyond this expectation, and the granting of such places as the Gymnasia for conducting education, the state did not interfere. Neither did it allow a salary to any professor for teaching particular sciences; nor was this practice known until the reign of Antoninus at Rome, whose example, we believe, was not followed by his successors. It is certain the Academy, at Athens, allowed Plato no annual stipend; Aristotle received no salary from the Lyceum; Zeno was not indebted to the Portico for his support; each of these professors being exclusively feed by their pupils. In the cities of Ionia, in Asiatic Greece, which reflected back the lustre of Athens on herself, there were no corporations, or pensioned professors. Grecia Magna, comprehending the celebrated schools of Italy and Sicily, where medicine was first systematically taught, was equally destitute of chartered tutors; while the practice was as little known to the schools of Egypt: and, in Sparta, it is remarkable, where the little literature which was tolerated was under the management of the police, learning never flourished; and we are indebted for all we know of the singular system of Lycurgus, to the writers of the other states of Greece. In the former cities, therefore, the whole business of education was conducted by private schools and private teachers, many of whom realized fortunes by their pursuits. Aristotle, enriched by the bounty of his imperial pupil Alexander, was induced, by the profits of private tuition, to re-open his school in Athens; and the sums received, in the same manner, by Gorgias and his brother rhetoricians, Lysias and Isocrates, by reduction into British money, according to the tables of Arbuthnot, far exceed the average incomes of any private teacher of modern times. The success and profits of the private system of education, were obviously the results of free competition, and the talent which it elicited. While attention and ability were called forth by this system, private teachers were not impoverished by being undersold in the market of education by pensioned professors, who are enabled, by their salaries, to retail their indolence and stupidity at a low price, to the manifest injury of genius and industry.

But it is unnecessary to go so far back for proofs of the independence of science or corporations; we need but look to the proud prospect which talent, triumphing over all the disadvantages of the law, exhibits in the private medical schools of Great Britain and Ireland. In London, Edinburgh, and Dublin, the really important part of medical education is, for the most part, conducted by private teachers. Sir Anthony may gape at this assertion, but he will find it correct on examination. We will not assert that the aggregate number of students, attending private schools, is greater than at the public schools; but we assert that there are private teachers, whose classes equal those of any single professor of our colleges, though assisted by compulsory laws. Yet, most of the pupils of private teachers are obliged to fee the public professors; a sacrifice which they obviously would never make, unless they found it their interest. Indeed, we scarcely ever knew a pupil intent on the acquisition of knowledge, and who had the means of making a choice, that did not select a private, in preference to a public teacher. It is always on the benches of the snug little theatre of the private teacher, that you are sure of finding the "hard-working men" preparing for Mr. Jacob's "stone wall," because they there expect to find ability and assiduity in the teacher. It is quite unnecessary to strengthen this position, by an appeal to the facts furnished by unprofessional schools, where the whole education of the people is conducted without a single act of parliament. Yet, with all this before his eyes, poor Sir Anthony shudders at the idea of any "subversive change in our English Colleges," though it is certain that these bodies could not only be dispensed with, but that they are decidedly injurious to the interests of science. With the excellent opinion of Mr. Lawrence, I shall conclude this part of the subject, which cannot be too often repeated, because it condenses into an axiom all that is required of the statute book in medical affairs:—"Were I," says he, "to propose a legislative enactment on the subject of the medical profession, it should be short, and confined to the single point of preventing uneducated and unqualified persons from practising. I would appoint an examining body, to be composed of the most eminent professional characters, without any regard to the present artificial distinctions, and empower them to make an efficient examination of all candidates; the testimonial granted after such an examination, should authorise the individual to practise any, or all the parts of medicine, and none should be allowed to practise without it." This single sentence contains all that is required by medicine from legislation; for, competency to practise is, after all, the important point; how, or where this competency is attained, is a matter of the most perfect indifference. Though Mr. Lawrence has the merit of reducing the question to, perhaps, the most simple state to which it could be reduced, he is not the only writer of celebrity, who, convinced of the evils resulting from colleges, has had the manliness to put his opinions on record, against the system of chartered tuition.

We shall give some observations on this interesting subject, because they are apposite, and not generally known to medical readers, and from a writer whose name is an authority which cannot be slighted:—" Have public endowments," asks this writer, " contributed in general to promote the end of their institution? Have they contributed to improve the abilities, and encourage the diligence of the teacher? Have they directed the course of education to objects more useful, both to the individual and the public, than those to which it would have gone of its own accord? It would not be difficult to give at least a probable answer to each of these questions." So we think; but the proposer of them, instead of giving a direct answer, by appealing to the facts furnished by " public endowments," adopts the more philosophic manner of proceeding, and answers them first by a kind of axiomatic argument, founded on those laws which are known to govern human action, thus:—" In every profession," says he, " the exertion of those who exercise it, is always in proportion to the necessity they are under of making it. This necessity is greatest with those to whom the emoluments of their profession are the only source from which they expect their fortune, or even their ordinary revenue to subsist. In order to get this fortune, or even to get this subsistence, they must, in the course of a year, execute a certain quantity of work of a known value; and where competition is free, the rivalship of competitors, who are all endeavouring to justle one another out of employment, compels every man to execute his work with a certain degree of exactness." These are principles, of the truth of which Sir Anthony himself cannot doubt. Now for their application, by the same philosophic mind:—" The endowments of schools and colleges have necessarily diminished, more or less, this necessity in the attention of teachers;" and why? for the simple reason, as our author remarks, that " Their subsistence, so far as it arises from their salaries, is evidently derived from a fund, altogether independent of their success and reputation in their respective professions." In addition to this fertile cause of idleness and ignorance in pensioned tutors, he is of opinion, that " Whatever force a certain number of students of any college or university, independent of the merit or reputation of the teachers, tends, more or less, to diminish the necessity of that merit or reputation." This certain diminution of the diligence of teachers by the compulsory ticket and pension system, is not, according to our author, the only injury which science suffers from this system, which extends its influence beyond its immediate objects, and lessens the profits of those private teachers, for " Such salaries," he continues, " put the private teacher, who would pretend to come into competition with them, in the same state with the merchant who would pretend to trade without a bounty, in competition with those who traded with a considerable one. If he sells his goods at nearly the same price, he cannot have the same profit, and poverty and beggary at least, if not bankruptcy and ruin, be infallibly his lot. If he attempts to sell them much dearer, he is likely to have so few customers, that his circumstances will not be much mended." Though private medical schools were comparatively unknown when the preceding sentences were written, the author of them has predicted, we may say, with extreme accuracy, the consequences which the forcing system has produced; for, it is a notorious and disgraceful fact that, where private and public schools co-exist, the proprietors of the former are obliged to teach at a rate considerably lower than their privileged competitors, in order to secure customers. Not only is this excellent authority averse to having education regulated by the statute-book, but he justly considers it altogether independent of legislative assistance:—" Those parts of education," he says, " it is to be observed, for the teaching of which there are no public instructors, are generally the best taught. When a young man goes to a fencing or a dancing school, he does not, indeed, learn always to dance or to fence well; but he seldom fails of learning to fence or to dance." The illustration, borrowed from teaching the 'poetry of motion,' as dancing has been defined, must be admitted to be at once apposite and excellent; for who will assert that there are not 'te judice Crampton,' more good dancers than good practitioners, even among the doctors themselves. And the reason is obvious: they were taught medicine by public, and dancing by private professors. Change the system of educating the feet, that is, institute professorships of dancing, with permanent salaries attached to them, and the art and worship of Terpsichore are no more. Thus, let Mr. and Mrs. Noble be translated from Drury-lane to Oxford, place them on a rich endowment there, and in less than one year they will become so fat and lazy, that neither of them will be able to exhibit one out of the 'five positions.' It is precisely the same with the cultivators of the head as with those of the feet; give them a comfortable salary, independent of exertion, and, in a short time, that 'vibratory motion of the particles of the brain,' upon which thought is said to depend, will all but cease. Hence our author is of opinion, "That the schools of England are much less corrupted than the universities. In universities, the youth are neither taught, nor can always find proper means of being taught the sciences, which it is the business of these institutions to teach. In the University of Oxford, the greater part of the public professors have given up even the pretext of teaching." So far, therefore, as the corporate system has any effect on science and its diffusion, that effect is decidedly injurious.

We have thus seen the influence of corporate bodies explained on natural principles, and these principles proved by facts: it now only remains for us to see the means by which they maintain this malignant influence, and the spirit by which they are in general actuated. "The discipline of colleges and universities," remarks the preceding writer, "is in general contrived, not for the benefit of the student, (*mark that*,) but for the interest, or, more properly speaking, for the use of the masters. Its objects, in all cases, are to maintain the authority of the master, and whether he neglects or performs his duty, to oblige the students to behave to him as if he had performed it with the greatest diligence and ability. It seems to presume perfect wisdom and virtue in the one order, and the greatest weakness and folly on the part of the other." In these two sentences, we have the very essence of corporate legislation; and as every student must, from his own experience, be aware, a perfect description of the spirit of the licensed professors of colleges and universities. But we must proceed to the grounds of this impertinent dogmatism:—"Wherever the masters," remarks he, "really perform their duties, there are no examples, I believe, that the greater part of the students neglect theirs. No discipline is ever requisite to force attendance on lectures (just mind this) which are really worth the attending; as is well known, wherever such lectures are given. Force and restraint may, no doubt, be requisite, in order to oblige children, or very young boys, to attend to those parts of education which it is thought necessary for them to acquire in that early part of life; but after twelve or thirteen years of age, provided the master does his duty, force or restraint can never be necessary to carry on any part of education." Notwithstanding that this compulsion is quite unnecessary, if the student complains, he is accused of contumacy, from which charges, however, he is ably defended by this author, as follows: "Such," says he, "is the generosity of the greater part of young men, that so far from being disposed to despise or neglect the instructions of their masters, provided they show some serious intention of being of use to them, they are inclined to pardon a great deal of incorrectness in the performance of their duties, and sometimes even to conceal from the public a good deal of gross negligence." It was this compassionate generosity of young men towards their master, which, no doubt, prompted the students of one of the London hospitals to throw the shield of their names over the celebrated lithotomy case of Mr. Bransby Cooper. When the student does complain, he has really no redress; for, as this writer remarks, "If the authority to which he is subject resides in the college, body corporate, or university, of which he himself is a member, and in which the greater number of the other members are, like himself, persons who either are, or ought to be, teachers, they are likely to make common cause, to be all very indulgent, and every man to consent to neglect of duty in others, provided he himself is allowed to neglect his own." It is thus that the professors of colleges make common cause against the student, and divide the disgrace of inattention among themselves, that it may fall the lighter on each, notwithstanding the following case put by our author: "If in each college," he observes, "the tutor or teacher, who was to instruct each student in all the arts and sciences, should not be voluntarily chosen by the student, but appointed by the head of the college, and if in case of neglect, inability, or maltreatment, the student should not be allowed to change him for another, without leave, first asked and obtained, such a regulation would not only tend very much to extinguish all emulation among the different teachers of the same college, but to diminish very much in all of them the necessity of diligence and attention to their respective pupils."

The opinions which we have been transcribing, are so much in accordance with those which have been advanced in this Journal, and so diametrically opposed to those advanced by the Duncans, Johnstones, Macleods, *et hoc genus omne* of the medical press, that we have little doubt but their ignorance of English literature will lead them to suspect us of "improvising quotations," like Master Vivian Grey, to answer our immediate ends. We have not, however, been guilty of this ingenious artifice to impose on the ignorance of our opponents; neither is the author whom we have been quoting, one who was fascinated by the charms of innovation, or smitten with the prospect of introducing an Agrarian law into the medical profession. His hostility to the corporate system cannot be attributed to the agitation of THE LANCET, for he wrote his book some years before that Journal was established. Of none of these crimes can he be fairly accused; his opinions are the offspring of a disinterested attention to the subject, and, consequently entitled to all the respect which is due to them on this account, along with that which they must secure, when it is known that they are the sentiments of the learned and philosophic ADAM SMITH.

ERINENSIS.

Dublin, September 1, 1828.

PHRENOLOGY.

To the Editor of THE LANCET.

SIR,—In answer to the "Phrenologist," who appears to have been excessively galled by my observations, I beg to refer him to Dr. Epps's letter in THE LANCET, No. 245, May 10, 1828. However, as his opinions seem as obstinate as he insinuates mine are, (and here, I confess, he speaks truly,) perhaps he may not feel inclined to turn to that letter; I shall, therefore, quote from it:—"I leaned over, put my hand under the head, and, after a slight examination, (slight indeed,) stated the organ of sexual love is very large; that of *love of offspring is very large*; that of approbation is immense, (I presume this to be peculiarly large in the brain of the phrenologists,) and that of *destructiveness* MODERATE!!" I now appeal to men of common sense, leaving the phrenologists out of the question, and merely ask, whether this statement can be doubted, and if it does not amply exemplify the absurdity, tom-foolery, and quackery, of the phrenological doctrine? A teacher and lecturer, I believe, on the subject, commits a blunder which could not be overlooked in the merest tyro of the art, and then, with a studied sophistry, endeavours to gloss over his error by means of the sexual organ being more potential, and, consequently, having bumped the one of love of offspring, "*vi et armis*," out of the phrenological ranks! How can it possibly be convincing to a reasonable mind, that any individual can be capable of murdering her own infant, and have the love of offspring huge! On this staggering point, I confess y mulish propensities, want of benevolence, (oh! dear,) and other little peculiarities to which the Phrenologist so politely alludes.

Spurzheim's talent has nothing to do with the question at issue. He, like other men of genius, may have founded his system on an imperfect theory; and I can only appeal to the well-known wonders of German story, to account for the hallucinations (I use the expression in return, being more apt) of this phrenologist and other learned craniologists. Oh! the noble march of intellect, when will its sweeping influence cease? Never. So long as wild speculations are entertained, so long will the real truths of life be forgotten; and, evident as it is, the more egregious blunders are committed, the more do the infatuated disciples of phrenology seem confirmed. Where, may I ask, is the organ of unsoundness of mind placed? How can the phrenologist account for the slight appearances found on dissection, when, during life, the brain has been the apparent seat of disease? The rupture of a very slight vessel, a small quantity of fluid in the ventricles, and a patch of coagulated blood, are usually the appearances found by the anatomist, and yet these are the *only* accountable causes for a train of symptoms of the most alarming character. These slight appearances, I say, are sufficient to unhinge the intellectual faculties of an individual, who, but a few hours before, may have been in possession of all the lumps and bumps craniology so geographically delineates. There are subjects on which we vainly attempt explanation, and phrenology is one of them. We may pull the brain to pieces, and the dissection may be cleverly performed, but what do we learn by it more than we did before? Absolutely nothing! It is a mass of mystery, and its matter, organization, and uses, can alone be known to that beneficent Being, who has so wonderfully and so wisely created it! For the latter part of the learned Phrenologist's epistle on the subject, I have to thank him: let him, however, speak his own sentiments, but not infer mine, for nothing but absolute *facts* (not such glaring errors as I have taken the liberty of deprecating, and for which I hope I may be excused,) and *incontrovertible* evidence, can ever make me change the opinion I now hold. Indeed, were I ever to entertain other views, they would be formed from more conclusive reasoning, than this flippant and self-conceited "Phrenologist," dogmatically adduces.

DER FRIESCHUTZ. L.

Twickenham, August 12, 1828.

THE LANCET.

London, Saturday, September 13, 1828.

Of all the attempts which have been made by the surgical oligarchy to degrade the great body of the profession, the classification of the surgeons of England into a higher and a lower grade of practitioners, is the most impudent, as regards the pretensions of those who seek to establish such a distinction, and the most injurious in its tendency, as regards the interests of the public. It is impudent, because, in point of fact, the practitioners stigmatised as a subordinate class, are men of superior average ability to those who seek to degrade them; and it is injurious in its tendency, because, if such a distinction in the rank of surgical practitioners were once recognised, the public would be the sufferers, whether the higher rauk were, or were not, the consequence of superior qualifications. If the higher rank were awarded to superior qualifications, a portion of the public would, by the supposition, be delivered over as victims to the hands of inferior, or comparatively ignorant practitioners; and if rank did not follow superior qualification, but were obtained by influence or intrigue, the public would be liable to be deceived, as they are already deceived to a certain extent by the false pretensions of hospital functionaries, who are indebted to corrupt influence for their unmerited promotion. The only distinction which really elevates the members of a scientific profession, is the honourable, but unostentatious pre-eminence conferred by intellectual superiority. As there is no royal path to geometry, so there is no by-road to skill in surgery. A man may, by the influence of injudicious relations or friends, be thrust over the heads of his contemporaries into a situation, which may give him an apparent advantage over his professional brethren; but the advantage is only apparent; for as corrupt influence, though it may raise to office, cannot also confer with office the ability to discharge its duties with efficiency, so the elevation of an incompetent functionary may become the very instrument of his humiliation. But, if we lay out of the question the existence of corrupt influence in promoting incompetent members of the medical profession to responsible situations, a higher and lower rank among medical practitioners can only be understood to mean a higher and lower degree of professional attainments; and this supposition, as applied to whole classes of practitioners, is not only in the highest degree insulting to those classes, but implies a sacrifice of the best interests of all that portion of the public, with whose health and lives the less skilful, or worse educated practitioners are permitted to tamper. Mr. Brodie had the coolness to state before the Select Committee on anatomy, that twenty-nine out of thirty medical men, belonged to the lower order of practitioners, who received an inadequate medical education. The following passage in the Report will show the extent to which the Hospital Purists have succeeded in impressing the Committee with a belief in the existence of a higher and a lower, nay, even a lowest order of practioners; the most ignorant being, according to Mr. Brodie, in the ratio of twenty-nine to one, to the better informed classes of the profession.

"The Committee consider that they would imperfectly discharge their duties, if they did not state their conviction of the importance to the public interests of the subject of their inquiries. As the members of the profession are well educated, so is their ability increased to remove or alleviate human suffering. As the science of anatomy has improved, many operations formerly thought necessary, have been altogether dispensed with; most of those retained have been rendered more simple, and many new ones have been performed, to the saving of the lives of patients, which were formerly thought impossible. To neglect the practice of dissection, would lead to the greatest aggravation of human misery; since anatomy, if not learned by that practice, must be learned by mangling the living. Though all classes are deeply interested in affording protection to the study of anatomy, yet the poor and middle classes are the most so; they will be the most benefited by promoting it, and the principal sufferers by discouraging it. The rich, when they require professional assistance, can afford to employ those who have acquired the reputation of practising successfully. It is on the poor that the inexperienced commence their practice, and it is to the poor that the practice of the lower order of practitioners is confined. It is, therefore, for the interest of the poor especially, that professional education should be rendered cheap and of easy attainment; that the lowest order of practitioners (which is the most numerous), and the students on their first entry into practice, may be found well instructed in the duties of their profession.

"Such, on an attentive consideration of the evidence adduced, is the deliberate judgment of the Committee on the matters submitted to them; and it now remains for the House to consider whether it will not be expedient to introduce, in the course of the ensuing session, some legislative measure, which may give effect to the recommendations contained in the present Report."

We trust that whenever the legislature shall entertain the question of medical reform, it will see the necessity of requiring equal qualifications in all members of the profession, whatever designation may continue to be given to those who cultivate particular branches of medical science. Equality of qualifications is the only basis of legislation on this subject which can give dignity to the medical profession, and security to the public. This is the basis of the laws regarding the medical profession, which is, we believe, adopted throughout the Continent of Europe, and which we know to have been adopted in France, Germany, and the Netherlands. The recognition, by the legislature, of a higher and a lower, or, in other words, of a better and a worse informed class of practitioners, would be injurious and unjust to the public. The evil resulting to the less wealthy classes of the community, from their being the patients upon whom inexperienced members of the profession are likely to make their first essays, is totally distinct from that to which they would be exposed, if the legislature recognised a class of practitioners whose attainments, on embarking in their profession, were of a confessedly inferior order to those of another class. We are aware that the powers exercised by the Apothecaries' Company may be adduced to prove that the legislature does at present sanction the principle of a higher and lower, or of a better and worse informed class of practitioners; but we are prepared to show, that the act which that Corporation smuggled through Parliament, bad as it is, does not sanction that principle, and that the power which, by dint of gradually increasing encroachments, is now supposed to be vested in the Worshipful Company, is in reality a usurpation. The legislature, we maintain, has never yet given its sanction to the admission of a comparatively ignorant class of practitioners into the medical profession; and if any doubt exist as to the powers now possessed by the Apothecaries' Company in letting in such a class, that doubt, we have good reason for stating, will be speedily and most effectually removed.

We regret to find a contemporary (*The Morning Herald*) exerting his influence in support of that most absurd and impolitic provision of our penal law, which makes dissection a part of the punishment for the crime of murder; and we are the more disposed to regret the course taken by our contemporary, as his zeal in behalf of this enactment seems to have deprived him of his usual candour; for, while he ostentatiously cites the opinion of Mr. ABERNETHY as to the effect of this provision on the public mind, he forgets to state that Mr. ABERNETHY differed in this respect from all his professional brethren; and he keeps out of sight the important fact, that the select committee, after a deliberate examination of all the evidence adduced on this point, thought themselves justified in concluding, that more evil than good resulted from the continuance of the clause in question. We shall insert the article in *The Morning Herald*, and we could wish that our contemporary would give the *Abolitionists* the benefit of his very extensive circulation, by inserting the few remarks which we shall feel it our duty to make on that article.

> "It has become fashionable among a certain class of writers, who are more ambitious than deserving of the title of philosophers, to deprecate the law which provides that the bodies of murderers shall be given up for dissection. They say it creates a prejudice against the study of anatomy, and is consequently an enactment against the interests of medical science. We readily admit the great, the essential, importance of anatomical experiments and demonstrations, to the illustration and advancement of the knowledge which is taught at schools of surgery and medicine. We also admit that the dissection of the human subject must, for most surgical purposes, be incomparably more advantageous than any artificial substitutes, whether of wax, or other material. Still all this does not convince us that the law is wrong which directs the bodies of murderers to be anatomized. The fact is, that the law has not created the prejudice, nor does it increase it:—that prejudice, or whatever it may be called, existed as strongly before the law as it does at present. There never was an age or a country, however barbarous or refined, in which there did not exist a strong repugnance in the mass of society to allow the bodies of their deceased friends to be denied the rites and the decencies of sepulture. This is a feeling so ancient and so universal, that it seems to be more an instinct of nature than a prejudice of education; and what shows this most convincingly is, that surgeons and physicians, in general, have this feeling or prejudice as strongly as the most uneducated men. It was because of this universal repugnance to dissection, that the law ordained that a class of criminals, who are the most atrocious of all those who fall under the capital penalties of justice, should not 'go down to the grave' after death, but that their bodies, by a just retribution, should be made accessary to the promotion of the science which prolongs life. It is extraordinary the effect which that part of the sentence of a murderer, whereby his body is ordered to be given up 'to be dissected and anatomized,' produces upon the most obdurate criminals: in the case of Corder, for instance, it seemed to make a more terrible impression upon his mind than even death itself, much as he feared to die. The expression of that terror about being anatomized, could not but heighten the example, and the consequent warning, of his fate. Yet, it was only last Session that the Marquis of Lansdowne, influenced by the false reasoning of those writers to whom we have alluded, made an effort to have that part of the sentence of murderers repealed; and, but for the stronger understanding and more practical sense of Earl Grey and Lord Tenterden, he would probably have been successful. Yet, when Dr. Abernethy was asked, by a Parliamentary Committee, 'Do you think the facility to procure dead bodies would be increased, if the stigma attaching to the dissection of murderers were removed?' his answer was, '*I do not think such stigma affects the public mind;* yet we gain so little by obtaining the bodies of murderers, that we should have no objection to its being removed;' thus *negativing*, by his practical experience, the opinion of the theorists, that anatomy itself was stigmatized by the dissection of murderers."

Our contemporary seems to have fallen into the common error of confounding the natural aversion which men feel to the dissection of the bodies of those whom, when living, they have esteemed and loved, with the artificial prejudice against dissection, created by a penal enactment, which associates it with the idea of punishment for the most atrocious of crimes. The law does not, of course, create the natural aversion to dissection; but it may and does exasperate that feeling beyond its natural limits, and it undoubtedly raises a prejudice against dissection, which has no foundation in nature. It will scarcely be denied that the association between dissection and punishment for crime is purely artificial; for nature, we presume, does not suggest the propriety of dissecting the body of a murderer; and as to the rites of sepulture, these are not expressly denied by law even to a dissected assassin. If our contemporary doubt the powerful influence of such artificial associations as those which the law has created between the dissection of a body, and death by the hand of the executioner, and the profligacy and the crime which lead to such a death, he knows less of the philosophy of the human mind, than a careless reader might be disposed to infer from his sarcasms on pretended philosophers. In how many thousand instances must HOGARTH's print, in the series called the Rake's Progress, have awakened the above-mentioned train of associations, and tended to confirm in the mind the impressions of disgrace and degradation connected with anatomical dissection. But the influence of such associations, however calculated to excite the horror and confirm the prejudices of good men, is powerless as a restraint on the passions of the wicked. Earl Grey, when he opposed the Marquis of LANSDOWN's motion for the repeal of the clause in the act of Geo. II., admitted that this clause was inoperative in respect to the individuals whom it was meant to deter from crime, for he distinctly declared his belief, that " if an individual had made up his mind to commit so horrible a crime as murder, no additional fear or disgrace would deter him from carrying his design into execution."

Lord TENTERDEN opposed the Marquis of LANSDOWN's motion on the ground that, if the clause in question had the effect, in one case out of twenty, of deterring a man who meditated the crime of murder from actually committing it, it ought not to be repealed. The case contemplated by Lord Tenterden involves what the lawyers call a *remota possibilitas*, for it supposes that a man, meditating the crime of murder, has got over the difficulty presented to his mind by the prospect of being hanged, that the hanging *per se* failed to deter him, and that he was only restrained from the commission of the crime by the consideration of the hanging *plus* the dissection. Lord GREY, as we have seen, did not believe in the possibility of such a case, but opposed the motion upon other grounds, which we have fully examined on a former occasion. As to the effect upon *convicted* murderers of that part of the sentence, whereby, as our contemporary remarks, they are directed to " be dissected and anatomised," it is beside the present question, and we have no doubt, as the late Mr. CANNING once observed, that criminals are dissected, as well as hanged, rather in compliance with the existing usage, than from any particular wish of their own. With respect to Corder's indifference to death, as compared with the horrors of dissection, let our contemporary put the sincerity of this feeling to the test, by asking himself whether Corder, or any other man in his senses, if he had to make an election between even the loss of a limb—to say nothing of the loss of life—and dissection after death, would hesitate as to the alternative to be preferred.

We make no comment on the negligence with which our contemporary confounds dissection with the denial of sepulture, as if the former necessarily involved the latter; or on the strange conceit which he supposes to have influenced the legislature in enacting the clause in question; because we wish to answer whatever of argument our opponent can bring to the discussion of this question, and not to take advantage of mere inadvertencies. But we cannot forbear complaining of the unfairness with which the opinion of Doctor ABERNETHY, as he is styled, is cited, in support of our contemporary's views, as the opinion of a practical man opposed to the speculations of theorists. What reader of the *Morning Herald*, unacquainted with the Report of the Select Committee on Anatomy, would suppose, that, of about twenty eminent professional men examined before the Committee, Mr. ABERNETHY was the only one who delivered such an opinion as that upon which the writer in the *Herald* relies; and that the Committee, in recommending the repeal of the obnoxious clause to the legislature, attached so little weight to the opinion of Mr. ABERNETHY, that they declared it to be manifest that the clause in question must create a strong and mischievous prejudice against the study of anatomy?

ANOTHER communication from Dr. GORDON SMITH on the subject of Dr. HARRISON's affair with the College of Physicians will be found in our Number for this week. Dr. GORDON SMITH seems to be of the opinion entertained by certain aged disputants of the softer sex, who think that, whether they have any thing to say to the point or not, there is always an advantage in having the last word. He undertook to condense and transmit to this Journal a defence of Dr. HARRISON.* Has he fulfilled his undertaking? He now denies that the defence, set up by Dr. HARRISON's counsel, was that Dr. HARRISON was 'a surgeon, *and no physician*.' and contends that it 'amounted to no more than a declaration and proof that Dr. HARRISON was a surgeon, *as well as a physician*.'

Does he believe, then, that it was admitted at the trial, that Dr. HARRISON practised as a physician in the case before the Court; for if the words "*as well as a physician*," refer to other cases, Dr. GORDON SMITH's attempt to reply to our arguments would resolve itself into a worthless quibble? As we do not suppose Dr. G. SMITH to be capable of attempting to defend one subterfuge by another, we conclude that he does believe Dr. HARRISON to have admitted, by his counsel, that he practised as a physician in the case in question; and we have only to repeat, therefore, that Dr. SMITH labours under an error in which no one participates, who is at all acquainted with the merits of the case, and, least of all, the individual whose conduct he undertook, with more chivalry than prudence, to defend.

Review of some of the Surgical Cases which have lately occurred in the Royal Infirmary of Edinburgh—A Clinical Lecture delivered to the Students of Surgery in that Institution, on Monday, 28th July, 1828. By GEORGE BALLINGALL, M.D., F.R.S.E.

OUR readers may probably bear in mind, that nearly a year ago, we felt ourselves under the necessity of passing a very severe, though merited, censure upon the first of a series of "reviews" of cases intended for the clinical instruction of the surgical students of Edinburgh. These remarks, which were applied solely to the silly and careless manner in which Dr. Ballingall had executed his performance, and not to the system of publishing information connected with hospitals, we have the great satisfaction to find, have had a very salutary influence, and it is a duty which we owe, not less to Dr. Ballingall and the surgical school of Edinburgh, than to ourselves, to state, that we have experienced not less pleasure and benefit by the perusal of the fourth of the "series," than we formerly suffered humiliation and regret by reading the first.

In the present summary, which is more extensive than any that have preceded it, will be found many cases of the greatest interest; and these have elicited from the author some well-founded, and, we think, judicious remarks upon some of the most difficult questions which at present agitate the surgical world. Such being our opinion of the fourth "review," we have only, for the benefit of our readers, to extract those cases and observations which are of the greatest importance, and these are not few.

---

* I will carefully condense all that you can desire to be submitted to the profession, and I have no doubt that the Editor of THE LANCET will lend us the gratuitous aid of his Journal.—THE LANCET, p. 539.

During the course of the last clinical session, Dr. Ballingall extirpated some carcinomatous glands from the groin of a patient, in whom it subsequently became necessary to tie the external iliac artery; and the following is the account of the changes which took place in the vessel to which the ligature was applied, and the manner in which the circulation of blood was carried on in the limb:—

"From circumstances, which I took occasion to mention to you, the injection and dissection of this patient were not prosecuted with that minute accuracy which would have been desirable; and we found it impossible to get away the pelvis and thigh, which would have so much enhanced the value of the preparation from this man's groin. This preparation, consisting of the blood-vessels and a portion of the soft parts, including the bed of the ulcer, I had the pleasure of exhibiting to you, and have annexed a sketch of it to the present lecture, which will, I trust, enable you to understand the changes in the circulation which had taken place subsequent to the ligature of the external iliac. The cavity of this last-mentioned vessel was obliterated, and its coats converted into a ligamentous chord from the point at which it had been tied, immediately above the origin of the epigastric, up to its junction with the internal iliac. The epigastric, as may be seen in the sketch, is obliterated and ligamentous for about an inch in extent, and the circumflex iliac is in the same state for about an inch from its origin. The remaining portions of both these vessels have been filled by a retrograde flow of the injection from the branches towards the trunks, and this supply they have, I presume, received chiefly from their inosculations with the lumbar and ileo-lumbar arteries. On tracing the vessels into the cavity of the ulcer, we find that a portion of the femoral artery, amounting to three inches in extent, and including the origin of the profunda, is completely destroyed, and the ulcerated extremities of it closed by coagula, the inferior of which is distinctly seen in the drawing. The formation of these coagula has evidently been a process long subsequent to the ligature of the external iliac; and although we have instances of this salutary process occurring every day in ulcerating arteries of inferior size, it very seldom takes place in arteries of this magnitude, so as to obviate hæmorrhage. In this instance the formation of the coagula was probably aided by the diminished force of the circulation in this part of the vessel, from the obliteration of the trunk above. Before quitting this case, I would just remark that, although from the beginning it was one of a very unpromising character, yet, I trust, it has also been, from first to last, one of a very instructive nature to those gentlemen who have had an opportunity of witnessing it. The most remarkable circumstances in its progress, are—the very obvious improvement which it underwent subsequent to the ligature of the vessel within the pelvis; the destruction of the femoral artery, and the closure of its apertures, as well as of the origin of the profunda, without any hæmorrhage; and lastly, the preservation of the circulation in the limb through the branches of the internal iliac, notwithstanding the obliteration or destruction of the main artery of the inferior extremity, to the extent, in all, of more than six inches."

Dr. Ballingall, in conjunction with every enlightened surgeon of the present day, who reasons from facts, and who has accurate views of pathology, is in favour of amputation in cases of spreading gangrene, arising from injuries.

"Although, for the reasons formerly stated, I declined this operation in Moffat's case, and although the only case in which I have ever operated in such circumstances, terminated fatally, yet I should be sorry to have it thought that I am in any degree hostile to the practice. I think it right to observe, that, in declining an operation in the case now under review, I was in no degree influenced by the unfavourable issue of another case, which I shall immediately proceed to detail: You will recollect that at the time the amputation of Moffat's limb was under consideration, the case I allude to afforded a prospect of a favourable result. In declining the removal of this boy's limb, I was actuated by a conscious conviction, (right or wrong,) of its inutility; by a firm persuasion that the performance of an operation in a case so hopeless, would have been more likely to bring a promising practice into disrepute, than to have saved the life of my patient."

When on the subject of amputation, the author observes, that in general he prefers the flap operation, and among the disadvantages of the circular he has enumerated one which we do not recollect to have seen noticed before.

"In the case alluded to, where the arm was brawny, and the bellies of the muscles very full immediately below the elbow, the skin, when divided by the first turn of the knife, could not be easily drawn upwards over the subjacent muscles, it formed a stricture upon them as the prepuce does upon the glans in a case of phymosis, and was with difficulty retracted sufficiently to form a covering for the surface of the stump."

In cases of injury, where the ligamentous terminations of the muscles are ruptured, the flap amputation is subject to this inconvenience.

"Although Gardener's recovery was rapid, and his stump in every respect a good one, yet the consideration of this case gave rise to a remark for which I am entirely indebted to Dr. Lubbock, and which I consider well entitled to your attention; in a case like the present, where the tendons have been torn through, or disengaged at their distal extremities, and where the amputation is performed by transfixing the limb with a catline and cutting outwards, the tendons, from the resistance which they give to the edge of the knife, are in some measure drawn upwards, and are thus cut longer and less smoothly than is desirable; this remark will obviously apply more forcibly as we come further down in the forearm, the tendons being here cut with more difficulty, and less intimately connected by cellular adhesions."

The author has given an account of three cases of dislocation of the elbow joint, rather a rare injury; on this subject he states,—

"There is one circumstance connected with this luxation which has not, I think, been sufficiently adverted to, and which I should be glad to have an opportunity of investigating:—I allude to the state of the lateral connexion between the radius and ulna at their distal extremities. I find it difficult to conceive (supposing the ulna to retain its place) how the radius gets so far displaced as to rise behind the condyle of the humerus, unless there be a breach of the sacciform ligament connecting it with the ulna at their carpal extremities, for so long as this ligament remains entire, they are, as has been observed, "virtually one bone."

Why he should expect any rupture of the "sacciform" ligament, we are at a loss to conceive, since, before that could happen, most of those muscles which, arising from one of the bones of the forearm, are attached to the other, as, for instance, the pronator radii teres and pronator quadratus must be torn through, and, also, that very powerful ligament the inter-osseous, these present physical difficulties which scarcely any force could overcome.

These are a few of the most interesting of the cases, drawn up for the surgical pupils of Edinburgh, and which may be perused with advantage, by the profession at large.

We cannot conclude our remarks on Dr. Ballingall's "review," without noticing a passage which reprobates, in strong language, that corrupt and unprincipled system which has had, for so long a time, its pernicious sway in the great metropolitan hospitals.

"Let me entreat you, Gentlemen, to rest the interests of your profession, and the reward of your personal labours, upon the only sure and lasting foundation,—the abandonment of every thing like reserve, and a full disclosure of the results of your experience. I would fain hope, that in this respect my example will be held to be in conformity to my precept; of one thing I am certain, that, in giving these cases to you, and to the public, I have uniformly acted under the impression, that the man who considers his professional prospects likely to be influenced by reserve on the one hand, or exaggeration on the other, is not in a condition to write with advantage to the public; and that the man who is so tenderly alive to his own reputation as to render him solicitous of concealing his failures, or of blazoning his success, is by much too sensitive a plant for a hospital surgeon."

And we hope Mr. Liston, whom we have always considered to partake a little of the style of our friend, "The Military Blusterer," will consider well the pointed hint of his colleague, and give a full account of all those patients who (to use the *classical* language of his *polished* lecture on aneurism) have had "a toss up" for their lives; or in whom he has enjoyed the very intellectual pleasure "of placing a brace of ligatures on their carotids."

ANEURISM OF THE INNOMINATA.

Further account of the Case of Aneurism of the Arteria Innominata, successfully treated by Tying the Subclavian Artery.

By JAMES WARDROP, Esq., *Surgeon to the King.*

EARLY in December last,* I gave an account of the progress of the case of Mrs. Denmark, the patient in whom I tied the subclavian artery for the cure of an aneurism of the Arteria Innominata. As nine months have now elapsed since that report was published, ample time has been afforded to prove the correctness of the doctrines I then endeavoured to establish, as well as to demonstrate the effects of the operation in that most interesting case. These circumstances would of themselves induce me to lay before the public the subsequent statement; but I also consider it a duty which I owe to the profession, not only of this country, but also of the continent of Europe, where the new operation for aneurism has excited so much interest, to promulgate every information on the subject which I have been enabled to obtain.

Although I have now, on several occasions, endeavoured to explain my views of the manner in which nature effects the cure of an aneurism, when a ligature is applied to the artery *beyond*, or on the *distal* side of an aneurism, and the probable extent to which operations on this principle may be carried, it appears to me, that medical men, in general, are not yet fully aware of the nature of the process, otherwise it would not have been argued, that the intervention of an arterial branch between the aneurismal tumour, and that part of the vessel to which the ligature is applied, would be fatal to the success of the new operation; or, in other words, that it is necessary, for the cure of the disease, that the blood stagnate in the aneurism as well as in that portion of the artery which intervenes between it and the ligature. This, indeed, was the idea which formed the basis of the operations proposed by Brasdor and Desault, and carried into execution by Deschamp and Sir Astley Cooper.

It is evident that this principle, that of stopping *entirely* the circulation of blood through an aneurism, does not differ, except in the position of the ligature, from that which was the ground of the operations of the illustrious Hunter; and, although the principle be, beyond all question, strictly correct, yet it ought to be observed, that an operation founded on it, can only be employed in cases of disease of the carotid, or external iliac arteries; for, in any other of the vessels of the human body, to which it is applicable, that of Hunter could also be employed; as in cases of aneurism existing in the extremities. But in no artery from which large branches arise could it be of any avail, and thus the numerous cases of aneurism of the arteria innominata, subclavian and common iliac arteries, would still have been beyond the reach of art.

It is, indeed, true, that this was the principle on which I acted for the cure of the cases of carotid aneurism, when I revived the operation of tying a ligature on the distal side of an aneurism; but an attentive consideration of the cases which then fell under my review, and an inquiry into the laws of the circulation, so far as they regard the cure of aneurism, which I subsequently instituted, induced me to form the idea, that the *entire* stoppage of the circulation through the disease was not necessary for its cure, when a ligature was placed on the *distal* side of the aneurism, but that this might be effected merely by diminishing the impetus and quantity of the blood circulating through the tumour. To what extent it would be necessary to arrest the circulation, it was impossible, from the data then in my possession, to hazard an estimate; nor am I yet able, in a satisfactory manner, to determine this point. The case, however, of Mrs. Denmark, establishes the important fact, that the cure of an aneurism can be effected whilst a very large portion of blood still circulates through the tumour.

The operation, the propriety of which the result of the present case so satifactorily demonstrates, is founded on an entirely different principle from that inculcated by the celebrated Desault. They who have examined his writings, and those of Deschamp, and all subsequent authors, will find it distinctly stated, that the *complete* stoppage of the current of the blood is the *sine qua non* to the success of the operation; indeed Deschamp and Sir Astley Cooper have gone so far as to ascribe the failure of their cases of inguinal aneurism, which arose from totally different causes, to the fact of the comparatively minute vessels, the internal epigastric and circumflex iliac arteries merging off between the aneurism and the point of the artery to which the ligature was applied, and thus still enabling the blood to circulate in the tumour.

But in the case of Mrs. Denmark, who laboured under an aneurism of the arteria innominata, I applied a ligature to the subclavian artery on the acromial side of the scalenus anticus muscle, and thus not only left the blood to circulate through those large branches, the internal mammary, superior intercostal, and thyroid arteries, but also the carotid itself, which, at the time of the operation, I considered was obliterated, but which subsequent events proved to have been, in some degree, pervious; and yet the success of the operation has been complete. Now, in this case, more than one-half, nay, almost three-fourths, of the blood which originally circulated through the sac, continued to follow the same course after the operation. The cure, from this operation, depended not on the sudden coagulation of the blood in the tumour, but merely on the diminution of the impetus, aud quantity of the fluid circulating through the aneurism, thus allowing that gradual deposit of coagulum within the tumour which, in time, completely effects the cure of the disease; following, indeed, exactly the same steps which nature pursues, when, fortunately, she is able to accomplish the cure of an aneurism.

---

* Vide THE LANCET, No. 223.

It is therefore evident, that the operation of Brasdor, Desault, Deschamp, and Sir A. Cooper, who proposed curing the disease, by *entirely* arresting the circulation of blood through the aneurism, is fundamentally different in its principle from that which I have attempted to establish in the present case. The profession, I am of opinion, have not yet either duly appreciated the correctness of the latter principle, nor the practical extent to which it is applicable.

Mrs. Denmark's Case continued.

In the second week in December, soon after the date of the last report, Mrs. Denmark, without any cause, of which she is aware, was attacked by a severe bronchitis, which, whether from increasing the disorder arising from the state of the coats of the aorta, or any impediment to the circulation of the blood which might exist from the closure of the subclavian artery, produced symptoms of an alarming character. On visiting her at this period, I found her, (the bronchitic affection having continued for two days,) labouring under a degree of dyspnœa so great, as entirely to prevent her lying down, and producing a most agonising sense of impending suffocation. She had a frequent cough, which was accompanied with copious expectoration of a frothy mucus. Her pulse was about 130, affording a wiry feeling. Her skin was hot, and there was great general febrile derangement, inducing, towards midnight, high delirium. She did not suffer great pain, but complained much of the sensation of impending suffocation, which was accompanied with a slight difficulty in deglutition. There was also present slight œdema of the feet. On examination of the neck, no tumour could be found in the situation of the former aneurism, nor were the pulsations of the aorta and heart more strongly felt than previous to the occurrence of this severe attack, nor, indeed, did any symptom appear to indicate that the disease in the vascular system had increased. The sense of impending suffocation was, however, so constant and severe, as to induce the patient to think that she could not survive many hours. Under these distressing circumstances, the line of practice to be pursued appeared to me evident. She was largely bled; leeches were applied to the chest, and she was kept constantly under the depressing effects of nauseating doses of the tartrate of antimony. During the course of the next day, she was again twice largely bled, and once cupped in the region of the sternum, and the action of the antimony was continued. From this treatment, she experienced considerable relief; but during the course of the three succeeding days, I found it necessary to repeat the venesection several times. She was now reduced to a weak condition; but although the pulse had sunk nearer to the natural standard, and the febrile action had greatly subsided, yet she still experienced a remarkable degree of difficult respiration, accompanied with the feeling of suffocation, which had so alarmed her. The cough was still very frequent, and accompanied with more copious expectoration. She was, for the next week, kept extremely low, and once bled, after which she began to revive a little, and her difficulty of breathing became considerably relieved, but still it was so difficult that she was unable to lie down for any length of time, and always slept propped up in bed.

She continued in a very weak and precarious state for several weeks, during which time the difficulty of respiration frequently increased to such a degree, as to render the abstraction of blood necessary. For two months she was unable to rise out of bed, and during all that time was affected with a greater degree of difficult respiration, cough, and expectoration, than she had ever experienced, except at the commencement of this attack. At this period, to such a state of weakness and emaciation had she been reduced, that a near female friend, who came from a distance to see her, fainted the moment she beheld the altered condition of her person. She now, however, began gradually to recover, was able to sit out of bed, and her respiration became more free; she was still unable to sleep in the horizontal position. During the whole period of this severe illness, no appearance of any pulsating swelling could be discovered in the site of the former aneurism, nor did the aorta, or the heart, betray any symptom of increase of that disease, which, previous to the operation, I had suspected, and mentioned in the first Report. It ought here to be observed, that from the time of her return from the country, to the commencement of this attack, she had not been bled; and perhaps the cessation of an evacuation, to which she had long been habituated, may have had some effect in producing the severe attack of bronchitis. I thought it, therefore, advisable, in order to prevent any recurrence of this complaint, to repeat the bleedings frequently, particnlarly as the patient was sensible that they afforded her great relief.

It is important to observe, that from the commencement of my attendance on this patient, she has now been bled above fifty times, to an extent at each operation seldom less than a pint of blood, and frequently to nearly double that quantity. Since the ligature of the artery, she has been restricted to about an ounce of solid meat daily, and twelve ounces of fluid. Besides these, however, she has frequently taken a very small quantity of bread and butter, and occasionally indulged in a little fruit.

The following is the present state of the patient :—She is more reduced in point of flesh than at the period of the last report, but this has evidently been owing to the attack of bronchitis, and the severe measures to which she has been subjected, for, within the last six weeks, she has regained her former appearance in a wonderful manner. The difficulty of respiration has greatly diminished, so much so, that she can now sleep in the natural position, and she is entirely free from the dreadful sense of impending suffocation. No tumour is perceptible in the situation of the former aneurism, but an unnatural feeling of hardness can be perceived at the root of the neck, immediately above the sternum, arising, no doubt, from a condensation of the aneurismal tumour. The right carotid artery still pulsates, although not so strongly as the left; its pulsation corresponds to that of the heart, but its branch, the temporal artery, affords no indication of the circulation of the blood continuing in it; the right radial artery beats with about half the strength of the left. She suffers none of those pains in the regions of the neck, shoulder, and back; nor has she, for a long time, experienced any of those severe headachs which formerly gave her so much uneasiness; the œdema of the feet has entirely disappeared, and she takes daily exercise in the open air. The above report was drawn up a month ago, previous to her visit to the country, from which, in a letter received from her yesterday, she states that she is now in a better state of health than she has been for a long time.

Since the first Report of the case of Mrs. Denmark was published, several circumstances have occurred, strongly tending to corroborate the propriety of the operation, and to illustrate the pathological views which I have advanced. These circumstances, which have been peculiarly gratifying to me as an individual, must have doubtless excited an interest in those who have paid attention to the subject of aneurism, or who have the advancement of science, or the alleviation of human suffering at heart. I allude, in the first place, to the successful result of a case of aneurism of the commencement of the carotid artery, in which Dr. Bushe, one of the most eminent military surgeons of the present day, tied that vessel on the distal side of the disease, and although the tumour had attained a very great magnitude, and the symptoms produced by it seemed to indicate approaching dissolution, yet the event has been of the most auspicious nature. An able account of the case, given by Dr. Bushe, has been published in this Journal,* and it will be seen that the effects of his operation corresponded in a remarkable manner with those, a statement of which I have already had the honour of submitting to the profession. The sudden collapse of the aneurismal tumour, immediately on the application of the ligature, which occurred in all my cases, and which is, perhaps, the most singular circumstance attending them, was also observed by Dr. Bushe, in the most distinct and satisfactory way, a result which proves completely the fallacy of the opinion of former writers, who asssei ted, that on the application of the ligature, the coats of the aneurism would suddenly give way, and the patient die of hæmorrhage.

The reports of the cases of aneurism, treated on the principle of tying the artery on the distal side of the tumour, have now been translated from THE LANCET into the French, German, and Italian journals; and the interesting discussions and comments to which they have given rise, afford ample testimony of the value with which they have been regarded by foreign surgeons.

At a late meeting of the Faculty of Medicine, of Paris, Dr. King, an English surgeon and lecturer on anatomy in that metropolis, in a paper on a new method of securing the arteria innominata and subclavian arteries, drew the attention of the faculty to the result of the operations, and a long discussion ensued, in which their merits were fully admitted. M. Richerand stated, that he had witnessed the celebrated case where

---

* Vide THE LANCET, No. 244.

Deschamp applied a ligature to the femoral artery for an aneurism of the external iliac, an operation which, in that instance, had not arrested the progress of the complaint. The disease, however, he recollected, was in a very advanced stage; the aneurism was of a very great size, and the integuments covering the tumour, of course of corresponding tenuity, so that no conclusion could be drawn from such a case against the propriety of any operation. Baron Dupuytren, whose unrivalled talents give so much weight to all his opinions, expressed his conviction of the truth of the observations which had led to the adoption of the new plan of tying an artery on the *distal* side of the aneurismal tumour, an operation which, he well observed, " must extend in an eminent degree, the power of art over the ravages of disease."

Charles Street, St. James's Square.
Sept. 9th, 1828.

ABUSES AT ST. BARTHOLOMEW'S.

To the Editor of The Lancet.

Sir,—On Saturday last, as Mr. Lloyd entered the square of the hospital, he was surrounded by a considerable number of the pupils, to whom he complained of the contents of a letter in that day's Lancet, by a co-pupil; and I now address you under the persuasion, that you will afford me a page of your next Number, being thoroughly satisfied your impartial principles will not permit The Lancet to circulate a complaint well or ill-founded, without being equally ready to propagate what either the individual found fault with, or any other, may wish to state on the subject, either in the shape of vindication, explanation, or condemnation.

Under this impression, then, and forbidding myself from intermixing my feelings on the subject, beyond what justice calls for, I shall, without adding to, or detracting from what passed, by any observations of my own, give you as nearly as my memory will enable me to do, the unvarnished detail of the whole.

Mr. Lloyd said,—In to-day's Lancet, there is another letter relating to me, most incorrect in many of its particulars.

A Pupil.—What is it about, Sir? (Several of the pupils pulling their Lancets from their pockets.) I have observed one in it from " A Pupil of St. Bartholomew's," but I have not yet had time to read it.

Mr. Lloyd.—It is on the subject of describing the diseases on the boards of the patients, on which a letter, from the same correspondent appeared in The Lancet before. He begins thus :—

" ABUSES AT ST. BARTHOLOMEW'S.

" *To the Editor of* The Lancet.

" Allow me, Mr. Editor, to make a few remarks in answer to those made by Mr. Lloyd in the wards of the Hospital, on Saturday last, respecting my letter in The Lancet of that day. Mr. Lloyd wished, most particularly, to impress upon the minds of the pupils that I had misstated facts in that part of the letter which alluded to himself, signifying that there were not more than three or four of those patients admitted during Mr. Lawrence's absence, (which Mr. Lloyd, of course, as second assistant-surgeon, has had the care of,) who had the names of their diseases written on their boards."

I certainly distinctly stated that there was a mistake here.

" For the purpose of showing that I was wrong, Mr. Lloyd appealed to two of Mr. Lawrence's dressers then present, and they certainly affirmed that there were few, if any, of their patient's boards without the names of the diseases inscribed on them; whereupon Mr. Lloyd endeavoured to make it appear, that as the patients of two dressers, out of six, had their diseases named on their boards, at least one-third of the patients must have their diseases so recorded."

I very well recollect stating, that as there were but six dressers, and as the diseases of two of the dressers were described, at least *a third* of the patients must have their names on the boards; but, then, I as distinctly remember adding, that that was not the only evidence, because I had been round the hospital, and found, that if a general statement had been made, that three or four boards were without the names of the patients, it would have been much more correct, than to have alleged, there were only three or four with the names; and that, certainly, the few undescribed cases were of such a trifling nature, that any pupil going round, must at once have seen what they were.

" But I would beg leave to remind Mr. Lloyd that these two dressers were out of town when my letter was written, as he may see by the date."

But, I believe these two dressers returned before Mr. Lawrence's taking-in day; and, therefore, but few cases could have been received during the week they were absent.

" And that they themselves, of their own accord, unwilling to see the customs of their respected master, Mr. Lawrence, slighted, have since amended the condition of their boards, finding that those who officiated for them in their absence, had received no directions or instructions from Mr. Lloyd for that purpose."

I should like to know a single instance in which they altered the state of their boards. I am not aware of one.

"And, in fact, the boards of the other three or four dressers were, and are even now, many of them, without names, as Mr. Lloyd found on going round."

I certainly was not sensible of it; I believed every board had a name; at any rate, I am quite convinced the assertion—*many of them*—is untrue.

"And even some of those that have a sort of name attached would be much better graced by a blank space, than by their present type of ignorance."

A Pupil.—That, with deference to whoever did attach the names, I certainly think true.

Mr. Lloyd.—Name one case of that description. There is a girl's board, on which the dresser, by mistake evidently, put—"ulceration of the *prepuce.*"

The same *Pupil.*—Yes, Sir, that is one case, and I can give you another: upon a girl's board, in the same ward, (PATIENCE,)—the patient having a few small syphilitic spots on different parts of her chest and upper extremities, there is "ulceration of the upper half of the body."

[This was reiterated by several pupils, and followed by *much laughter.*]

Mr. Lloyd.—Well, I certainly was not aware of that.

"However, I need not dwell longer on this point, than while it may be necessary to prove that what I said was correct, because Mr. Lloyd candidly acknowledged, that he did not know before, that it was the duty of the surgeon to name the diseases, and direct the dressers to inscribe these names on the boards, and, therefore, that he had never done so."

I did not say, I "did not know before that it was the duty of the surgeon to name the diseases;" but I said, I did not know it was the duty of the surgeon to direct the dressers to inscribe them on the boards.

"He assured the pupils, though, that he should have no objection to do so for the future. Mr. Skey, who was standing by, said he thought it would be necessary to carry plates round with him for the purpose of naming diseases; I have no doubt he will find it so, during Mr. Earle's absence."

[I wish, Mr. Editor, when Mr. Skey made use of this sentence, some kind friend had whispered to him the necessity of adding to his stock, as a highly necessary appendage, a *chronometer*, or *sun dial*, that he might know when, and with regularity, to attend the hospital. Really, Mr. Skey is so irregular, as to make it exceedingly difficult for any pupil to *catch* him in a ward.]

"Mr. Lloyd, it appears, was also perfectly unaware of any book being kept by Mr. Lawrence's dressers, in which the names of the patients, their diseases, time of admission, result of their cases, &c., were entered, and was positively astonished at a species of regularity which he had no idea of."

I expressed astonishment at no such account. The astonishmet I expressed and felt was at the *irregularity* of Mr. Lawrence's dressers. So irregular were they in their attendance, that I had sometimes not more than one or two of them to go round with me at a time. I was, therefore, occasionally obliged myself to write my prescriptions on the boards; and at other times to depend upon the nurses and others informing the absent dressers what I had ordered for the patients. In some instances those directions, as might have been anticipated, were not attended to.

A Pupil.—That's a rap for Mr. Lawrence's dressers; I wish some of them were here—they deserve it.

Mr. Lloyd.—"Mr. Lloyd, by the by, expressed it as his opinion, that it rather belonged to the pupil to *request* information of the surgeon on the different points of practice, than for the surgeon to *voluntarily give* that information to the pupil."

No such expression passed my lips. What I stated was, that if there was any point on which I did not fully explain myself, I should be most happy, if pupils would ask me, to go back to the patient or patients in question, and give every information I was capable of communicating.

"But when I paid my money to the surgeons of Bartholomew's, I did not understand that I paid it merely for the privilege of asking them questions, but rather for the opportunity of hearing their clinical instructions and observations; believing that more would spontaneously issue from their experienced heads, than my inexperienced noddle would ever dream of inquiring about. There are many points in disease which are not perceived by the pupil, unless pointed out to him; and it is rather improbable that things unknown should be looked into and inquired after."

I said it would be much more to the advantage of pupils to make a point of inquiring into for themselves, and registering symptoms, than merely to look at the names. Such was the plan that used to be adopted, and I believe every attentive pupil kept notes of cases for himself.

"Another observation of Mr. Lloyd I cannot pass over without remark. He publicly complained of his duties at the Hospital interfering very much with his private practice, and expressed his regret that he could not pay that attention to those duties which he felt he ought to do."

This is a most palpable and most serious misstatement. I stated, that in giving up my time to the Hospital, I had sacrificed my private practice considerably; but that whenever cases required my attendance, I had made it a point of instantly being there, and have actually attended two, three, four, and more times a day.

A Pupil.—Certainly no person can with justice complain of your non-attendance.

Another Pupil.—I heard a gentleman saying the other day, "Mr. Lloyd's gig's always in the square." (Laughter.)

A Third.—Your attendance was so frequent, and your attention so great, particularly to one patient, who is now no more, that people almost began to suspect you had a *penchant* for her. (Much laughter.)

Mr. Lloyd.—I certainly was anxious to render every assistance in my power. And I stated, that if I had the duties of the Hospital *regularly* to perform, I should make arrangements with respect to my private practice, that would enable me, if necessary, to devote a much larger portion of my time to the pupils. This, I have no doubt, gave rise to the misstatement.

"Marry, come-up! is this an assertion that ought to drop from the mouth of an assistant-surgeon of St. Bartholomew's Hospital? Are the pupils of that Hospital to be thus publicly insulted by their assistant-surgeon?"

Nobody could have been more anxious than I have been not to insult or offend any pupil ever since I was in the habit of attending the Hospital; and if any gentleman will come forward, and say that I have on any occasion hurt his feelings, I shall have no difficulty in satisfying him that such must have been wholly unintentional on my part. I have always endeavoured to assist the pupils both in and out of the Hospital. Numberless sacrifices have I made with that view; often in canvasses have I rendered them essential support, and never have I refused a pupil a certificate, such as was calculated to benefit him, unless I knew something decidedly wrong in his character.

"Does Mr. Lloyd mean to say that he would come to that Hospital at all, or hold the situation which he does there, were it not his interest to do so?"

Certainly not; if it were not both my interest and inclination I should not. Hitherto, however, I have never received one shilling of emolument for attending here; still it accords with my inclination; it is a duty I like very much, and would willingly, at any time, sacrifice a good deal that I might perform that duty.

"I must say, Mr. Editor, that I think Mr. Lloyd offered a most gross insult to the pupils around him when he made use of such an expression; and I would inform him, that if people think it their interest to be surgeons, or assistant-surgeons, to hospitals, they are bound to do their duty in that situation, in every respect, as much as in their private practice."

To the latter portion of this sentence I most cordially subscribe, and I am sure no one can fairly blame me for not acting in conformity to that feeling. As to the whole of this letter, the writer has not even attempted to prove that allegation in his former letter was correct, namely, that there were only three or four of the patients who had got their names on their boards.

A Pupil.—I should hardly think it was necessary for you, Sir, to take notice of the letter.

Mr. Lloyd.—The only reason of my hesitating to notice it is because it is anonymous. One does not like to answer anonymous letters. At the same time, I had some thoughts of writing to the Editor about it.

Another Pupil.—I apprehend there can be no ground for supposing the Editor is to be considered as having any thing to do with it personally.

Mr. Lloyd.—Oh, no, certainly not. I have taken in The Lancet from the beginning. Whenever The Lancet has become the subject of discussion, either here or elsewhere, I have invariably been an advocate for it; and I have no reason whatever for thinking the Editor can have any feeling against me, or that he can be in any way connected with the writing of these letters.

I am, Sir,

Your obedient servant,

Another Pupil.

September 8, 1828.

DR. GORDON SMITH AND DR. HARRISON.

To the Editor of THE LANCET.

SIR,—In Number 258 of your Journal, (for August the 9th) there are certain animadversions upon my undertaking, in the affair between the College of Physicians and my friend Dr. Harrison, which can hardly be passed over in silence. Indeed, had I seen them at the time they were published, you should have heard from me sooner; but absence from town has caused a temporary interruption to my literary occupations of *reading*, as well as writing; and THE LANCET, for several weeks, did not come into my hands.

I must confess that I have felt a little surprise, and even some dissatisfaction, at certain parts of the animadversions in question. They contain a sort of accusation against my *consistency*, at least, which I shall in the outset of this reply endeavour to rebut. You have, (twice in the course of these remarks, and once upon a former occasion,) rather broadly asserted that I have failed in redeeming a *pledge* I had given to *transmit you a defence of Dr. Harrison.* Now, Sir, I beg to ask you when or where I gave any such pledge? If you refer to the 256th No. of the Journal, (in which my correspondence with the Doctor is inserted,) you will find that the only pledge I did give has been actually redeemed. In my communication to YOU, of July 17, I promised (or *pledged* myself, if you prefer the word) to forward the sequel of the curious affair to which that communication was introductory. This was my pledge, and the whole extent of it. What reached your hands along with that communication, viz. the correspondence with Dr. Harrison, and my preliminary remarks on the question at issue, bears a date of two days prior to that of my letter to you; which I wished and expected you to have published the week before the transmission of the "*sequel*"* alluded to. The whole, however, having been reserved till the 26th of July, by which time you had received the account of my interview with Dr. Harrison, on the 16th, the pledge and its redemption were both laid before the public together. I closed my prior communication with these words: "the issue (i. e. of the interview) SHALL NOT BE CONCEALED;"† and my letter, of July 21, records that issue in a somewhat circumstantial manner.

In this latter communication there is also the following passage.—"*The documents which I have now upon my table are far too voluminous for any journal.*"* Were you to set apart three or four entire numbers of THE LANCET for the exclusive purpose of containing copies of them, I am inclined to think it would not be sufficient; and I apprehend that should I come to the determination of laying them fully open to public inspection, they will form a considerable *pamphlet*, at least. Whether this shall be done or not, I cannot at present PLEDGE myself; and I say MYSELF, because Dr. Harrison will give HIMSELF as little further trouble about the business as he can. It may not be believed that "THE ORDER OF DEFENCE"† differs from the course pursued by the defendant's counsel, and I shall not, therefore, run the risk of exciting any doubt as to my own veracity, by *pledging* my word that it does. Nor shall I go before an alderman to make affidavit that I have seen it. I say, upon the word and honour of a gentleman, that *I have seen it*; which the public have not; and what it contains I shall reveal or not, according to circumstances. Let the readers of THE LANCET, however, and the medical profession, look to ME for further explanation of this matter. Dr. Harrison has other occupations; and the business between lawyers and doctors of medicine I have rather a desire to attend to; not being much afraid of robes and periwigs.

As to the question of Dr. Harrison's courage upon this or any other occasion, there could be no propriety in my making a single observation. Dr. Harrison I know to be a GENTLEMAN who does not possess a single idea or feeling which is not a great honour to human nature, as well as a credit to the profession to which he has said (with unimpeachable truth) that he is "*enthusiastically devoted.*"‡ Throughout the whole of the arduous and momentous contest in which he has been engaged, he has stood almost alone. Those who were involved in the issue could be of little use to him, and were nothing more than interested on-lookers. The Doctor was always ready to listen to the opinions, and make use (if available)of the advice, of others; but I fear that the very parties who will be benefited by the issue of the recent trial, did not clearly understand the merits of the case. There has also been a singular apathy on their part. The respectability and the fortune of many hundreds have been at stake; but I am quite aware that Dr. Harrison never could reckon upon the countenance and aid of more than half a dozen of them.

---

* THE LANCET, No. 256, p. 538.

† THE LANCET, ubi supra.

* *Articulo citato*, p. 539.

† Ubi supra.

‡ See his letter quoted in No 258. of THE LANCET, p. 595.

I have no intention or inclination to follow the course of your remarks upon legal matters; but I cannot help adding, that your assertion as to Dr. Harrison "contending that he was a surgeon *and no physician*,"[*] says but little for your own knowledge of legal bearings.[†] I am quite aware that the medical profession at large is ignorant of the real nature, as well as the extent of their privileges; but I should have thought, the Editor of The Lancet could not fail to know that, in the eye of the law, (as declared by the 32d of Henry VIII.,) every physician is a surgeon. I contend, therefore, that the defence in question amounted to no more than a declaration and proof that Dr. Harrison was a surgeon also, as well as a physician; and the inference that he made himself out to be "*no physician*," I hold to be in the face both of law and logic. Surgeons, however, are not physicians, although nothing can be more notorious, than that this class of the profession daily exercise themselves in medical cases; concerning which, consultations and meetings between them and the Fellows of the College are among the commonest of all occurrences.

This leads me to allude to a passage in my former communication, which you have quoted in the course of the animadversions now under notice, and which I have reason to believe has excited a considerable sensation. If it have the intended effect of preventing mischief, I shall not regret having promulgated it; and, perhaps, what I now feel it my duty to add, may contribute to this desirable object.

There are, among the physicians who disown the authority of the College, AS AT PRESENT EXERCISED, gentlemen of unexceptionable claims in every respect. Some of them have borne, and others still bear, his Majesty's commission; and I repeat the assurance, that the insult alluded to, if offered to some of them, will not be canvassed upon the basis of a by-law, which is not *imperative*, and leaves the Fellows of the College at liberty to exercise their discretion as to whom they will meet. The responsibility of refusal will, therefore, be *personal*, not CORPORATE, in the College sense of the word, at least.

With regard to the exercise of discretion just alluded to, I now declare that I am prepared to prove an instance in which the highly estimable and respected individual who presides so honourably, ably, and advantageously over the learned Corporation, met in consultation a Doctor in Medicine, no way connected with the College, upon a *medical* case; that they met *in London*, and that Sir H. Halford desired the gentleman in question to write the prescription, and conjoin his own initials—nay, I am almost certain, that the politeness of the President led him to insist, that my friend Dr. * * * should place these first! And this, I understand, to be one of but many instances that have occurred of a similar nature. Let the College be consistent, at all events, and not blow hot and cold with the same breath; for critical eyes are upon them.

I am, Sir,
Your obedient servant,
JOHN GORDON SMITH.

London, Sept. 1, 1828.

P.S. I have been censured by a Fellow of the College for writing in The Lancet. Probably I may, hereafter, amuse your readers by relating what passed. In the mean time I beg to inform the gentleman who told Mr. Bacot in the public street, that the author of the communication which appeared in your 256th Number, must be CRAZY, that as soon as I can get his proper designation, he will hear something from my attorney on the subject of slander and defamation.

ST. BARTHOLOMEW'S HOSPITAL.

EXTENSIVE FRACTURE OF THE RIBS, FOLLOWED BY EMPHYSEMA AND DEATH.

James King, æt. 45, a large robust man, was brought to the Hospital, August 20th, having fallen a height of sixteen feet into a cellar, and received a fracture of several of the ribs both on the right and left side. His respiration was loud, short and laborious; his countenance pale, and covered with cold perspiration; the pulse frequent and very feeble. There was slight emphysematous swelling on the right side. A rib-bandage was applied round the chest; and a small quantity of wine and water was occasionally given. On the following day the difficulty of respiration was much less; his countenance was improved, and he expressed himself much better; he had some sleep during the night. The emphysematous swelling was diminished. The pulse was full, and rather hard, 120; he was unable to take a deep inspiration, and complained of pain. He was bled to 20 ounces, and in the afternoon was much relieved, the pulse fell to 95, and had lost its fulness. In the evening the respiration was more oppressed and laborious, and his pulse grew more frequent and feeble; the emphysema was not observed to be increased at the time. He complained of the tightness of the bandage, which was loosened, and gave him great relief. In the night he became suddenly worse, his countenance covered with perspiration; the emphysema rapidly increased. Mr. Weekes, the house surgeon, was called to him, but the patient had expired before he arrived.

---

[*] The Lancet, No. 258, p. 595.
[†] Ibid, p. 596.

Examination.

The integuments, covering the upper part of the thorax and neck, were distended to a great degree by air diffused in the cellular interstice; the face was considerably swollen and inflated, and the eyelids were closed. On opening the chest, the lungs were found in a collapsed state; and there were about two pints of dark bloody-colonred fluid in each pleural cavity. Six of the ribs on the left side, and seven or eight on the right, were fractured, most of them at their angles; several of them had penetrated the pleura costalis. On attentive examination a small superficial wound of the right inferior lung was discovered; it extended through the pleura pulmonalis, and slightly into the substance of the lung. The lungs, generally, were gorged with blood. On opening the pericardium a quantity of brownish turbid fluid escaped; and the membrane was of a deep red colour, crowded with minute vessels. The inflammation had extended to that portion of the membrane covering the heart, which was extremely vascular, and lymph was effused on its surface.

RUSSIAN ARMY AND NAVY MEDICAL SERVICE.

To the Editor of The Lancet.

Sir,—Many English surgeons having proceeded to this place, in consequence of the official notification which has been addressed to foreign medical men, you will be doing a great piece of justice to the medical men in England, if you will have the goodness to communicate to them, through the medium of your valuable Publication, the contents of this letter, which may serve to give some idea of the treatment *they* will experience on coming to Russia. In the first instance, the notification states, they may either join the land or sea service. This is false; for on the application of *Englishmen* who have just arrived here, they have been told "the army is fully supplied;" and they may either embrace naval service, or return to whence they came. In the next instance, as regards the examination at the Academy, there are at present not less than thirty young men, principally Germans, with the exception of three Englishmen, who came to Petersburg with the idea of entering the service, according to the notification, who have been in attendance on the learned professor at the Academy for the space of *three months*, and with every probability of remaining three months longer. The conduct observed towards them has been highly infamous, and the state they are now in, to my certain knowledge, is truly deplorable; in fact, nothing remains to be done but their immediate application to the different consuls or ambassadors, to be sent home as distressed subjects. Yesterday a body of them presented petitions to Dr. Cardanoff (the president of the Academy, in the absence of Sir James Wylee), for the return of their different certificates, preferring to get back as they can, to remaining in a country where they have been treated more like dogs than Christians. By making this publicly known, you will be doing much service to those gentlemen who have any idea of proceeding here.

I remain, Mr. Editor,
Your obedient Servant,
Henry Williams, M.D.

St. Petersburg, July 8, 1828.

SUBSCRIPTIONS

FOR THE DISTRESSED MEDICAL GENTLEMAN AND FAMILY.

Subscriptions advertised	£151	12	0
Thos. Walshman, M.D.	1	1	0
R. Keate, Esq.	1	0	0
J. Parkinson, Esq.............	1	0	0
Wm. King, Esq., Conduit Street	1	0	0
Thos. Jones, Esq., Strand	1	0	0
J. B. Hill, Esq.	1	0	0
Septimus Wray, Esq.	1	0	0
J. Hunter, Esq., Grosvenor Place	2	0	0
Cæsar Hawkins, Esq., Half Moon Street	1	0	0
John Carr Badeley, M.D. ditto..	1	1	0
—— Macnab, Esq., St. Martin's Lane.....................	1	0	0
John Lavies, Esq., Church Street, Westminster	1	0	0
Two Strangers	1	0	0

ERRATUM.

In Mr. Sheldrake's address, page 718 of our last Number, for "No. 32, Upper Norton Street, Portland Place," read, "*No. 7, Devonshire Street,* Portland Place."

THE LANCET.

Vol. II.] LONDON, SATURDAY, SEPTEMBER 20. [1827-8.

LECTURES

ON THE

THEORY AND PRACTICE OF MIDWIFERY,

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

Lecture XL.

Diseases of Infants—(continued).

In new-born children we sometimes meet with closure of the intestinal tube, and this closure may occur in any part of the intestines, larger or smaller, the obstruction sometimes lying near the pylorus, but far more frequently at the extremity of the rectum, when the disease is denominated the *imperforate anus*. Vomiting, wasting, enlargement of the abdomen, and a total defect of evacuation from the bowels, are the more striking characteristics of the closed rectum; and the disease, when once suspected, is easily ascertained by a careful inspection and manual examination of the part. If the closure be in the *duodenum* or *jejunum*, it is distinguished with more difficulty; but vomitings, wastings, and the want of a feculent matter, formed from digested milk, will, I presume, generally enable us to detect even this variety of the disease, provided our attention be vigilantly awake.—Four or five cases of imperforate anus have been shown to me by my obstetric friends, whence I infer that this malformation, though not common, is tolerably frequent in its occurrence. The obstruction which lies above is, I presume, rarer, as I have never met with a single instance of it in the living infant, though there are examples of it in the glasses on the table before me. Possibly, however, many young infants may sink under this disease, less obvious than the preceding variety, and the real nature of the affection, may remain undeveloped, from the want of an examination after death.

Life is undesirable with an artificial anus as the price of it; and if, therefore, it were practicable to make an incision into the abdomen, and to examine the intestines of the infant, fold by fold, so as to reach and lay open to the abdominal surface the part where the obstruction lay, I should not feel inclined to admit of such an operation in my own family. Where the aids of art are so imperfect, it is, I conceive, better to commit ourselves to the hands of nature, who does all things well. But, although those cases in which the obstructions lie in the smaller intestines seem to admit of no effectual remedy, yet, when it is the anus only which is imperforate, there is much that may be done.

How long an infant may live with the rectum closed is, perhaps, not clearly ascertained; many days, many weeks, nay, in some instances, perhaps, for several months, life may be protracted, if I may judge from one or two cases which have been related to me on somewhat dubious authority. Certain it is, that in these cases the infant, relieving itself by vomiting, may survive for some weeks, though, I suspect, the general health becomes gradually and greatly impaired in consequence. Now experience, and these preparations, show, that when the anus is imperforate, it is better to wait a few days before any attempt is made to open it; for should we operate immediately, if unskilful especially, we may entirely miss the rectum, its cavity, at this age, being small; but if we wait for a few days, or weeks, till the gut is become dilated, a very small knowledge of practical anatomy will enable us, readily enough, to cut into the part. In general, therefore, it is wise to wait till the intestine is distended; when inattentive to this rule, the ablest surgeons may sometimes fail to find the cavity of the gut.

A small opening is apt to close again; a large opening may carry the knife into numerous hæmorrhoidal vessels, and, in young infants, internal bleeding, and death, may now and then be the result. In opening the anus, therefore, I should advise you, in these cases, to content yourselves with making room for a dilator, about as large as a female catheter, when a further enlargement may be obtained gradually by daily dilatation. I presume the patient will be more likely to retain the stools afterwards, if the anus, formed by perforation, is not made too capacious.

When the anus is once laid open, great care must be taken to prevent its closing afresh, particularly if the opening be small. For this purpose bougies should be passed daily, or a dilator ought to be employed; I have seen a child die in consequence of a second operation, which, by attention to this rule, might have been entirely prevented. The precise method of operating I leave with the surgeons. I may remark, however, that the escape of gas, or meconium, indicates when the intestinal cavity has been entered; and that the access to the rectum may in some, perhaps in most cases, be rendered perfectly easy by irritating and producing tenesmus at the time of the operation, and by waiting a few days, as before recommended, so as to allow the bowel to enlarge and come down. When you first examine, perhaps, you find the end of the intestine lying, in good measure, beyond the ready reach of the knife; but at the time of the operation the gut will often be found to come down into sight, provided you observe the two rules which are here prescribed.

Till I have proof to the contrary, I incline to think, that when the imperforate anus is opened in this manner, the infant will possess the power of retaining the fæces, unless fluid, and urged by diarrhœa; and the part being exercised in this function, it is not unreasonable to suppose that its strength will increase with age. In affirmation of this opinion, however, I have no case to bring forward.

In some few cases, the rectum opens in girls into the vagina; and in boys, into the urethra and bladder; perhaps a cure might be accomplished by intercepting the communication, and cutting down into the gut in the region of the anus.

On the table before me, are preparations well adapted to illustrate some of the points which have been discussed. In this glass, you have a closure of the duodenum within an inch from the pylorus; in *this*, an example of obstructed ilium; on the gastric side of the closure, the gut is dilated enormously; on the side of the colon, it is as small as that of a rabbit. Here is a preparation exhibiting the rectum, of its natural fætal capacity; and here, by the side of it, stand two preparations, in which this gut is become large enough to contain a pullet's egg; hence the advantage of waiting, before perforation is performed. In this glass you see a rectum, with an aperture so capacious that the fore-finger might be introduced; the operator was not wanting in skill, but the opening was too large, and the child died from bleeding, principally internal. In this preparation, you see the rectum, vagina, and womb, of a young infant, a large piece being taken out from the back of the rectum to exhibit its interior; the opening at the anus is scarcely large enough to allow the passage of a bristle; the opening, so conspicuous between the womb and rectum, is large enough to allow the passage of the finger. In the child from which these parts were taken, the anus, laid open by the first operation, was suffered to close almost entirely; and the surgeon, (of great eminence,) on attempting to open the rectum afresh, carried his instruments between the rectum and the uterus; hence the need of bougies after this operation, to prevent a closure. My excellent colleague, Mr. Bransby Cooper, gave the next preparation to my museum; in it you see the rectum in communication with the urethra, and there is no anus; it was asserted, not by Mr. Cooper, however, that the child lived many months; but I I could not obtain good authority for this fact.

After birth, infants are sometimes unable to pass the water, and this from various causes; inertness of the bladder, obstruction of the urethra, and closure of the orifice of the urethra by the prepuce, being the three principal. Friction with the warm hand of the nurse, fomentation with warm water, and distention from accumulating urine, are the three principal remedies for inertness of the bladder. A good and careful surgeon may sometimes pass a blunt probe, properly curved, into the bladder with advantage. Blisters, however small, are dangerous remedies; slough and death may ensue.

When the prepuce obstructs the urethra, incisions, lacerations, or amputations, can rarely be required; though the circumcision of Hebrew infants, shows that much violence may be done to these parts on the eighth day, with impunity. At this ceremony I have myself been present, and I can assure you that the christian neophytes may think themselves happy in exchanging blood for water, even though they should imagine, with some sturdy Anabaptist, that total immersion is, in our latitudes, necessary to purify from the original stain, and to secure to us a free entrance upon all the privileges of the new, as distinguished from the more ancient covenant. In general, when the orifice of the prepuce is small, and not placed in apposition with that of the urethra, poultices and fomentations will relax the skin, and a little dilatation with the probe will enlarge the opening sufficiently, so as to give the little sufferer a free passage for the urine, and more is not required till the period of puberty.

Imperforate urethra I never saw, and know little of its management. In the end it would, I conceive, prove a vain attempt to lay open a passage artificially through the glans penis and the corpus spongiosum. To perforate would be no easy task, and should the child survive, a closure would probably follow. For the emission of the urine, I presume, an easy passage would be obtained by cutting directly down into the part where the closed extremity of the urethra lay, whether before or behind the scrotum. Sometimes the urethra opens originally near the scrotum in front, or behind, and I fear there is no remedy. If the female genitals are apt to conceive, it is not necessary, for the purposes of generation, that the male material should at first penetrate far into the vagina. though a deep penetration seems to facilitate. Three cases I know of, in which, to the surprise of the parties, impregnation occurred, although the accession of fluids to the os uteri was thought to have been impracticable. For the purpose of impregnation, it is not necessary that the fecundating power should enter the person by the *usual organs*. I know of an individual, the father of a very fine child, marked strongly with the paternal resemblance, and in this individual, the urethra opens in the corpus spongiosum, between one and two inches from the glans. In general, the powers of generation may be impaired a little when the urethra opens in the region of the frenum, still more when it lies near the front of the scrotum, and most of all when it opens on the perineum behind this receptacle. Arts, however, are not wanting, by which impregnation may be accomplished, even in the latter case. These principles may be of use to patients labouring under this defect. But, to return.

When infants are seized with *purulent ophthalmia*, the conjunctiva reddens all over, and matters form in such large abundance, that it seems as if the ball were dissolving, and the eyelids, too, swell, thicken, and become everted, and, in the severer and more chronic cases, the transparent cornea darkens, and the sclerotic tunic may, I believe, slough; total dissolution of the organ ensuing. Of these dangerous forms of the ophthalmia I have seen but little, and my opinions, therefore, are of no value. In the ordinary and early attack of the disease, ten grains of sulphate of zinc, dissolved in two ounces of rose-water, will be found an excellent collyrium; but I must commit you here to the oculists. Remember, that it is upon the proper application of the collyrium that success mainly depends. If, in a careless lifeless manner, the wash be dabbed upon the eye-lids, what good can ensue? To give your remedy a fair trial, the infant should be placed with the face upwards, and then the eye-lids being tenderly, yet firmly separated, so as, if possible, to get a glimpse of the ball, the collyrium should be dropped upon the surface of the eye, and this, too, three or four times a day, oftener or seldomer stronger or weaker, according to the effect produced. With a syringe—never, on any former occasion, used in case of gonorrhœa—the solution may, if necessary, be injected by a competent hand, at the outer angle of the eye between the eye-lids. Ivory is preferable to pewter.

The *lues venerea* in young children I have not frequently seen, nor do I know of any plain practical characters by which it may be recognised at a glance; but cutaneous diseases, not of the ordinary infantile character, and discharges from the nose, with offensive smell, ought to lead to enquiries, and these may terminate in the discovery of a source of infection.

It is not among the Houris in the thorny bowers of sensual pleasure, that the poor infant finds the origin of this loathsome disease; at this early age it enters the system by other inlets, with which, however, it is highly proper that you should be acquainted, that your inquiries may be directed accordingly. What is the origin of physical evil? Those who declare it to be penal, must surely be much embarrassed with the accidents and diseases to which the fetus is liable; thus, not to multiply examples, the fœtus may be crushed in the uterus, like those on whom the tower of Siloam fell; and the child may be born with the marks of the small-pox and the venereal disease, two of the most terrible scourges of our race. That the venereal disease, when occult in the father, may, as it were, be congenital with the offspring, I am not prepared to assert, though I incline to the affirmative; but I have no reason to doubt, that it may be communicated by the mother. It is, I conceive, pretty certain, that a woman who has had the small-pox, and is herself secure against another attack, may nevertheless communicate the disease to the fœtus within her person; that poison which fails to operate on her own structure, transfusing itself through the intervention of the maternal blood to the ovum in the uterus, and giving rise to a great deal of violent disorder in the fœtus. The same holds true of syphilis; and, therefore, not losing sight of the possibility of a direct paternal infection, remember, when investigating these cases, that, from the maternal system, the infant may possibly become infected even while it is lying in the uterus.

If there is a chancre in the passages, the child may, I presume, be infected during the birth, an ulcer being produced on the tender skin of the lips and nostrils, near their margins, not to mention the angles of the eye. When the mouth is ulcerated, it may infect the nipple of a wet-nurse, and the sore produced there may, probably, infect the mouth of another infant; so that a second source from which the syphilis of young infants may take its origin, is, I conceive, chancre, whether on the genitals during birth, or on the breast and parts adjacent during suckling.

Independently of experience, I should scarcely have suspected that the milk of a nurse, herself not manifestly affected with syphilis, might become the cause of this disease in the child that sucks her; and yet, I suppose, there can be little doubt of this: nor, after all, is this more surprising than the communication of small-pox to the ovum, by a mother exposed to the infection, but secured by former attack from obvious signs of the disease. Dr. Lowder used to relate the case of an infant apparently syphilitic, whom he twice cured by mercury; when the symptoms recurring a third time, he began to suspect that the infection was drawn from the mother; the child, therefore, was weaned, and then, without further difficulty, he entirely subdued the disease. Mercury given to the nurse will, it is said, cure the child at the breast. When the system is under the influence of mercury, a watch carried in the bosom may, I am told, exhibit the stain of the mineral. An unlucky wit of my acquaintance used to say, that it was under the mercurial influence.

These facts seem to prove, that both the venereal virus, and its antidote, may be found in the breast-milk.

When an infant has syphilis, first ascertain and intercept the source of the infection; if the breast is in fault, wean. If a hired nurse is employed she must be changed; but it is needless wantonly to throw a taint upon her character; remember the uncertainty of a medical diagnosis; it is reason sufficient for dismissal, that the milk does not agree; if your suspicions are strong, tell her privately not to take an engagement in another family.

Mercury may be given in the cure of infantile syphilis: calomel, washed calomel, blue pill, and chalk and quick silver, being principal preparations. Calomel is rough. Blue pill may be mixed with mucilage, when it is easily administered in any quantity. Continue the medicine for two or three weeks after the obvious symptoms are disappeared. Diarrhœa is to be feared; perhaps syrup of poppies, extract of poppies, and opium, are the best preventives; beware of an overdose.

Medical Diseases of Young Infants.

To investigate and treat those diseases of young infants which fall under the care of the physician, is no agreeable task, for at this early age we are often surrounded with more feeling than judgment; and as the child cannot speak for itself, its complaints are sometimes involved in much obscurity. In fact, we are often compelled to investigate the complaints of young children much in the same manner as those of animals, by looking to certain external signs; and of these the following are the principal deserving your attention:—

The diseases of young children frequently exhibit marks upon the skin; the surface of the body, therefore, ought always to be inspected; and, in doing this, you may, at the same time, observe the degree of plumpness or emaciation, as well as the bulk of the abdomen, which is always large in infants. The body may be cooler than natural, and is frequently warmer; this heat showing itself in the hands, feet, and mouth, and head more especially; do not, therefore, neglect to inquire into the temperature of the child. Croup, hooping cough, measles, gastric cough, thoracic inflammations, and so on, of course affect the breathing, and to the action of the lungs and thorax, therefore, our attention should, in all cases, be directed. In convulsive affections the scalp is hot, the fontanels beat more forcibly than the radial artery, even the hair sometimes grows very fast, and the head sweats; inquire into all these points. In chylopocitic and cerebral affections, so common in children, the number and character of the stools change, and vomiting is occasionally produced. Infantile vomiting is of less importance than the vomiting of the adult; and, it should be observed, that the rejection of coagulated milk, is no proof of gastric disease; for coagulation is one of the first effects produced by the healthy digestive juice. The actions of young children ought not to pass unnoticed; they raise the knees to the abdomen, when affected with colic; put the fingers in the mouth when teething; pick the nostrils (when older) in worms or analogous affections; and when disposed to cephalic diseases, they may roll the head on the pillow, or frequently apply the hand to it. In young children, I pay but little attention to the pulse; even in health, it is nearly twice as frequent in the adult; at birth, about 140; at the end of the first year, 120; of the second, 110; of the third and fourth years, about 96; in the seventh, about 86; in manhood, various, from 70 to 80 in the minute; and, in old age, sometimes as low as 60. When investigating infantile disease, do not lose sight of the gums.

In young infants, opiates must be given with great caution; for though some, under convulsive and bowel affections, bear anodynes very well, there is always a fear of an overdose; from half a drachm to a drachm of good syrup of poppies, (not treacle and laudanum,) or two drops of the tincture of opium, are a full daily quantity for an infant within the month. Negligent assistants ought not to be employed to measure out the preparation; infants have sometimes been killed by overdoses; and still more frequently they have become drowsy, so as to neglect the breast and food for hours together, to their great detriment in bowel complaints. It is to be regretted that poppy syrup, so useful in children, varies so much in its strength and quality.

Leeches sometimes draw from young children more than intended; and one leech may be too much when a child is much reduced. Dr. O'Berne, formerly of Chillington in Devon, asserts that, like the horse of Baron Munchausen, if the hinder end of the leech be cut away, it will draw more copiously, being a sort of living pump, which gives off at one extremity what it absorbs at the other. When leeches are placed over bony surfaces, the bleeding, (if necessary,) may be more easily restrained by pressure; and the hand, sternum, and cranium are convenient places for their application. Besides compression and lunar caustic, a useful help for stopping the bleeding from the leech-orifices, is a small portion of clean sponge, easily passed down by means of a probe into the cellular web under the skin, where the bleeding vessels are situated. To Mr. Franks, one of my pupils, I was indebted for this fact. Infants are best bled from the external jugular vein, particularly in head affections; and when the blood can be drawn in this manner, we know precisely the measure. What quantities may be safely drawn at once, must be determined by circumstances; but the following tabular statement of quantities of blood, which I have taken away myself, at different ages, may, perhaps, be of some use to you:—

From a child of	oz.		oz. aver.
2 months old, from ..	1	to	1⅓
4 months	1½	to	2
8 months	2	to	3
12 months	3	to	4
18 months	4	to	5
3 years	8	to	10
6 years............	10	to	12

For some of the facts on which this table is grounded, I am indebted to my friend Mr. Edwards.

Beware of blistering infants, especially with eruptive diseases; if a child is under three years of age, you ought not to leave a blister on the skin for more than three hours together, without well considering what you are about. After removal of the blister, vesication will, I believe, generally ensue. Blisters, large and acrid, and of long application, are, it is to be feared, very apt to produce sloughing and death. Dreadful cases of this kind have now and then been brought under my notice.

The infantile diseases, like those of the adult, arise from causes exceedingly various; but, in most cases, irritability, acid acrimony, and errors in diet, have much to do in producing or modifying them. Children sometimes become gross and ailing because they are supplied too copiously with breast-milk; but far more frequently they suffer, because for human milk other food is substituted, marasmus and diarrhœa being the consequence. Children there are, and many, which thrive wonderfully upon pap; but some, and not a few, after two or three weeks' trial more especially, are found unfit for artificial food, and to them other food than the breast-milk is poison. Arsenic itself, though of more rapid operation, can scarcely produce more terrible effects than spoon-meat in such cases; excoriations of the bowels—tormina—diarrhœa—death, not to mention dissolution from mere wasting. The rapidity with which children are brought back from death's-door, under the use of the breast-milk, is, in some cases, very striking, and is a further proof of its congeniality. So important is this aliment in these constitutions, that the milk should be drawn from a woman's breast, and given with the spoon or bottle, if the infant be too weak to suck. Within the first one or two months especially, no infant ought wantonly to be put upon spoon-meat. When there is purging, wasting, or cephalic affection, our first inquiry should always be, "What is the diet of this child?" If there is a wet-nurse, examine the evacuations, for when the breast is deficient, hirelings will sometimes clandestinely administer other food than the milk, nor can they be brought to confess it. All this is very shameful—no doubt. The nurse ought to be immaculate; or if otherwise, she ought to accuse herself; only look at the excellent examples which she sees every week-day, and the orthodox and edifying advice which she receives every Sunday. Pity it is that our intimate acquaintance and bosom counsellor should be a great rogue; but so thou art, poor human nature! Ah! that *pomum adami*, we may always feel it in the throat!

I can hardly acquiesce in the opinion of those who maintain, that the evacuations of infants are naturally ascescent; and certainly in health, the marks of acidity are at most very faint. Infantile evacuations, when natural, have much of the odour of new milk, and are of bright yellow tint. In some cases, however, these discharges become as sour as vinegar, and as green as this cloth, especially if breast-milk be denied, and cephalic or bowel-disease may be the result or the concomitant; it is always proper, therefore, in these affections, to examine the evacuations generally, and more especially their acidity, giving antacids if necessary—chalk if you wish to shut, magnesia if you wish to open, ammoniacal preparations if you wish to stimulate the older children, and carbonate of soda if you desire a remedy of powerful antacid operation.

"Varium et mutabile semper"—"pleased with a feather, tickled with a straw"—"genus irritabile vatum." There is a great similarity between the nervous habits of women and children, and poets, and in all much, and frequent, and various commotion is produced by small causes—words, and looks, and accents, and a thousand other baubles; children, therefore, and those resembling them in nerves, become miserably obnoxious to nervous diseases. The proportion of the nervous system to the rest of the body is greater in the infant than in the adult. The cerebral vessels of the infant are much more prone to increased action than those of the healthy man, there appears, in earlier life, to subsist in the cerebral vessels, something of that irritability which is afterwards found in the mammaries and the pudendal. To these two causes, joined with a greater liveliness of the cerebral structure, the nervous temperament may, perhaps, be attributed; and in all cephalic and bowel diseases, therefore, great attention should be paid to the head, to its refrigeration, I mean, and the prevention or relief of the increased action of the vessels. Hence vegetable diet, leeching from the temples, bleeding from the jugular vein, evaporating lotions, and la douches; nor must anodynes be neglected, nor the removal of irritants, particularly in the gums of older children.

The *strophulus intertinctus* is well represented in Bateman's plates, and is so common and gentle that it excites but little attention; cutaneous patches, of a red colour, of an area varying between that of a split pea and a silver penny, constitute its principal character; in a few days the disease always ceases spontaneously. Do not confound it with measles. As there are no catarrhal symptoms nor febrile; and as the eruptions differ, the two affections are easily distinguished: look at Bateman's plate.—Nurses call the disease the red-gum. In the severer varieties there is a minute articular elevation in the centre of the red patch.

Cullen treats of the *uterus neophytorum* as if it were a very formidable disease; and cases with fatal organic disease of the liver may, perhaps, now and then occur. In infants, however, jaundice is never scarcely a dangerous disease, and it is of very frequent occurrence. Surely Haller is wrong in supposing that jaundice is produced in the infant by a clot of milk closing the D. communis choledochus; for when the skin is yellow, often the bile from the bowels is very abundant. The real cause of the uterus seems to be a redundancy of the bile under which a gorge and consequent absorption and reflux, are both of them produced in the same manner, as if obstruction existed in the passages. In a few days the yellowness vanishes: a tea-spoonful of castor oil may be given.

Flatulent colic is common in infants, especially if they are being poisoned by spoon-meat. Give the breast-milk; change the nurse if the milk disagree. Dillseed water, and friction of the abdomen, are good carminatives. Cantando rumpitur anguis. Nurses fancy that a lullaby is of use on these occasions; it may sooth the nerves, and is not, perhaps, altogether without its efficacy. A fit of anger, or some other nervous commotion in the nurse may, perhaps, produce this disease; it alters the quality of the milk.

Hundreds of children are yearly carried off by *cerebral affection, convulsions, hydrocephalus*, or a mixture of the two. In some infants the convulsions become chronic, but far more frequently they are acute, of a few days or a few hours standing. During the fit, the child is insensible; dragged about by spasms, with fixing, or staring, or partial closure of the eyes, and distortion of the features, which darken, and assume an ashy tint. The fontanel often throbs, and the scalp may be hot. There is evident analogy between these infant fits, and those of puerperal women. A single paroxysm may destroy, but more generally not so. When the child, in slumbering, is twitched gently, and smiles, and half discloses the eyes, and looks very charming—with rosy cheeks and brightened eye-balls, and a mind more active than ordinary, convulsions may be apprehended. These smaller symptoms are called inward fits. Our predecessors, besotted with superstition, always prone to ascribe nervous affections to demoniacal agencies, took it into their heads, that infants, when dosing, smiling convulsively, and starting, were holding converse with some airy being, charmed with their tender graces, and that the convulsions which followed were occasioned by a desperate struggle to escape from his grasp. This explained why children, the most forward and beautiful, as before observed, are most liable to this disease. There is a very pretty catch, called the Erl King, which turns entirely on this piece of foolery. Evening is often the apparent cause of the cephalic affections in children, and to this, as the song runs, the infant is exposed. The reign of imagination is likely to cease, when that of knowledge is established, and then—the dull realities of life and feelings, like those of five-and-forty. The real cause of the beauty, the brilliancy, the precocity, the dissolution of the child, is the press of the blood towards the brain, and perhaps of the teeth towards the gums; this gives glow to the cheek and splendor to the eye, and activity to the intellect, and death to the mother's hopes. Among the lower classes of the South of Europe, if I am rightly informed, nothing alarms the mother more than the commendation of her infant's beauty, The dread of Nemesis seems still to prevail even in Christian Italy, and such praise is supposed, in some unknown manner, to exert malignant influence. I have myself more than once been told with tears, that just before the fit some friend had been remarking, "how pretty the child looks:" but enough of this. Tumours, effused water, effused blood, and accumulation, and hurried circulation in the cerebral vessels, appear to be, in most instances, among the more immediate causes of this disease; and of these causes, congestion and aqueous effusion aré the most frequent. Blood is, I believe, rarely poured out, and tumours are uncommon. All these causes, *perhaps*, operate by pressure, but I doubt. Full diet, damp air irritation in the primæ viæ-dentition, whoopiug cough, measles, and other acute diseases, are the more common remoter causes, and the convulsive and hydrocephalic affections may arise without any very obvious excitement. The evacuations are generally knotty, mucous, serous, and green. Scrofulous constitutions appear to be especially prone to the disease.

The essential part of the treatment may be comprised in few words: in chronic cases, after effusion has taken place, bleeding from the head is of very doubtful propriety; but it seems to be a principal remedy if the attack is sudden and recent. The blood may be taken by leeches, or from the jugular vein; of the quantities, you may judge from the table already given. Again.

To clear the chylopoietic viscera, is always proper in these convulsive and hydrocephalic affections; ipecacuanha and calomel, or other laxatives and emetics, being employed for the purpose. Pastry and fruit are sometimes brought away in this manner, given, perhaps, to please the child by some indiscreet acquaintance.

In convulsive affections, be sure to refrigerate the head, particularly if the attack be recent. Let the hair be removed by the razor, or by the diligent use of the scissors. Ether and water, vinegar and water, or liquor ammon. acetatis, being employed in the way of lotion. Take care of the eyes. Ice may be thought of; water may be poured over the scalp from a coffee pot: this is, in fact, *la douche*. Once a day, or half a dozen times, for a few seconds, or for a few minutes, the administration of refrigerants may be continued, according to the effect produced. Coolness of the scalp, and paleness and shrinking of the features, are the indications that the refrigerating applications have exerted their full operation. Warmth about the head, pulsating fontanels, and inward fits, are the best signs that the refrigerants are again required.

To equalize the circulation, the warm bath is of great service; and although timorous mothers are very anxious lest the water should weaken, I think I never, in one instance, witnessed a dangerous debility produced in this manner; and of the bath I have made frequent use. 97° of Farenheit's thermometer appears to be a very fit temperature; ten or fifteen minutes is an average period of immersion, to be lengthened if the child seem lively, and to be abbreviated should faintness occur; perhaps it is better to keep the head above water.

If after three or four immersions the child still scream when bathed, the bathing vessel may be covered with a blanket, and this being gradually pressed down with the infant, the water transudes almost unperceived through the texture, so that the little patient is in the bath before it is aware of it. When the bath is obstinately refused, wrapping the infant in a flannel, wrung out of water at the temperature of 97° of Fahrenheit, may be found an excellent substitute; it may lie there among the folds, as comfortably as in the womb of the mother. If you wish to make the child superlatively happy, tell the friends to put a few broken corks in the water: *Dis miscent superis*. Thirty or forty years afterwards they would not find half the pleasure in a globe and sceptre.

I have known infants to be regularly attacked with convulsions every time they screamed; vex them, and a fit ensued: hence the importance of keeping all quiet. When the other remedies, namely, bleeding, purging, refrigeration of the head, and warm immersion, have been used, quiet may sometimes be ensured by syrup of poppies, or other anodynes. I know that in convulsive cases, with much lethargy, protracted for one or two weeks together, infants sometimes unexpectedly survive; and I have seen these recoveries recur under the use of opium, in such doses as decidedly affected the system, given with no other view than that of easing the distress of the little sufferer. Lowder, the predecessor of Haighton, used to state his conviction, that opiates were of effective use in curing the disease; and certainly my own persuasion is, that when administered in cases verging to the chronic form, and attended with distress and restlessness, they not only do no marked injury, but tend to accelerate the cure. I wish it were in my power to be more definite in my statements here; but I want more light.

When the disposition to cerebral afflux, and general hurry of the circulation, is obstinate, digitalis may deserve consideration. It is a dangerous but powerful agent, and must be sedulously watched. In convulsions, inquire whether any irritant is in operation. In all cases when the gums are suspected, they ought to be lanced.

A warm surface, a cool scalp, a vegetable diet, and gums lanced, when necessary, are, I believe, the best preventives of hydrocephalic and convulsive affections. With such children, evening walks are dangerous. Inward fits, bright eyes, glowing cheeks, and that slight irritability of temper which tender mothers deem an additional interest, constitute some of the plainer indications of an approaching attack. In one family, sometimes five or six infants are lost in succession under these cephalic affections; the necessity of preventive treatment is, in such cases, obvious enough.

Serous diarrhœa is a disease which proves the death of many infants, especially within the month. Ten or twenty watery evacuations, green, or becoming greenish, may occur in the course of the day. In the course of twenty or thirty hours, the fat may be absorbed so rapidly, that the skin, hanging loosely over the body, reminds one of the modish dresses of the day; and the body at first, perhaps, disposed to heat, becomes cold, pale, and collapsed, the patient recovering gradually, or dying at the end of some three or four days. This diarrhœa is more particularly dangerous, if the infant, not above a week or two old, has been gradually pining before the attack.

Mere irritability of the chylopoictic apparatus is not always, nor, perhaps, often the sole and immediate cause of these attacks. In some severe cases, superficial ulcers are found in the villous membrane after death; in others, on different parts of the intestinal surface, we discover spots of increased vascularity. When the conjunctiva, the urethra, the vagina, and the Schneiderian membrane, are inflamed superficially, they all increase in their irritability and their secretions, unless the inflammation be pushed beyond a certain degree; and it seems not improbable, therefore, that in infants the serous diarrhœa may more properly be referred to inflammation, than simple irritability of the inner surface of the membrane. In this preparation, presented by a very excellent and promising young gentleman, the late Dr. Cox, in the compass of one foot of intestine, you may see fifteen or twenty superficial ulcers, large as the surface of a split pea.

The substitution of other aliment for the human breast-milk, is the ordinary cause of watery diarrhœa; and to correct this error, is the first step of the cure. As observed before, if the infant be too weak to draw from the breast, the milk should be procured by proper drawing instruments, and administered with a spoon. Unless the human milk be promptly supplied, there is no reasonable hope of cure. In some cases, when the disease has been recent, I have, to appearance, successfully treated the watery diarrhœa on the antiphlogistic plan; but poppies, opiates, anti-acids, and aromatics, are the remedies which have appeared to have the best effects; and, at present, I know of none preferable. Two or three drops (not minims) daily of the opiate tincture, in slighter cases, may check the diarrhœa much; the great evil of this, and, indeed, of all the anodynes, is, that they may make the infant so torpid, that it neglects to draw the breath. Beware of over-dosing. A useful formula in these cases, is the following: of aromatic confection, one drachm; of poppy syrup, (genuine,) one drachm; of dill-seed water, an ounce and a half; of spirit of nutmeg, thirty or forty drops. A tea-spoonful to be given after every, or every other watery evacuation, unless the infant be drowsy, so that the whole may be taken in the course of the twenty-four hours. Till the breath is out of the body, you must never despair of children labouring under this disease.

Infants are obnoxious to *a sort of specific inflammation of the mucous membrane, the thrush*, or apthæ, as it is called, and which may attack the mouth only, or the whole length of the alimentary tube. That the milder thrush is begun, we may suspect when the nipple is aphthous and the child is drowsy; and when the suckling is frequently inrerrupted with crying, and the tongue and inner surface of the cheeks are red, and scattered over with a substance, like the curd of milk. When, in conjunction with these symptoms, the bowels purge, and the stomach vomits, and screaming and gas indicate intestinal spasms, and an apthous appearance is remarked in the perinæum and parts adjacent to the anus, we may then reasonably infer that the whole track of the intestinal tube is affected with aphthæ, or with aphthous irritation. The vagina, invested by a membrane like the oral epithelium, is, in women, sometimes attacked with a disease, which I conceive to be very analagous to the thrush of infants; and, under this disease, large quantities of curdy matter, of which I here show a specimen, will sometimes form itself in no sparing abundance. Now, what is the exact nature of the white specks of infantile thrush I am not certain, but it appears to me, that, not unlike this in nature, it consists of a morbid secretion from the mucous membrane.

When thrush is attended with purging, it may, I believe, be best treated like the aqueous diarrhœa just considered. When confined to the mouth, borax, mulberry syrup, and other stimulant astringents may be used with success. A useful linctus consists of borax, one drachm, and of simple syrup one ounce, or honey may be substituted for syrup, if not too irritating. Of this linctus, a little may be put into the mouth repeatedly in the course of the day; the best instrument for diffusing it over the mouth is the child's own tongue.

Mesenteric obstructions are not, I think, frequent in very young children, but, without such obstruction, you may frequently meet with an inflated abdomen, and a gradual wasting of the other parts. *Marasmus*, as it is called, usually, I think, arises from one of three causes, a denial of the human breast-milk; an inertness of the chylopoietic viscera, which either form their secretions too sparingly, or of deficient digestive power; and an afflux of blood on the head, with, perhaps, a concealed hydrocephalus. When the chylopoietic viscera are inert, without cephalic disease, I have seen much apparent benefit from Cayenne pepper, and quinine, in pill, according to effect produced, with a dose of blue pill, or a grain or so of calomel, two or three times a week. Think of introsusception, bowel irritation, bloody stools, and tenesmus, and beware of too frequent or too large a use of calomel. Change of air, and country air, or of the sea-shore, seem sometimes, in marasmus, to do more good than all our medicines. And thus much, then, in the way of practical remark, on the diseases of young infants, those especially which occur within the first few weeks, for to these it is that the preceding remarks, with few exceptions, are designed mainly to apply.

FOREIGN DEPARTMENT.

STUDY OF MIDWIFERY IN FRANCE.

In one of the Numbers of the Gazette de Santé for March, we find a letter, the writer of which strongly complains of the defective manner in which midwifery is taught in the schools of Paris. We have no occasion to give this letter in detail, as it applies so perfectly to the schools of Great Britain; that every English practitioner, who has not confined his obstetrical studies to British schools, must acknowledge the similarity which, in this respect, obtains between them and the Parisian schools. We hope, however, that we may do some good by giving an abridgment of a letter, which was subsequently sent to the editor of the Gazette de Santé, and which shows, that France possesses at least one good obstetrical school, an exception of which we scarcely can boast:—

"Sir,—The judicious remarks you have published in the Gazette de Santé, of the 25th of March, on the study of midwifery as pursued at Paris, induce me to describe the method in which this branch of medical science is taught at the University of Strasburgh. Having studied at both schools, I must begin with the confession that I have been struck with, I cannot say the superiority of that of Strasbourg over that of Paris, but with the excellence of the former, and the complete nullity of the latter.

"The Hospice de la Maternité, of Strasburgh, is on a smaller scale than that of Paris, but, in proportion, it is of no less advantage to the poor; the principal distinction, however, between this establishment and that of Paris, consists in its not being governed according to monasterial statutes, and in the liberal admission of students. The Maternité is part of the town hospital, and contains three wards; in the largest of them, the females are placed previous to, and after delivery; the second, called Salle d'Accouchement, serves for the purpose indicated by its name, and the third is occupied by an experienced and intelligent midwife, who, under the direction of M. Flamant, the professor of midwifery, superintends the obstetrical practice.

"The obstetrical clinic is held every morning at eight o'clock; every student has free access, but those only who have sufficiently studied the theory of midwifery, and are, for this purpose, divided into classes of twelve, are admitted to practice. The practical exercises are conducted in the following manner:—Every Saturday the females, who, during the preceding week, have entered the obstetrical department of the Hospital, are submitted to an examination per vaginam; for this purpose, one after the other is shown into the Salle d'Accouchement, where the class "*en service*" is assembled with M. Flamant, who begins and directs the examination. I need hardly dwell upon the advantages of these examinations, under the immediate superintendance of an experienced practitioner; the capacity of deciding many legal questions, of ascertaining whether a female is pregnant, how far she is advanced in pregnancy, &c., can, in fact, be acquired in this manner only.

"According to the various lengths of time that the female remains in the hospital before delivery, she undergoes these examinations more or less repeatedly. To each individual belonging to the practical classes, one pregnant female is particularly confided during her stay in the hospital. As soon as the symptoms of approaching parturition appear, she is removed to the Salle d'Accouchement, and whatever hour of day or night it may be, the student, to whose special care the case has been committed, is instantly sent for; if possible, the pupils of the class "*en service*" are also called. The female is now examined under the superintendance of the house-midwife, whose duty it is to direct the particular attention of the pupils to the different periods of parturition as discernible by examination, &c. If the case is in the least unusual, M. Flamant is sent for to direct its further management in person. In the next clinical lecture, the student, under whose particular care the case has been, gives a verbal report of the delivery, and, after the full termination of the case, his journal is read to the class."

If such a practical course of obstetrical clinic be compared with the method adopted in the schools of Paris, (and we add with those of Great Britain,) it is easily seen which side will preponderate; in fact, in Paris, and in this country, for the most part, there are only theoretical courses, and no practical exercises under the eye of the teacher; and what is obstetrical instruction without the latter? However excellent the former may be, where will the student learn the art of observation? where acquire the capacity of self-acting? The unfortunate patients, in the beginning of his practical career, must supply this want, and how dear must they often pay for it! *

TREATMENT OF AMAUROSIS.

In the Hospice de la Pitié, two persons, affected with amaurosis, were cured by a continued use of the ammoniated ointment. It was applied to the forehead, where the frontal branches of the fifth pair are distributed, after having left the orbits. M. Magendie's experiments on this nerve, led the practitioner to anticipate some beneficial effects on vision from such an application. The first patient was a soldier, ætat. 38, whose sight had suffered for more than three years; a seton in the neck, leeches to the temples, and internal remedies, had been applied without any effect; in the Hospital he was bled, and took large doses of tartarised antimony, but the blindness increased considerably. From the 14th of January, the ammoniated ointment was applied daily during a month to the forehead. Extensive ulceration was produced, and erysipelas soon succeeded, which could only be subdued by very copious bleedings, and a strict antiphlogistic treatment. At the end of a few days the sight began to improve, and, at the time of the report, the right eye had recovered entirely, but the left was still very weak. The second patient was a tailor, ætat. 39; his right eye had been affected for two years, and he was completely blind when he entered the hospital. The ointment was applied over the whole forehead; after sixteen days, however, its use was discontinued on account of the violent pains it caused. Some small abscesses formed, and the ulceration spread over the whole forehead. After some time the patient began to distinguish light from darkness, and before the end of two months his sight was perfectly restored.

HEREDITARY EPILEPSY.

The *Eyr et medicinisk Tidskrift* contains a very extraordinary instance of this formidable disease. Four children, of the same family, were, one after the other, affected with the following symptoms: up to the sixth year, they seemed to enjoy good health in every respect; from this period the sight and the intellectual faculties were gradually impaired, and a complete torpidity began to show itself, the voice was lost, &c. All these symptoms increased till the ninth year, when perfect blindness took place, and the use of the other senses was also almost entirely lost. Cold and heat seemed to have no effect whatever, the children were perfectly insensible as to any want of food, &c. Hearing appeared to be preserved longest. From the ninth to the fourteenth year epileptic fits arose, and gradually increased in force and frequency. In the fifteenth year, attacks of real mania took place. The first child was a boy, who, in consequence of these affections, died in his twenty-first year; the next, a girl, died in her twentieth year; the two youngest children are still alive; but the one, a boy of seventeen years, is very near his dissolution; and, in the last, a girl of nine years, all the symptoms observed in the other children, have appeared in the same course. With the view of guarding this last child from the fate of their other children, the parents sent it to some relations living at a distance from them; it seemed well till the sixth year, when the symptoms of amaurosis and general insensibility showed themselves. No signs of water on the brain are visible, and the country in which the parents live seems to be very healthy.

---

* We refer our readers to a paper by Dr. Kind, on Medical Education in Germany, in No. 220 of The Lancet, from which it appears, that the method of obstetrical clinic adopted in the school of Strasbourg, is the same which is followed in the German universities.

MR. SHELDRAKE ON DISTORTIONS OF THE FEET.

LORD BYRON'S CASE.

To the Editor of THE LANCET.

SIR,—It is well known that the late Lord Byron was lame in one of his feet, a circumstance which caused him much uneasiness in the course of his life; as the facts of the case have escaped the notice of all his biographers, this account of them may not be without some general interest, as well as be useful in a professional point of view.

He was born with one of his feet distorted, like some of those which are represented at page 144 of THE LANCET. As he was born in Scotland, Lady Byron consulted the most eminent professional men who, at that time, practised in Edinburgh; as no successful method of treating these defects was then known in that country, her Ladyship was told that her son's foot was incurable, and she submitted to what she was told must be his fate.

Some years afterwards, the success of my treatment of these cases becoming known in Scotland, several patients came to me from that country, and returned home cured; these facts being known to Lady Byron, she determined to send her son to be under my care in London, as he was then old enough to be sent to school. She sent him to a private academy kept by a Mr. Glenny, at Dulwich, who was ordered to send for me to attend Lord Byron and to cure his foot. A few days afterwards, a gentleman called at my house, to ask at what school Lord Byron was placed. I had, then, no knowledge of Lord Byron or his residence. The gentleman told me the state of his foot; that he was sent by his mother to a school near London, with orders to the master to employ me to attend him till his foot was quite well: that, as he was coming to London, Lady Byron requested that he would call at the school, and see how her son was going on under my care. He had just arrived in London, and had lost his pocket book, which contained the direction, with other papers; and as he knew his Lordship was to be my patient, he came to me for the address, that he might go to him directly; all this was unknown to me; there was, evidently, some mistake, which neither of us could explain, and, therefore, we parted.

A few days afterwards, I received a letter from Glenny the schoolmaster, who reproved me, in very strong terms, for neglecting Lord Byron, and required me to attend to him *properly*. I now saw what the mistake was; that Glenny had first sent a verbal order to me, which, by mistake, had passed into the hands of the person whom Dr. Neale told Captain Darley was the wrong Sheldrake, alias Sheldrake the truss-maker. Finding that his order was not obeyed, Glenny, I suppose, wrote by the post, and directed his letter to the address which he had received from Scotland, and, of course, his letter came safe to me. As this was, evidently, the real state of the case, I wrote to Glenny in explanation; but never received an answer to my letter.

Many years afterwards, when Lord Byron was at Cambridge, a gentleman told him of the distinction that was to be made between me and *Sheldrake the truss-maker*. In consequence, he came to London to consult me. He told me all that passed in Scotland, in the attempts that had there been made to cure his foot; of his surprise, when *Sheldrake the truss-maker*, was introduced to him, to find that the person of whom he had heard so much, was so stupid and ignorant as the individual who was then introduced to him certainly was; that he made no attempt to cure his foot; made something that he called a leg iron, and when that was done, appeared no more.

When Lady Byron was thus disappointed in the great benefit which it was believed her son would have received from me, she sought no more for assistance of any kind; and, in due course of time, his Lordship proceeded to Harrow, and thence to Cambridge.

After I had carefully examined his foot, I was convinced that, although he was at that time near twenty years of age, it was in such a state, that I could have completely cured him, if he could have submitted to the seclusion which he must have borne for so long a time as would have been necessary to effect a cure.

To explain this, it should be told that all the cures which, at that time, had been performed by me, were effected by using mechanical contrivances of different constructions, which were employed in various directions, and changed, altered, or removed, from time to time, as existing circumstances rendered necessary; if this course was followed steadily, the patient was cured; if it was interrupted, partial relapse took place; and, in short, nothing but the most persevering attention could have ensured success. The instruments that he must have used were cumbersome to the person, and disagreeable in appearance, — two circumstances which would necessarily prevent him from going into society, or engaging in those pursuits which suited with his rank, inclinations, and line of life. After having duly considered all the circumstances, his Lordship made his determination; he expressed bitter regret that the vile trick which had been practised upon him in early life, had cheated him of that time which might have been, without inconvenience, employed in effecting a cure, but which he could not now engage in without the greatest injury to his future pursuits: he was now almost of age, and must, in the nature of things, take his seat in the house of peers, and engage in other things that were suited to his rank, and which he could not avoid without injury; for these reasons he resolved not to attempt a cure, which, it was more than probable, circumstances would compel him to interrupt, or even render abortive.

The next question was, what could be done to alleviate the inconveniences he laboured under? I annex two sketches that I made from a cast of his foot; one view was looking at the outside, the other at the inside of his leg; by these it will be seen, that when he had no artificial support he stood upon the outside of his foot, but all the parts of it had so much flexibility, that by using some exertion with both my hands, I could turn the foot about so much as to bring the sole, and the heel likewise, very near to the ground: the leg was much smaller than the other leg. By making the inside of the shoe of a peculiar form, and some other precautions, and by placing additional substances upon the smallest leg, they made it appear equal in size to the other, so that, when he was dressed, his legs and feet appeared to be so equal, that common observers did not perceive any difference between them in the usual intercourse of society. In this state he continued, from the time that I first saw him, soon after the publication of his "Hours of Idleness," till he went on his first voyage to Greece; upon that occasion he carried with him as many of the articles that I had invented for his foot as would serve till his return, when he continued to use them so long as he remained in England; and when he left England the last time, he took a fresh supply, and I saw him no more; though I once received an order from him while he was on the Continent, to send him another set To execute, effectually, the means of concealing the defect in his leg and foot, it was necessary that his Lordship should be present; of course, after he had left England, it was impossible that it could be done; still he was desirous of concealing it as much as the circumstances he was in would allow, by his manner of managing his dress, by keeping his foot under the table, or by any other artifice that, at the time, he could practise to keep it out of sight.

As my intercourse with Lord Byron began before he had made himself much known, to the world, I have been asked to say, as the intercourse was unreserved on his part, in what light he appeared to me while that intercourse continued. I was first called to him soon after the publication of his "Hours of Idleness." The business on which I attended him called for much of our attention; but in the intervals he talked much and freely on literary subjects; he mentioned the "Hours of Idleness" as a trifle, and added, that in one of the reviews of the day, he was permitted to write the critique upon his own work. He mentioned the Edinburgh Review, its critique upon his work, and his determination to answer it, which he had not then done. He gave me the idea of a youth of high talents, who, as a man of rank, would make a great figure in life, though nothing indicated the course in which he would engage himself. He expressed a settled determination never to take any steps towards forming a collection of pictures, or any other works of art; he said, that all dealers in pictures, &c., made a strong push to get every young man of rank and fortune, when he first entered into public life, into their snares, that they might make him their dupes, and plunder him of his property. He declared his belief that all such dealers, as well as gamblers of every kind, were complete scoundrels, whose object was fraud, and expressed his fixed determination never to have any dealings with them; this determination, I believe, he adhered to during the whole of his life. He mentioned his fondness for, and frequent practice of, swimming; he said that he frequently swam from Westminster to Chelsea or Battersea, and from either of those places to Westminster, as circumstances might suit. His other pursuits, so far as I was enabled to judge by his conversation, and the appearance of his apartments, were entirely literary.

The fact of Lord Byron being obliged to

relinquish even the chances of being cured, because he could not publicly wear the instruments which I then used in the treatment of such cases, or seclude himself from society, so long as would be necessary for the performance of his cure, had its full effect in stimulating me to improve my practice, so far as to lay aside the use of all or any instruments in most, if not all the cases of distortion that came under my care, and in this I finally succeeded, and, previous to explaining this improvement, I will detail the two following cases:—

A lady, whose age, when I saw her, was twenty-three years, was born with one foot distorted; no attempt had been made to cure it, and, when I first saw her foot, it resembled that of Lord Byron. This lady was independent in her circumstances; she had, or was supposed to have, great musical powers; she had assiduously cultivated them, with a view of employing her talents on the stage, to which her inclination led her, and it was believed that the powers of her voice would shield the peculiar form of her foot from observation; a trial before an audience, however, proved that she was mistaken, and that her design must prove abortive, unless she could get the peculiarity of her foot removed.

I found that her foot exactly resembled the foot of Lord Byron, and, like his, could certainly be cured, if she submitted to the treatment which I had always employed in such cases; but I was told, her daily occupations carried her into such society, that it would be impossible for her to wear any instruments, or any thing else that would add, even in a temporary manner, to the peculiarity of her appearance. I mentioned the design I had formed to *attempt* the cure of such cases without using any artificial instruments; but though I had great hopes, I was by no means certain of success. She determined to give the plan a trial; she had every motive to try it to its full extent; I had the strongest motives to effect the cure if it was possible, and she finally determined to place herself under my care.

I immediately began the cure; I attended her daily, and, at the end of eight months, her foot was completely restored to its natural form, and to all its powers, the same as if it had never been defective. As the principles upon which I acted will be presently detailed, I shall now confine myself to explain the manner in which I proceeded.

I placed her, seated in a situation from which she could not remove herself, and put her lame foot upon my knee; I then examined her toes, to discover how much, and how rigidly they were contracted: when this was ascertained, with my hands I gave them so much action as brought them into their natural position, and continued it till they were quite flexible, and showed no disposition to relapse into their former state. When this was effected, I held them firmly in hands, while I performed the same operation upon the arch of the foot; the metatarsal bones, and bones of the tarsus, being, by retraction of the aponeurosis plantaris, and flexor muscles of the toes, raised so much as to make the foot much shorter than it should be. When this was completed, I secured the foot as I had before secured the toes, and proceeded to reduce the ancle joint into its natural state; this was done by giving the muscles, which are connected with that joint, so much exercise as would force the circular head of the astragalus into its natural situation under the tibia, and, at the same time, forcing the os calcis towards the ground, till, by this change, the arch of the foot was brought into its natural form, and this foot became of the same length as the other. It required much greater exertion, and much longer time to effect this, than it did to complete any other points of the cure. When it was completed, I treated the knee joint in the same manner; I then proceeded to the junction of the femur with the pelvis, and when the effect which I intended to produce was accomplished in this joint, the cure was complete.

I derived great advantage in the progress of this case, from the anxious wish of my patient that her cure should be perfect. She was a lady of very strong mind, with great perseverance; she continually inquired what she could do to promote her own cure, when my treatment was not going on, which it could only do when I was present. I am satisfied that, during the whole time she was under my care, she never made a single step in which she did not endeavour to place and use her foot in the most advantageous manner. Although she had always been encumbered with this foot, she had, in early life, learned to dance, as other young ladies did; she now practised her dancing strenuously, more especially the minuet, from which she derived great advantage. I say this decisively, and in contempt of the censures of a miserable quack, who has written to censure the practice of dancing, as injurious to the female figure, because I know, if it is really understood by those who teach, and those who practise it, it is one of the most advantageous practices that can be adopted to improve the form and action of young persons: it was greatly beneficial to this lady.

A stout active boy, who, when I saw him, was fifteen years old, had one of his feet distorted, so as to resemble the figures that will be found at page 361 of THE LANCET. The case of this patient differed from that which is there represented, because he had always enjoyed good health; had his foot distorted in this state from an early period of life; his parents could not tell how it was occasioned, but, as they had always been told that this defect was incurable, they had never made any attempt to get assistance for it. This foot was rigidly fixed in the situation that has been mentioned; he walked upon his toes, and, lame as he was, he engaged in all the amusements that are common to boys of his age, as much as his lameness would permit him.

He was placed, unreservedly, under my care, and, as the case was well adapted to the treatment which I had found successful in the preceding case, I subjected this boy to the same in every respect but one. The lady was so anxious to obtain a cure, that the exertions which she made in my absence promoted and accelerated it in a great degree; the boy was idle, and so careless that he retarded rather than promoted his own cure; to counteract this, I obliged him to wear the common instrument upon his foot, whenever he was not subjected to my treatment, and by this means prevented him from losing so much of the benefit of that treatment as he would otherwise have done. By steadfastly following this course I restored his foot to its complete form, and its full powers of action, which it has retained to the present time.

I shall now endeavour to explain the principles upon which I proceeded in the treatment of these cases.

I do not know what course is adopted in the anatomical schools of the present day to instruct the pupils in myology, but, when I was a pupil, this was the practice:—The subject was well dissected, and laid upon the table; the professor then pointed out the different muscles, their names, origins, insertions, and uses, each muscle being thus explained by itself, but no notice was taken to show how several muscles acted in connexion with each other; if such knowledge was thought to be useful or necessary, the pupils were left to acquire it as they could.

This was all the knowledge that I gained in the schools; whatever else I may know has been acquired by attentive observation in practice. If, under such circumstances, any errors should creep into the explanations that I shall now endeavour to give, I trust they will be excused.

No muscle, in any part of the body or limbs, can act entirely by itself; in some actions, one muscle may be *principally* employed, but all the muscles that are connected with the same limb will partake in the action, in proportion to their relative importance; for example, if I stand upright, with my back against the wall, or other perpendicular, and my feet firmly placed on the floor; if, while in this situation, I determine, or endeavour, to raise my great toe only, I perceive that the end of that toe is raised, but I likewise both see and feel that the other toes are moved at the same time; I both see and feel that, at the same time, the extensor pollicis pedis, the tibialis anticus, and peroneus longus muscles, move upon the top of the foot; at the same time I feel a motion in the course of the gastrocnemeii muscles, and in some of the muscles of the thigh; all these muscles act in concurrence, but in different proportions, to produce the simple motion of the great toe; and, however the powers of my mind may be exerted to produce that action only, and prevent the corresponding action from taking place at the same time, *it is quite* impossible that it should be done.

Again: if the tendon of the extensor muscle of the great toe were completely divided, if I remained in the same situation, and endeavoured to repeat the same action, every part that has been mentioned would act in the same manner, except the great toe; its tendon being divided, and its muscle retracted, the flexor muscle would draw the toe downwards, and lameness and deformity, to a certain extent, would ensue.

If the tendon, or muscle, of any other of the toes were divided in the same manner, a similar effect would take place in that toe; or, if the muscle or muscles of any of the other toes are bruised, or otherwise injured, the action of those muscles would diminish or cease till the cause was removed. This effect produced the distortion in the case that has been related at page 406, No. 252, of THE LANCET. The child's foot was hurt by a servant treading upon it; the extensor muscles ceased to act, and the contractile action of the flexors increased, and that derangement went on increasing till all that deformity ensued which it required so much exertion to eradicate.

Another principle in the form, arrangement, and action of muscles, requires to be attended to in the consideration of this subject. When a limb is perfect in its form and action, it performs any action completely, in obedience to the will of its possessor; but when the action of any muscle is interrupted, or destroyed, by any cause, the action of the limb is rendered defective, in proportion to the share which the defective muscle would have had in it if that muscle had been as complete as the rest. It was from this peculiarity, that the patient, whose case has just been mentioned, became lame to the extent that she was, in consequence of a very trifling accident. As the disuse of any muscle, in consequence of injury that it has received, produces lameness, so the mere disuse of certain muscles, which have received no injury, produces awkwardness; this may be seen in many persons, but the most striking proofs of the fact are to be found in our common soldiers, and its progress may be thus traced. A stupid young countryman has passed several years in a condition little better than merely vegetating, and following the occupations which we see such persons are engaged in, in various situations: he becomes a soldier, and when he is qualified for that new occupation, he has acquired no new physical power, he is only enabled, or rather forced, to bring the powers that he possessed, without being conscious that he had them, into action. He has acquired no mental knowledge, he has been merely forced, by coercion, or the fear of it, to adopt practices of which he only knows that they are very fatiguing and very painful, till at last they become familiar to him, and he becomes a smart, active, and perhaps elegantly-formed soldier, for the rest of his life. Though he has undergone these changes, he does not understand the principles by the application of which they have been produced; he only knows that he was, very much against his inclination, compelled to do such things, and he only knows that if he does not continue to do them properly he will be punished, and to avoid that he continues to do, carefully, what he has learned.

The object that I hope to effect is to produce similar alterations, in proportion to the nature of their pursuits, in the persons of those who are in the superior walks of life; with such the use of coercion is out of the question, but it surely, in the present state of society, is to be expected that professional men will take the trouble to understand the causes of those defects to which these papers relate; and to practise, or at least to recommend the practice of such means as will effectually cure them. Whenever that is done, a very numerous class of persons, who have long been victims to the vilest system of quackery that can exist, will be benefited to the full extent that the nature of their defects will allow.

It is well known, that all the muscles which move the thighs, legs, and feet, are firmly attached, at their origin, to some bones which form the bases from which they act; at what is called their insertion they are attached with equal firmness to other bones, by their own tendons; the action of each muscle, whatever it may be, is performed by the alternate contraction and extension of the muscle: thus, when it was intended to move the great toe by raising it upwards, action or motion was necessarily produced in the top of the foot and the whole length of the leg, so far as the extensor muscles extend upon the leg; to bend the great toe downwards, so as to make it press upon the ground, the action of the flexor pollicis pedis *only was necessary*; but the mind or will could not direct its influence to that muscle only, without having a certain degree of influence upon the gastrocnemeii muscles, as well as all the other muscles of the thigh, leg, and foot, to arrive at the toe, which was the only part whose action *it intended to influence.*

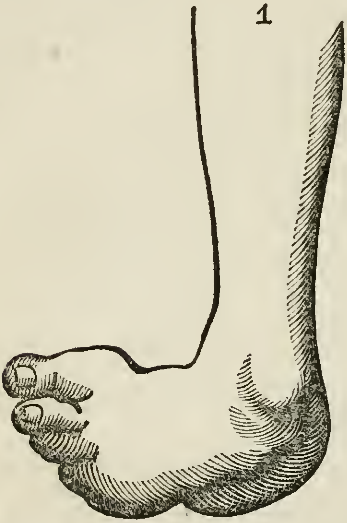
This seems to be one of the first principles of muscular action, and its influence appears to be universal: so long as all the muscles of a limb are in a perfect and healthy state, the mind, in attempting to move the limb, exerts its influence upon all the muscles which, united, form that limb, and upon each in proportion to the importance of the part which it is qualified to perform on the required action; but when the mind is determined to move one muscle only, it could not do so without extending a part of its influence to other muscles which formed parts of the same limb; whenever it is intended to increase, to diminish, or to create action in any muscle, without interfering with the action of any others which form portions of the same limb, that effect must be produced by external means alone, over which the patient can have no control.

It was by the careful application of these principles, which I am not aware that any other person has developed, that I succeeded in curing the cases that have been related, as well as many others of the same kind; and have reason to say that all other cases of the same kind may be cured by the same treatment. My first step was to ascertain what muscles were concerned in producing the distortion that was before me; my first operation was to bring the whole limb into artificial action, and keep it up for a long time, acerding to the axiom that I had derived from John Hunter: this was always beneficial, because it produced increased circulation, which extended its beneficial influence to the whole body of the patient. Next I proceeded to act upon different muscles. I had ascertained by ex-experience, that when each muscle was brought into action, it produced a peculiar sensation in those parts of the leg where the muscle I acted upon was situate: thus I gained the confidence of my patient, by telling her beforehand, I expected that she would feel sensations that I described in such parts of her leg and thigh as I pointed out; if, in a certain time, the sensations mentioned were not produced, I knew that I was not acting with effect, and varied my tactics till the sensations that I expected were felt; I then knew that I had gained the proper point to act upon that muscle, and proceeded to act upon it till I had produced all the effect intended upon that muscle; I then proceeded to the next, till I had brought all the muscles in the thigh, leg, and foot, from the toes to the psoas muscle inclusive, into complete action, and then my patient was cured.

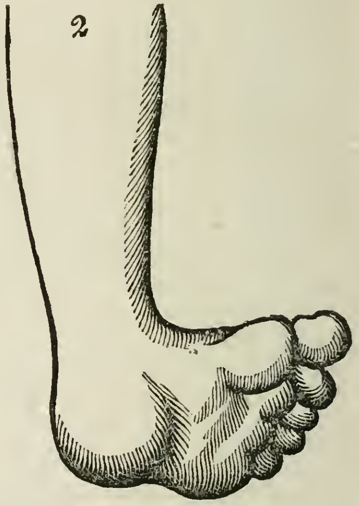
In the course of this proceeding, I became acquainted with some effects of muscular action which were new and unexpected to me, that I did not understand, but which I have now become well acquainted with. While I was pondering upon these things, I met with a physician, a native of Switzerland, who had just then arrived in this country. I mentioned the effects I have alluded to, and the difficulty I had in understanding them, to my Swiss acquaintance, and he said, very gravely, "you do not seem to know it, but *that is animal magnetism*! You were magnetizing that patient with great effect!!!" I was as much surprised as if I had been accused of witchcraft, and denied the charge with much earnestness: my accuser was not to be convinced, and we parted.

I am yours, &c.,
T. Sheldrake.

No. 7, Devonshire Street,
Portland Place.



1



2

ABUSES AT ST. BARTHOLOMEW'S.

To the Editor of The Lancet.

Sir,—I cannot resist an inclination to reply to the remarks, made by Mr. Lloyd in the square of the Hospital, last Saturday week, on my letter in your Number for that day, especially as I find them published in your Number for last Saturday. I shall, of course, only notice that part of Mr. Lloyd's statement, which assumes the air of contradiction.

He says "that he very well recollects stating, that as there were but six dressers, and as the diseases of the patients of two dressers were described, at least a third of the patients must have their names on the boards; but then, he says, he as distinctly remembers adding, that that was not the only evidence, *because he had been round the hospital*, and found that if a general statement had been made, that three or four boards were without the names of the diseases, it would have been much more correct, than to have alleged, there were only three or four with the names." *Because he had been round the hospital*! Aye, when? Why, on the 16th of August, *the day my letter was* PUBLISHED, but not on the 4th, *the day my letter was* WRITTEN, and the day on which I myself went round for the purpose of examining the boards, on which day, I am ready to swear, and do again assert, that there were not more than four of the boards of *those patients, who had been admitted during Mr. Lawrence's absence,* that had the names of the diseases inscribed on them, and Mr. Lloyd will not, I think, be very ready to claim the credit of having named those. But, the question is not whether there were three, four, five, or six boards, so named, (though Mr. Lloyd seems to consider this a very important point,) it is whether Mr. Lloyd named the diseases, and directed those names to be written on the boards: he did not do it,—he confesses he did not do it; (for, on the publication of my letter, he says he went round to see if it were done;) and since he did not, why not, like an honest man be content with saying that he did not know it was his duty to do so? instead of shuffling and quibbling as to the number of boards that were named, which, after all, were never named by him; but which, it seems, had there been many named, and properly named, he would himself have claimed the credit of, in support of his attention and assiduity, and thus, with respect to his own inattention and the dresser's attention, would have blended both to have blinded one.

On account of the two dressers abovementioned, returning to town before Mr. Lawrence's taking-in day, Mr. Lloyd believes that few cases could have been received during the week they were absent. I beg to inform Mr. Lloyd, that there were no less than *eleven patients* admitted that week into Mr. Lawrence's wards, and refer him to the admission-book for the truth of this statement.

Mr. Lloyd says, "he should like to know a single instance in which these two dressers altered the state of their boards"—that is, I suppose, added the names of the diseases to them, for there is my point. I shall take the liberty of referring him to the two dressers themselves for an answer.

It is also stated that Mr. Lloyd expressed no astonishment on being informed, that there was a book kept by Mr. Lawrence's dressers, in which the names of the patients, their diseases, &c., are recorded. I know not what Mr. Lloyd may call astonishment, but this I know, that he was not satisfied with hearing that there was such a book, but inquired where it was kept, said he should like to see it, and on coming down stairs, actually took the trouble of going into Rahere's Ward, for the purpose of inspecting it. I can only say, that if he were not astonished at hearing of such a book, I was very much astonished at his ignorance of its existence.

"That it rather belonged to the pupil to *request* information of the surgeon on the different points of practice, than for the surgeon to *voluntarily* give that information to the pupil," Mr. Lloyd affirms that he never said. To this I might reply, in the language of Othello, "If thou be'st a devil, I cannot kill thee," and must rest contented with appealing to those who were present.

He states, too, "that it would be much more to the advantage of pupils to make a point of inquiring into for themselves, and registering symptoms, than merely to look at the names;" but a pupil, of course, is not allowed to go into the wards and pull down the bed-clothes of a patient to look at a disease, he frequently has no other guide than the board for obtaining information respecting a patient; and if, on that, he should find the name, and moreover the treatment of a disease properly recorded, he may, with much more advantage to himself, inquire into, and observe the symptoms.

Mr. Lloyd denies that he "complained of his duties at the hospital interfering with his private practice, and expressed his regret that he could not pay that attention to those duties which he felt he ought." For the truth of this statement, I, of course, can only appeal to those who were present at the time, which I do most confidently, and more particularly to some of Mr. Lawrence's dressers, who had some conversation with Mr. Lloyd on this very point. I beseech Mr. Lloyd to *inquire publicly* of those who were present, whether he did say so or not, for I should think myself guilty of the grossest kind of falsehood, if he did not. He says he stated, "that in giving up his time to the hospital, he sacrificed his private practice considerably." Well, though this be somewhat milder language, yet, I think, this is not entirely free from the odour of a complaint, particularly when addressed to those for whom, in part, he made the sacrifice. As to his being at the hospital two, three, four, and more times a day, I grant it; and why? Will Mr. Lloyd make me acquainted with the motive of his being there four, and more times a day? Four or five days before the little French lady died, when the hospital was being visited by numerous people of respectability, and some of rank, Mr. Lloyd was there almost every hour in the day; he actually haunted the hospital; so attentive, indeed, was he, that some thought, as was hinted in your last Number, that there existed a *penchant* for the lady; but it struck me, that if there was any *penchant* at all in the business, it was rather for the lady's connexion, than for the lady herself.

I remain, Sir,
Your obedient servant,
A Pupil of St. Bartholomew's.
Sept. 15, 1828.

Why are the Irish labourers like Mr. Brodie?—Because they are famous corn-cutters!!—(*Morning Herald.*)—Alas, Chiropodist Brodie!

THE LANCET.

London, Saturday, September 20, 1828.

One of the most profound politicians in Europe has remarked, with an acuteness which discovers a deep insight into the dark side of human nature, that language was given to man for the purpose of concealing his thoughts. Mr. Harrison, the treasurer of Guy's Hospital, seems, if we may judge from the evidence extracted from him by the Parliamentary Committee on anatomy, to be animated by all that love of concealment on which the ingenious paradox of the French statesman is founded, but he is deficient in the intellectual resources, by the application of which the gift of speech is often successfully abused. It is said to be the perfection of art to conceal art; and, in like manner, we take the finishing stroke to the character of an adept in the "Hole and Corner" policy, to be the power of effectually concealing the reasons which induce him to shrink, with owl-like sensibility to light, from the searching eye of the public. In this last accomplishment, Mr. Harrison, the treasurer of Guy's Hospital, is manifestly wanting; but though he failed to convince the Committee that a person, *in his peculiar situation*, ought to be exempted from examination; and though he was cross-questioned, in consequence of his evident reluctance to give direct answers to various interrogatories, in a way which distinguishes his testimony from that of every other witness examined in the course of this inquiry, he indemuified himself, as we shall presently see, for the want of delicacy shown by the Committee, by frequently giving such answers, as completely antagonised and contradicted each other. On almost all the material points of inquiry, his first answer is, as we shall demonstrate, diametrically opposite to that finally elicited from him, by a gentle application of the process, which, when applied to a *shy* witness in a court of justice, is denominated *raking*. Demipho, in the play, when he is left to choose between two opposite opinions, exclaims *fecisti probe! Incertior sum multo quam dudum.* Mr. Harrison's answers were fully as contradictory, and, in respect to the points inquired into, conveyed as little information, as those of the lawyers in Terence, but we doubt whether they left the Committee in the same degree of uncertainty as to the conclusions to be drawn from them.

We shall this week endeavour to give our readers an idea of the nature of the evidence elicited from Mr. Harrison by the Committee, reserving to a future occasion the task of making such extended observations on that evidence, as its peculiar character appears to call for. We must premise that, although Mr. Harrison could not escape the ordeal of an examination, he succeeded in inducing the Committee to order all strangers to withdraw. This was an advantage to which the treasurer attached a degree of importance, which, since the publication of his evidence, he is, in all probability, no longer disposed to ascribe to it. The very first answers which he gave to the questions addressed to him, must have let the Committee a little into the secret of his reluctance to be examined.

"Benjamin Harrison, Esq., called in; and Examined.

"Previous to his examination, the witness submitted, that in his peculiar situation, he ought not to be examined by the Committee; being informed by the Chairman, that he would be allowed to state his objections to any question at the time of its being put, he delivered in the following paper, as an order issued at Guy's Hospital, on or about Friday, May 9th, 1828:—

'Hitherto, however minute may have been the inspection and examination of persons after death at Guy's Hospital, it has been so conducted as not to have produced any inconvenience or unpleasant feelings on the part of the patients or the public; but publicity and misrepresentation will, of necessity, occasion so much excitement, that it is deemed expedient to direct that no such examinations shall, in future, be permitted.'

You are the treasurer of Guy's Hospital?—Yes.

1002. Will you state to the Committee, what it was that occasioned the governors to issue that order on Friday, May 9th?—It was not issued by the governors; it was issued by the treasurer.

1003. By yourself?—Yes.

1004. What was it that occasioned you particularly, on Friday, May 9th, to issue that order?—I think it is described in the order itself. It states, that publicity by circumstances being known, and particulars relating to the hospital, which have been brought before this Committee.

1005. Was it particularly represented to the treasurer by the surgeons and lecturers, or any other persons connected with the hospital, that there did exist, particularly at this time, much excitement on the part of the public?—It was from the publicity given to these proceedings, and from the evidence that has been given.

The Committee probably need not ask you, who have been so long the treasurer of Guy's Hospital, and a very influential officer there, whether you think it of importance to the public, and to the education of medical and surgical men, that dissections should be carried on?—I think it highly important."

We may here state, that the answers given by the witness to the questions numbered 1004 and 1005, were *no answers* to the points inquired into, and that, in a court of justice, a witness would not be suffered to frustrate, by such evasions, the object of those whose duty it is to elicit information. The answers to questions 1002 and 1003, however, are of necessity sufficiently explicit, and they disclose, indeed, a most extraordinary fact. Here is an order, superseding a practice acknowledged to be essential to the interests of medical science; an order, calculated to interfere most materially with the useful objects of a charitable institution, which was, nevertheless, issued by the sole authority of the Treasurer, without the sanction of the Governors of the Hospital, and, as it appears, without the slightest previous communication with the Governors. Upon the face of the document, indeed, the order appears to have been issued by the collective wisdom of the governing body of the Institution. "*It is deemed expedient to direct,*" is the language of the order, and the Committee, therefore, naturally enough inquired what it was that occasioned the GOVERNORS to issue the order at that particular period, taking it for granted, that an order of so important a nature would not have been issued without strong reasons, and due deliberation on the part of the governing body. The answer to this inquiry let in the first ray of light on *the peculiar situation* of the witness. The order, forsooth, was *not* the order of the Governors, it was the *sic volo, sic jubeo* of Mr. BENJAMIN HARRISON, the Governors having been treated by the Treasurer on this, as on most other occasions, as so many ciphers. The Treasurer cannot urge, by way of excuse for his extraordinary conduct, that he conceived the matter in which he ventured to take so important a step upon his own responsibility, to be one of light moment, for upon being asked whether he thought it of consequence to the public, and to the education of medical and surgical men, that dissections should be carried on, he replied, that he thought it highly important. The apparent object and effect of this order of MR. HARRISON, be it observed, are not only to prevent the dissection of the bodies of persons dying in Guy's Hospital for the purposes of anatomical tuition, but even to prevent the inspection, or partial dissection of bodies, for the purpose of advancing our knowledge of pathology, which inspection, as it appears from the evidence before the Committee, has been, for the most part, readily acquiesced in by the friends of deceased patients, and the prohibition of which must tend greatly to counteract the benevolent objects for which Guy's Hospital was founded. It is with charitable, as with civil institutions: despotic authority is equally injurious to the interests of both; and it is high time that the Governors of Guy's Hospital should emancipate themselves and the Institution from a power, which the Treasurer is not legally justified in exercising, and which, it is too evident from this and other parts of that functionary's testimony, is not at present subjected to any efficient control.

We proceed to that part of Mr. HARRISON's examination which relates to the erection of the new theatre at Guy's Hospital. To this portion of his testimony we apply the remark of Captain Fluellen,—that "it is turning, and inconstant, and variations, and mutabilities." We are in possession of information, which would furnish a curious commentary on the treasurer's evidence, but when our readers shall have perused the evidence, they will perhaps be of opinion that no commentary could be more curious than the text.

The Committee understand that it was with such feelings the governors, not very long since, attached to the building of Guy's Hospital a new dissecting school?—It was not erected at the expense of the hospital.

At whose expense was it erected?—It has been paid for in part, and is intended to be wholly so, out of the profits of the surgical school.

Do you mean, that a certain portion was taken out of the fees usually received by the physicians and surgeons, to raise that fund?—It was paid out of the surgeons' pupil fund.

How long ago is it since the new dissecting room at Guy's Hospital was built?—It was first occupied in October 1825.

Do the lecturers who now lecture at Guy's Hospital, receive the same portion of the fees as they did before the new dissecting room was built?—There were then no anatomical or surgical lectures, and now those receipts all go into one fund, subject to the deductions which the governors may, from time to time, deem expedient.

What are the fees which are now paid at Guy's Hospital by the pupils to the anatomical and surgical lecturers?—I have not the particulars with me—I do not recollect the amount.

Has the lecturer at Guy's Hospital, in the use of the dissecting room, any peculiar advantages which the lecturer at private schools of dissection has not; had he in the year 1827?—I should conceive, with respect to the portion of the expences that are paid towards the assistance that is afforded, *much less is paid for rent* and other charges than in other situations.

The question relates principally as to whether he receives the use of the dissecting room, without paying to the hospital any rent for it?—He pays a certain sum, but it *is not defined whether it is for rent* or for the expenses that are incurred.

Do you mean, as treasurer, that the whole accounts are blended together, and there is no separation?—I mean to say that account has nothing to do with the accounts of the hospital.

Do the lecturers pay a consideration for the use of the dissecting room?—*They do.*

Do the fees given to the lecturer pass through the hands of the treasurer?—They are paid into the steward's hands, and *subject certainly to the control of the treasurer;* the whole of the pupils' fund is paid into the steward's hands, *and is also subject to the control of the treasurer.*

Then the treasurer is acquainted with the amount of the fees paid to the lecturer?—The printed paper of lectures will explain that; there are certain fees paid for each course, and by perpetual pupils.

In whose custody are the account books of the institution, and who are responsible for their production?—*The treasurer.*

Is there any printed statement of the fees?—There is.

Is the dissecting room, built within the last two years, part of the institution of Guy's Hospital?—It is.

How then, since you, the treasurer, are responsible for the account books belonging to the institution, does it happen, that the accounts of any part of that institution are not in your hands, and you are not responsible for them?—The accounts of the hospital, and the accounts of the lecturers, are kept quite distinct.

But you, being responsible for the accounts of the whole institution, and the dissecting room being part of the institution, whether the accounts be mingled or separate, are you not responsible for the accounts of the dissecting room?—The accounts of the dissecting room are kept by the steward.

Are they not submitted to you?—They are.

It is scarcely necessary to animadvert on the contradictions involved in the foregoing testimony, or on the manifest indisposition which existed on the part of the treasurer to give a plain straight-forward account of the transaction with respect to which the Committee sought to be informed. Mr. HARRISON was, evidently, exceedingly anxious to negative the supposition, that the new buildings, erected for the private benefit of the surgical officers attached to the Hospital, were erected at the expense of the Institution. But if the expense of those buildings were not defrayed out of the funds of the Institution, from what funds was it defrayed? Whence, we should be glad to know, this extraordinary anxiety on the part of the treasurer, after he had failed to escape altogether from an examination, to impress the Committee and the public with the belief, that no part of the funds left by Mr. Guy, for the support of this Hospital, has been appropriated to the building of the New Surgical School? The buildings were not, he says, erected at the expense of the Hospital. At whose expense, then, we repeat, were they erected? Not at the expense of the surgeons and lecturers whose private benefit was promoted by their erection, for those gentlemen *pay a consideration for the use of them*. First, the Committee is told that *much less is paid by the lecturers for rent* than in other situations. Secondly, the Committee is told that the lecturers pay a certain sum, *but it is not defined whether it is for rent*. And, thirdly, the Committee is told that, though it is not defined whether what the lecturers pay is for rent, they do pay *a consideration for the use of the dissecting-room*. It is clear, from these answers, however equivocating and contradictory, that the lecturers have not erected at their own expense a building, *for the use of which* they pay a consideration to the treasurer. Did Mr. Harrison then desire the Committee, and does he expect the public to believe, that having, as it should seem, at his almost uncontrolled disposition, the enormous revenues arising out of the QUARTER OF A MILLION left by Mr. Guy, *in the reign of Queen Ann*, for the support of this Institution, he has defrayed out of his private purse, the expense of building the New Surgical School? And if he did not desire the Committee, and does not expect the public to pin their faith upon such an insinuation, what are we to understand by that part of his evidence, in which he declares, that the buildings were not erected at the expense of the Hospital. But let us contrast the evidence of Mr. Harrison with the language held by one of the lecturers, Mr. Bransby Cooper, on the day of the opening of the New Theatre. "There is one topic," said that person, "on which I consider myself bound to touch, I mean the deep sense of gratitude which I entertain towards the Treasurer of this house, for the honour which he has conferred upon me in placing me in this chair, and thus affording me the opportunity of addressing you. But I conceive he is entitled to a much higher eulogy than my poor tribute of thanks; he is entitled to the thanks of the public for having so nobly *applied the funds entrusted to his hands*, for the purpose of opening a new source for the diffusion of anatomical and medical knowledge."* We stop not here to inquire, whether the compliment paid by the Lecturer to the Treasurer, was or was not well merited; or, whether the building of the New School was not, in point of fact, a job, first suggested by the dissentions between Guy's and Thomas's Hospitals, and entirely unconnected with any desire to promote the interests of the former Institution, or to advance surgical science; but we call upon Mr. Harrison to reconcile this effusion of gratitude on the part of the Lecturer at the opening of the Theatre, with the account which he gave before the Parliamentary Committee, of the source from which the expense of building the New Theatre was to be, and had been, defrayed.

The following extract from the Treasurer's evidence, furnishes an illustration of his straight-forward method of answering a question, and of the way in which his first answers are commonly antagonised by those finally extracted from him.

---

* The Lancet, Oct. 1, 1825.

Is it not the case that no patient is admitted at Guy's Hospital, unless his friends previously give security that they will pay the expense of interment?—That is not the case.

Is not a fee deposited?—No.

Not a fee of a guinea?—No.

Is there no security given before the patient is admitted at Guy's Hospital, whatever may be the object of that security?—When a patient is admitted, it is an object to know who will take the patient on being discharged; and, for that purpose, security is endeavoured to be obtained; if the patient dies and is buried by the hospital, one pound is demanded from the security.

The next questions were skilfully put by the Committee, and are well calculated to expose the weakness with which men of a certain intellectual calibre cling to opinions or prejudices in the teeth of facts within their own knowledge, which ought to lead them to directly opposite couclusions.

"Upon adding the new dissecting room to Guy's Hospital, was there any diminution in the number of applicants for admission into the Hospital?—I should say, there has been an increased number of applicants.

Was it known to the public in the neighbourhood that there was a dissecting establishment lately attached to the Hospital?—Perfectly; it is so large and conspicuous a building, that it must be known.

Then it appears that the knowledge of dissection being carried on, did not indispose sick persons or their relatives to apply to that Hospital for relief?—The anatomical school is not within the walls; the inspection room is within the walls.

At what distance is the anatomical school from the walls?—It is within an outward boundary, not where the patients have access.

At what distance?—It is within two hundred or three hundred yards of the Hospital.

Was it ever a matter of doubt in the neighbourhood that it was an establishment intimately connected with the Hospital itself?—It was a matter of so much public notoriety, that I should consider it was not even a matter of doubt.

Then it appears that the knowledge of dissections going on in an establishment intimately connected with the Hospital, did not deter patients from frequenting the Hospital?—Certainly not.

Does not that lead you to conceive that the repugnance to dissection, which is supposed to exist, may in some measure have been exaggerated by those who entertain fears of publicity?—I am quite sure that if patients admitted into the Hospital, were to consider that they would be dissected, it would have a very material effect; but by good management and great caution being exercised, inspections are every day more easily permitted."

Nothing can be more ingenious than the train of quesions by which the treasurer is led to stultify his own opinion. It is an excellent application of the *reductio ad absurdum* used by the ancient geometers to the science of cross-examination. As to the readiness with which inspections are permitted, how can the treasurer reconcile this daily increasing acquiescence in inspections on the part of the public with the order, prohibiting all inspections at Guy's Hospital, promulgated by him on the 9th of May? Does he mean to insinuate that the order, issued on the 9th of May, was a pious fraud on the public, referable only to the good management and great caution which he supposes necessary to be exercised? At the outset of his examination he told the committee that that order was occasioned by increased excitement in the public mind; but we now find him declaring that inspections are every day more readily permitted. Either the order of the 9th of May was a *boná fide* order, issued for the purpose of preventing future inspections, or it was a mock prohibition, framed for the purpose of deceiving the public. But there was no necessity for resorting to such a fraud upon the public, since, even upon his own showing, the public are daily more and more disposed to acquiese in inspections.

There remain some highly curious passages in the treasurer's evidence; but our limits will not permit us, at present, to make any further extracts. We shall return to this subject.

DELIRIUM TREMENS, TREATED AS A NERVOUS DISEASE.

By MICHAEL RYAN, M.D., *one of the Physicians to the Central Infirmary, Greville Street, Hatton Garden, Lecturer on Midwifery.*

HENRY SKEANE, ætat. 28, (July 28, 1827,) a grocer, of short stature, pale, and sallow complexion, has indulged much in the use of spirituous liquors for the two preceding years, and is now, after a debauch, labouring under the following symptoms: constant tremors of superior and inferior extremities, which are cold and clammy; face purplish; countenance wild and anxious, as if frightened; eyes glassy; lips tremulous; speech interrupted; language most incoherent and hurried; starts up suddenly in bed, and wishes for his clothes; three persons are attendant on him, to keep him quiet; pulse 80, full, and soft, and with difficulty counted, from his excessive restlessness; no headach; bowels open; has vomited a considerable quantity of greenish fluid; thinks himself in good health; wishes for his clothes, as he thinks he is in a strange house, in order that he may go home, and is talking most incoherently. Such were the symptoms.

At five, P.M., he had the following mixture:—

Peppermint water, six ounces;
Black drop, (*Braithwaithe's*,) thirty minims equal to 120 m. t. opii; half an ounce to be given every half hour, unless sleep supervene.

Seven, P.M. Has taken the medicine (which did not arrive for some time after last visit) four times; is much more tranquil, and seems drowsy; vomited a greenish fluid a few minutes since; spilled the remainder of the medicine; is very unmanageable. Let him have

Carbonate of soda, four drachms;
Spearmint water, eight ounces;
Black drop, thirty minims; an ounce, with half the quantity of lemon juice, every half hour, until sleep be induced.

Ten, P.M. Pulse 84; has taken six ounces of the mixture, which contained equal to 90 minims of t. opii, with 40 at my former visit; in all, 130; no tendency to sleep; restlessness diminished; no vomiting since last report. Let him continue the effervescing mixture during the night, unless sleep supervene; and let his feet and legs be fomented with a strong warm decoction of mustard, in the proportion of one pound of mustard to one gallon of water, boiled for twenty minutes.

July 29. Eight, A.M. Second day. Slept only half an hour, though he took the mixture without any vomiting. Since seven last evening, to this time, has taken 60 minims of black drop equal to 240 t. opii. Since four, P.M., yesterday, he has taken 90 minims of black drop, equal to 360 t. opii. He may have vomited the first 30 minims, still the quantity taken amounts to four drachms of t. opii. Pulse 84, soft, and regular; no stertorous breathing, but redness of the eyes; however, he has been up two nights previous to his attack; tremors and wildness are much diminished. Bowels confined. To have twelve leeches to the forehead and temples, and six pills, composed of

Compound extract of colocynth, half a drachm;
Submuriate of mercury, twelve grains; two to be taken every third hour, to purgation.

Eight o'clock, P.M. Leeches bled well; bowels relieved; pulse 68; tremors nearly gone; cannot protrude the tongue; wildness continues; no tendency to sleep. Repeat the opium; let him have

Alkaline mixture, eight ounces;
Black drop, thirty minims, equal to 120 t. opii.;
Tinct. of henbane, sixty minims; one ounce to be given with lemon-juice every half hour, until sleep be produced, which is the most favourable termination of the disease, according to Blake and others. Mustard fomentations to legs.

July 30. Three, A.M. Third day. Has been outrageous since midnight, and talking incessantly of devils, robbers, black angels, &c. No sleep; taken five ounces of the mixture, which contained 112 drops of t. opii; is now more tranquil; pulse very rapid; answers questions rationally, but breaks off into exclamations about dogs, men, ropes, &c.; is constantly starting up in bed, and pointing these out; complains of cramps and coldness of his legs; is covered with cold clammy perspiration. These symptoms I ascribe to his disease, as the state of the pulse, eyes, respiration, and bowels, are different from the effects of narcotics. Let him continue his mixture, and have some port wine and water during the day.

Twelve. Noon. Called suddenly to see him, as he is more furious than ever, and three persons are endeavouring to keep him in his chamber; mental hallucinations greatly increased; constantly exclaiming about devils, hell-fire, soldiers firing at him, &c.; tremors of hands and feet very great; eyes yellowish, and look wilder than before; has taken eight ounces of mixture since nine this morning, containing thirty minims of black drop, and sixty minims of t. henbane; pulse 120, soft, and quick; profuse perspiration. Has taken narcotics as stimulants, for they were administered in small repeated doses; since I first saw him, he has taken more than an ounce of t. opii, without causing any effect. I now determined to exhibit his usual stimulus, as I considered the case extremely hopeless.

Ten minutes past twelve. Exhibited one ounce and a half of whisky in three ounces of warm water, and some sugar, as warm as possible; the tremo rs are such, that he cannot hold the vessel in his own hand.

Twenty minutes past twelve. Is much more tranquil; tremors diminished; hallucinations continue, but less violent; relished his favourite beverage; pulse 100, full, and soft.

One, P.M. Administered three ounces of the spirit in the same quantity of water, as hot as possible; left him even more tranquil.

Two, P.M. Is nearly unaffected; tremors gone; face pale; pulse 84, full, and natural; thinks " he will sleep."

Repeat last beverage, which he took with avidity, and lay down to sleep.

Half past seven, P.M. Remained tranquil for an hour after last visit, then became restless, and endeavoured to get out of bed. Pulse now 120, full, and soft; not much anxiety of countenance; tremors less; not so bad as in the morning; face natural; speaks incessantly. Let him have

Camphorated mixture, six ounces;
Sulphuric æther, four drachms;
Black drop, thirty minims;
Acetous tinct. of opium, thirty minims;
Honey, one ounce; dose half an ounce every half hour to somnolency.

Ten, P.M. Became very violent; has had one hour's sleep, and taken the mixture; is more collected. Repeat the mixture, and let him have port, porter, whiskey and water, in small quantities, during the night.

31. Seven, A.M. Fourth day. Slept for one hour; continue medicine and regimen.

Ten, A.M. Has slept nearly two hours. Continue all.

One, P.M. Slept since last visit; continue.

Ten, P.M. Has slept eight hours; is quite rational; can now protrude the tongue; wishes for bottled ale; omit the medicine.

From five, P.M., on Saturday, to ten, P.M., on Tuesday, seventy-eight hours, he has had equal to 960 minims, or twelve drachms, of laudanum, between black drop, henbane, and acetous tincture of opium; and, with this, five ounces and a half of ardent spirit at a time; his delirium was at the highest pitch.

August 1. Ten, A.M. Slept eleven hours since last visit, with two bottles of ale; pulse 80, soft, and full; is quite well.

2d. No complaint; appetite returned; to sit up for three hours.

3d. Is in his shop attending to his business.

Observations on this Case.—From much consideration of the works of Dr. Sutton, Armstrong, Playfair, and Blake, in the Edinburgh Medical and Surgical Journal, 1823, and from my own observations on six other cases of this disease, I think that it arises from nervous excitement, and not from congestion or inflammation of the brain, as maintained by Dr. Clutterbuck's Lectures in THE LANCET, vol. xi. p. 376, and therefore I urge the opium. I preferred the black drop in this case, as I could not depend on the tincture of opium of the person who supplied the medicine.

Did this man's disease depend on vascular congestion, or inflammation of the brain? If on either, the treatment must have destroyed him. I mentioned the particulars of this case in a correspondence I had with the Editor of the Edinburgh Medical and Surgical Journal. See the No. for October, 1827. and also the further history of it, which I now subjoin. See the No. for January. 1828. This man married in a short time afterwards, and was attacked with all his former symptoms, in the October following, I administered warm whiskey and water from the beginning, and no other medicine, and restored him to perfect health. He had another attack in February last, but was fifty miles from home, and three medical men declared he had apoplexy. He requested his usual beverage, and asserted I had cured him with it on two occasions, but he was declared mad, and bled to forty ounces. He was one day ill, and died in the evening after the bleeding. Had he apoplexy or delirium tremens?

I have treated two other men labouring under this delirium, in the same manner, since; to each I gave his usual drink; whiskey and water to the one, and bottled cider to the other, and no opium; and each recovered on the fourth day. I apprehend the usual stimulus is much better than opiates in this disease. I saw a case of erysipelas of the face and scalp which happened to a notorious tippler. Arteriotomy, cold applications, &c., were freely employed; effusion took place; vision was lost; the delirium strongly resembled that under consideration; two other medical men declared the case hopeless; I administered whiskey and water, his favourite beverage, and the man recovered. Two such cases are related by Sir Astley Cooper, in his Lectures in THE LANCET, 1824, vol. i.

Mr. Blake observes in his valuable remarks on this disease, in the Edinburgh Medical and Surgical Journal, 1823, that there are three stages, one of debility, one of excitement, and one of collapse; and that when the disease is to terminate favourably, the pulse seldom exceeds 100, and sleep takes place on the fourth day. He remarked this in ten cases, and sleep certainly supervened with three of my patients about the same time, although the pulse exceeded 100; they all recovered. I knew a very strong robust publican, who was bled largely, and did not recover. This disease was said to be caused by inflammation of the brain, in the year 1813, when Drs. Sutton and Burton Pearson wrote upon the subject. It is the *brain fever* of older writers. The profession seem now unanimous in exhibiting small doses of opium repeatedly, and diffusible stimuli, in the treatment of this disease, but I am unacquainted with any practitioner who depends solely on that kind of liquor, in the use of which the patient has been accustomed to indulge. If the disease arise from the intemperate use of ardent or fermented liquors, and be the effect of excessive nervous excitement produced by them, the best treatment must be to exhibit that species to which the system has been accustomed, in order to restore wonted stimulus, and allay the inordinate functional derangement of the nervous system. We know that delirium may arise from hunger, from excessive uterine hæmorrhage, and in the last stage of typhus fever, and that such delirium is best relieved by cordials, and a cautious, though steady administration of diffusible stimuli. In the first form of the disease, a cautious administration of cordials, and proper nutriment, will restore the patient. Again, in the delirium nervosum, or nervous delirium, recently described by Baron Dupuytren, and perfectly analogous to delirium tremens, (see LANCET, Aug. 2, No. 257,) we are informed "that sedatives of every kind, and in every form, bloodletting *ad deliquium*, and all other means have been tried, without any good effect. The only means of cure are injections up the rectum of sixteen or eighteen drops of tincture of opium, repeated two, three, or four times every six hours." M. Dupuytren explains the curious fact, that the small quantity of the opium taken into the stomach produces no effect, whilst it is so efficacious in the rectum, by the absence of the digestive powers in the latter, and the absorption of the medicine, unaltered, into the system. In the practice of obstetric medicine, injections are thrown up the rectum, often containing sixty drops of tincture of opium, and with very little effect in relieving urgent pain; and how reconcile this with the principles advanced by the eminent surgeon in chief of the Hotel Dieu? Again, we know that a grain of opium taken into the stomach, will often relieve the most severe tormina and tenesmus in dysentery; it will scarcely ever fail, if repeated two or three times in the course of twenty-four hours. In physiology, as well as physics, perhaps there is no general rule without an exception.

68, Hatton Garden, Aug. 25, 1828.

ERGOT OF RYE.

To the Editor of THE LANCET.

SIR,—I have sent the following cases for insertion in THE LANCET, provided you think them worth the space they may occupy in that truly valuable publication. The first is a striking instance of the medicinal powers of the ergot of rye, and at the same time conveys a useful lesson with respect to the circumstances under which it might become a most dangerous remedy.

The subsequent cases fully corroborate the statements made by Dr. Elliotson in your Journal, respecting the administration of hydrocyanic acid in painful affections of the stomach.

I am, Sir,
Your very obedient servant,
J. C. JERRARD.
Honiton, 17th Aug. 1828.

CASE 1.—A woman, about 35 years of age, well proportioned, but rather of a stout make, had been in labour with her first child 24 hours at the time I was sent for. I found the presentation natural, and the os uteri nearly of the size of a half crown. The pains had recurred at intervals of about half an hour, and continued to do so during the succeeding 24 hours, at the expiration of which period, the os uteri was in much the same state, and scarcely affected during the continuance of the pains. At this period (about 48 hours from the commencement) the pains, which had been from the first very inefficient, began evidently to lessen in force and frequency, the intervals now being upwards of half an hour. I sent for some ergot of rye, and having infused ʒj. in a teacupful of boiling water till it was nearly cold, I gave about three-fifths of it to my patient immediately after a pain. In ten minutes she had a pain, which I thought somewhat stronger; in ten minutes more, a pain, evidently of an expulsive character, came on; in less than five minutes more, she had one of the strongest pains I ever witnessed, during which I found the os uteri much acted upon, and the membranes beginning to protrude. From this time the action of the uterus not only became violent in degree, but *permanent*; that is, the contraction continued without a moment's intermission (being attended at intervals of three or four minutes with the most violent bearing-down efforts) for three hours, when the child was expelled.

In this case, I am fully persuaded that the safety of the uterus must have been considerably endangered by the continued, violent, and uncontrollable action into which it had been thrown by the mysterious agency of the medicine. The unusual largeness of the child's head, (a circumstance which could not have been ascertained previous to the dilatation of the os uteri,) and the rigidity of the external parts of the mother, were the only obstacles in this case; it therefore behoves us to be extremely careful in the administration of this extraordinary medicine, as I am fully convinced, that in cases of confined or distorted pelves, where there is not sufficient room for the head to pass, rupture of the uterus would, in all probability, be the result.

CASES SHOWING THE VALUE OF HYDROCYANIC ACID IN GASTRODYNIA.

By J. C. Jerrard, *Esq., Honiton.*

Case 1.—Mrs. P., ætat. 60, had been for twelve months subject to severe pain in the stomach, which recurred several times a-day. Her appetite was bad; tongue tolerably clean; bowels costive. She took the compound colocynth pill occasionally, to keep her bowels regular; and on the 2d of September, 1827, began the following mixture:

℞ *Acid. hydrocyan.* ♏ xxiv.;
Aquæ, ℥viij. M.;
Cap. ℥ss. ter die.

Sept. 8th. Is better. Repeat the mixture, and add ♏viij. of the acid. By the time the second mixture was taken, she was perfectly free from pain in the stomach, and has remained so ever since.

Case 2.—The subject of this case, Mrs. C., was, in point of age and constitution, and the symptoms under which she laboured, so nearly resembling the preceding, that she was treated exactly in the same way, excepting that she began with ♏ij. ter die, and with the same number of doses she completely recovered; has had no relapse, and is able to take every kind of food with impunity. This patient applied to me on the 20th October, 1827.

Case 3.—Mrs. Q., ætat. 50, had been subject to severe gastrodynia for several years, and applied to me on the 8th Feb. 1828. She took precisely the same quantity of the acid as was ordered in Case 2, and the compound colocynth pill to regulate the bowels. Her health from that period has been very good, and she never feels the pain in the stomach, except when she is hurried or suddenly excited.

Case 4.—Mr. N., ætat. 20, has, for upwards of three months, suffered from severe stomach-ache, which comes on every forenoon, and continues from half an hour to an hour. He has been taking the acid in doses of ♏ iss. ter die, for the last fifteen days, and the complaint has entirely left him.

In all the above cases, the stomach *was tender on pressure.* The diet recommended during the exhibition of the medicine, was of a very light kind, and in small quantities.

Since reading Dr. Elliotson's observations, I have prescribed the prussic acid in a great number of cases, in which the stomach has been painfully affected, and almost invariably with unequivocal benefit; but not having kept any notes of the cases, I am unable from recollection to add any more at present. My motive in requesting the publication of the above cases, is to contribute my humble mite of testimony as regards the efficacy, and, under proper management, the safety with which we may employ two such powerful remedies as the ergot of rye and prussic acid.

ERGOT OF RYE.

To the Editor of The Lancet.

Sir,—I send you the following case for insertion in your valuable Journal, partly because it is interesting, as it affords another testimony to the great powers of the ergot of rye, in producing uterine contraction, and partly, because it is important, as showing the necessity and propriety of performing the operation of puncturing the membranes, when we wish to bring on labour, if the uterus does not yield to the powers of the ergot, in a short time, and without violent pain.

I was called, on the 18th June last, to Mrs. H. of St. Martin's Street, Leicester Square, and found her labouring under profuse flooding; the history she gave of her case was, that on Sunday, May 4th, a fire broke out in the house adjoining; that she was extremely frightened, and was seized with a violent pain in the left side, and this pain was very soon succeeded, but not relieved, by a violent flooding. On the 6th of June, she was seen by Dr. Darling, who prescribed for her, desired her to keep quiet in the recumbent posture, and to take cool drinks; and he gave her assurances that by adopting this plan she might, probably, go on to the natural term of utero gestation. She was now about five months and a half advanced in pregnancy. She finished her statement by informing me that the hæmorrhage had continued more or less, daily, to the present time, and that it was then excessive.

The woman was œdematous, so weak, pale in the face, and greatly exsanguineous, that I entertained a very unfavourable opinion of the case; and my fear was much increased when I reflected that the most judicious treatment that could be adopted had already been put in force; and, as she assured me, with the greatest strictness and attention on her part. I mentioned the probability, that something must shortly be done; but as she had mentioned Dr. Darling's name, I was desirous of consulting him. In the interim I prescribed. The remedies I employed had, however, no effect; and on the 21st I had the pleasure of consultation with Dr. Darling, when I stated my opinion that nothing could be done but to bring on premature labour. The Doctor assented, and I then suggested the use of the ergot of rye; and if that failed, the necessity of puncturing the membranes. This was agreed to, and on the same day (Saturday), I proceeded to bring on labour. For this purpose I administered, about half past 11 o'clock, P. M. a wine glassful of infusion of ergot of rye (made by infusing ℥iij of ergot in half a pint of boiling water); I soon after examined the vagina; but I could not, by any means, introduce my finger in utero, on account of its recession. Some time elapsed and I repeated the dose of medicine, which brought on griping pains. At intervals of ten minutes, two more doses were given. The pains came on in an intense degree; I introduced my finger into the uterus and endeavoured to rupture the membranes; these, however, were so tough that I did not succeed; the pains continued, and in the end became so violent that I began to fear injury to the uterus might occur. I therefore procured my perforating stilet * and punctured the membranes. The pains now took effect on the fœtal mass; and being kept up by fresh doses of ergot, the child was expelled, breech foremost, about half past five o'clock. The placenta followed shortly, and the uterus became perfectly contracted. It was singular that this woman lost not a drop of blood after delivery, a circumstance which I attribute to the administration of the ergot of rye.

The conclusions I would deduce from this case are, 1st, That when the production of premature delivery is decided upon, it is proper to give ergot of rye, because by its agency we secure a proper contraction of the uterus, sufficient to expel the fœtus, and also to contract the organ itself to its natural dimensions after delivery, and, 2ndly, That cases exist when this potent remedy may be useless and its action injurious, unless the unyielding membranes be perforated.

JOHN POCOCK HOLMES.
21, Old Fish-St., Doctors Commons.

ERGOT OF RYE.

To the Editor of THE LANCET.

SIR,—In THE LANCET for February 9th, 1828, No. 232, I read Mr. Howell's case of transfusion with much interest, and there is great reason to believe that the life of the woman was preserved by the efficient process employed by Mr. Howell and his friends, and the case does them great credit. Having a case lately that greatly resembled it, and was relieved by less operose means, I transmit it to you for publication in THE LANCET, if you think it deserving of notice.

M. A. Sodey, ætat. 28, of a spare habit, pale countenance, and delicate constitution, requested I would attend her on her third confinement, as she was extremely weak, and had suffered severely from the incapacity of a midwife in her last labour. Here, the placenta had been retained seven hours, with profuse hæmorrhage; she recovered slowly, and from that time was subject to partial hæmorrhage till the death of her child from cholera, when twelve months old; after this the discharge increased, and my assistance was desired; by the usual remedies, she soon amended, and again became pregnant. I was called to her in labour, a distance of three miles, about eleven at night; found her up, complaining of great debility and nausea, but the pains had totally ceased, and she thought labour would not come on. After waiting two hours, I desired she would go to bed and take some warm gruel; and soon after the nurse came down stairs, and told me, that in straining to vomit, the membranes were ruptured, but without pain. I went up about an hour after, and was astonished to find her so changed; she had become so weak, that she could scarcely articulate; her countenance had assumed a cadaverous aspect, and her pulse was barely perceptible. On examination, I found a most prodigious hæmorrhage had taken place (which had been mistaken for the waters,) and still continued; the os uteri was a little dilated, but she had no pains. I could just discover, that the presentation was natural, and directly gave her some brandy and water, which was instantly rejected. I then infused thirty grains of the secale cornutum in hot water, and gave her; this remained on her stomach, but she had become nearly motionless; in twenty minutes a little pain came on and increased slowly; soon after the hæmorrhage abated, and was totally suspended. In five-and-forty minutes, she continued almost without pulsation, except when roused by the pains, till near six o'clock, A.M., when a living child was expelled, and was soon followed by the placenta; a little brandy was now given, and repeated at intervals, which restored her slowly, and she is now quite recovered. The ergot was given at half past two A.M., upwards of three hours before the expulsion of the child; but appeared to act regularly from the first, and the hæmorrhage was restrained as soon as the effect of the remedy became apparent.

---

* For this stilet, which I invented last year, I received the Society of Arts' gold medal for 1828. The instrument has received the warm approbation of my friends, Dr. Blundell, Mr. Shipman, &c.

I remain,
Your very obedient servant,
PETER ROGERS, M.R.C.S.
Looe, Cornwall, August, 1828.

GLASGOW ROYAL INFIRMARY.

To the Editor of THE LANCET.

SIR,—The remarks in THE LANCET of the 19th inst., on an operation lately performed at the Glasgow Royal Infirmary, contain the grossest misrepresentations; of which, as they have greatly affected the credit of your Journal here, it is presumed you will be glad to insert a contradiction as early as possible.

The following is an abstract of the case alluded to, as it is detailed in the Journals of the Hospital.

J. P., aged 2. In right side of scrotum is a tumour, the size of a small walnut, which gives uneasiness when pressed. The abdomen is much distended, tympanitic, and, at lower part, tender to the touch. Bowels constipated; skin warm and dry; tongue white; pulse 120; thirst urgent. Nausea, occasional retching, and loathing of food for two days past.

The mother states, that three months ago she observed a small swelling in the situation of inguinal hernia of the size of a filbert. It gradually increased, descended into the scrotum, and in six weeks had attained its present size. Pressure readily caused its disappearance, which was always accompanied by a gurgling noise. It has been in its present situation for two weeks past, and he has had no stool for eight days. Two days ago, nausea and retching came on. Taxis has been tried by a surgeon, but without success.

The taxis was again tried by both the attending surgeons. The child was ordered a warm bath, 3 grains of calomel to be followed by ʒij of castor oil, and if necessary an enema.

Five o'clock, P. M. The medicine not having operated, an enema was given which produced a scybalous stool. No diminution of the tumour, which is now more tender on pressure. The child is more restless; fever has increased, and pulse is 140. A consultation was immediately called; and although some doubts were entained, an operation was determined upon, as, under all the circumstances of the case, the safest course.

It may also be stated, though not mentioned in the case taken in the Journal, that a short time after the tumour was first observed, it was shown to two surgeons, who both reduced it, considered it a rupture and recommended a truss.

Now, Sir, compare these symptoms with the statement of your correspondent, that there was neither fever, hiccup, vomiting of fœtid matter, want of stools, tenderness over the abdomen, or in the parts, &c. and you will be at no loss what opinion to form of his veracity. He is deprived of the plea of ignorance or mistake, for the Journals of this Institution are open to the students, and kept with regularity.

Having contradicted the mistatement in this instance we need scarcely add, that it is expected of your justice, that you be more cautious with regard to future reports from the same quarter as your last. Strict justice, indeed, would demand that you should publish the name of your informant, that he may enjoy the reward of contempt to which his conduct so justly entitles him.

We might have dwelt more minutely on the case in question, but it will, in all probability, appear in the half-yearly account of the surgical practice of the Infirmary, which it is now usual to publish in the Glasgow Medical Journal.

We fear no inquiry into the accuracy of our statement, and shall not, like your correspondent, withhold our names. We might add to them, were it necessary, those of a hundred of our fellow-students,

J. R. WOOD,
WM. B. LORRAIN,
JAMES B. NEWLANDS.
Students at the Glasgow
Royal Infirmary.
Glasgow, July 29th, 1828.*

---

* We regret that a press of matter prevented us from giving an earlier insertion to this letter.—ED. L.

ST. BARTHOLOMEW'S HOSPITAL.

CARCINOMATOUS ULCERATION OF THE TONGUE.

Susan Smith, aged 40, of spare habit, was admitted, June 5, under the care of Mr. Lawrence. She has enjoyed tolerable health, and her menstruation has been regular, till about three months since, when she experienced pain in the tongue; at times it was very severe, and prevented her rest at night. The organ felt swollen and enlarged, and it became so tender and painful on the right side, as to prevent her mastication; her taste became impaired, and she was unable to eat solid food. On her admission, there was a deep excavated ulceration of the right lateral and inferior part of the tongue, extending nearly throughout its whole length; it presented a ragged ulcerated surface of dark yellow colour, and emitted an offensive sanious discharge. The whole of the right half of the tongue was indurated, raised and enlarged; its surface was knotted, but without ulceration. There was considerable fullness and slight induration below the right ramus of the jaw, extending to the os hyoides; the glands in the neck were not at this time enlarged. She did not complain of much pain; but during the night her breathing was very difficult, and she had a sense of fullness about the upper part of the throat, and often awoke as if about to be suffocated. Her articulation was imperfect; her appetite was tolerably good, but she was unable to masticate; bowels habitually constipated. (Battley's liq. opii sedat. was used as a local application; aperient medicines were given to regulate the bowels; and she took five grains of the pil. saponis c. opio, every night.)

12. The ulcer was cleaner, and the discharge less offensive; she complained of pain and uneasiness in the right side of the head; the breathing was more difficult, and prevented her sleeping at night; her appetite was bad; pulse feeble. Some bleeding took place from the ulcer; it was arrested by applying a saturated solution of alum. She takes nourishing diet and port wine.

The ulceration, from the date of the last report, gradually extended; there was copious discharge of an offensive, unhealthy character; and a few of the glands in the neck became enlarged. She became very thin and emaciated; her appetite deficient, and her countenance shrunk, pale and anxious. The difficulty of breathing, and sense of suffocation, gradually grew worse; her nights were very restless. Slight hæmorrhage again took place from the ulcer; which rendered her extremely feeble, and she died August 3.

Examination.

Nearly the whole right half of the tongue was destroyed; the ulceration had extended from the apex to the os hyoides, (a part of which was bare and roughened,) deep into the substance of the organ, and had reduced it to a mere shell; its surface was raised and knotted, and the ulceration had extended through the mucous membrane in two places. The left half of the tongue was shortened, and slightly indurated; but presented nothing peculiar in its structure. The glands in the neck were simply enlarged. The lungs were beset with tubercles, some of which had become softened.

ST. THOMAS'S HOSPITAL.

CHOREA SANCTI VITI.

Mary Tippett, ætat. 15, of fair complexion, and spare habit, was admitted into Dorcas's Ward, on the 31st of July, under the care of Dr. Elliotson.

The mother of the child stated, that about twelve months since she had a very severe attack of the disease, but of which she completely recovered. Six weeks back she was attacked with acute pain in the left half of the forehead and left shoulder. This was followed by several convulsive motions of the limb, over which she had no control. At the commencement of the disease she was apparently in good health, excepting that the bowels were, generally, very costive, which is still the case. When admitted the tongue was clean; the appetite voracious; and the pulse rather quick. The pain in her shoulder did not prevent her sleeping, but it was most acute on first waking in the morning; when the convulsive action of the muscles commences, and after a short time nearly subsides. She was ordered to take one drachm of the subcarbonate of iron every six hours, and to have a dose of house medicine in the evening.

Aug. 12. She has continued taking her medicine to the present period. The bowels are regular; she has much less pain in her head and shoulder; and the motions of the limb are much less severe. Ordered to repeat the medicines, with an additional half drachm to each dose, and to have an aperient potion twice a week.

19. Much improved in every respect. The bowels are, however, rather confined; ordered to take fifteen grains of the pulvis

scammon. cum calomel statim, and to continue the carbonate of iron every six hours, with the addition of half a drachm to each dose.

26. The motions have entirely ceased, so that she can hold a heavy book in her hand, with her arm extended at right angles with the body, without its being at all convulsed. The pain in the head has entirely left her. She sleeps well, but the bowels are still inclined to be costive. Ordered to repeat her medicines, with an additional half drachm of the carbonate of iron to each dose, and to have the scammony powder with calomel every other morning.

Sept. 6. She is quite well.

There has been a case of fracture of the ninth dorsal vertebra admitted during the last week. The patient died this morning. The particulars of this case will be given in our next.

GUY'S HOSPITAL.

COMPOUND FRACTURE OF THE HUMERUS, WITH EXTENSIVE LACERATION.—AMPUTATION AT THE SHOULDER JOINT.

D. Williams, ætat. 28, of middle stature, and muscular, was brought to the Hospital from Barclay's brewery, early on Monday morning, August 13th, in consequence of having had his arm severely injured by a steam engine.

He was placed in Luke's Ward. When admitted he was rather faint, and seemed to be labouring under a kind of stupor from the shock he had received. The accident was occasioned by his going near the fly wheel of the steam engine, in consequence of which, his arm became entangled between the wheel and the wall, and was completely fractured near the middle. On examination, it was found also, that the muscles were extensively lacerated, the fractured ends of the bones completely laid bare, and widely separated from each other; and, in addition, that the trunk of of the spiral nerve was completely torn through. The brachial artery was uninjured, and but little hæmorrhage had taken place. The patient was admitted about half past six in the morning, and the urgency of the case demanding immediate amputation, Mr. Key was immediately sent for, and, on his arrival, he removed the limb at the shoulder joint: the flap was made from the deltoid muscle. Very little blood was lost during the operation. About eleven in the forenoon, reaction having taken place, secondary hæmorrhage came on, and it was found necessary to remove the dressings and to secure several small vessels. The parts were then re-dressed, and the patient remained tolerably easy during the rest of the day. The bleeding made him excessively faint, and the surface remained clammy and cold for some hours. He was ordered to take a little weak brandy and water at intervals.

Aug. 19. He has slept for some hours. The pulse is small and rather quick; tongue furred; the bowels have not been relieved, and he complains a little of nausea. Ordered to take three grains of calomel and one grain of opium at night, and to have a castor oil enema this evening.

20. Has dosed a good deal during the night. Thirsty, hot skin, and furred tongue. Yesterday afternoon he was attacked with nausea, and, subsequently, vomiting; this was immediately stopped by the administration of some brandy and water. The pulse is irritable and quick; the bowels have been well purged. He complains a good deal of pain in his back and shoulder; The skin is clammy and moist. Ordered to take a dose of effervescing mixture every four hours, and two grains of calomel and one grain of opium at night; the castor oil enema to be repeated in the evening.

21. He had slight rigors early this morning, and there is now an evident abatement of all the symptoms. On removing a part of the dressings, it was found that suppuration was established. A large bread poultice was laid over the whole of the dressings to promote the discharge. The patient is much easier; the tongue is furred and white; the pulse is much less irritable and quick; bowels open; he has less thirst, and there is a gentle moisture upon the surface.

22. The dressings were removed to day; adhesion appears to have taken place except at the edges. There has been a little suppuration under the integuments, just below the clavicle. A warm bread poultice simply was laid over the parts. The patient is improving in every respect.

30. He has been going on well to the present date. Suppuration is diminishing, and the parts are fast healing.

Sep. 15. The stump is nearly healed.

This is the third occasion in which the reporter of the present case has witnessed amputation at the shoulder-joint by Mr. Key. In the first case the patient, a woman, had sustained extensive injury of the arm, from a cart wheel having passed over it. The operation was performed by making three flaps—an *outer* flap, principally of the latissimus dorsi and deltoid—an *inner* flap of the pectoralis major, and partly of the deltoid—and an *under* flap of the integuments in the axilla. The patient eventually did well, but the stump did not heal for a very long time. The cartilage of the glenoid cavity was not removed.

In the second instance, the operation was had recourse to at the request of the patient, a sailor, in order to rid him of a limb entirely useless from paralysis, the result of severe concussion of the brain. A single flap was formed from the deltoid muscle, and the cartilage was removed from the glenoid cavity by means of a metacarpal saw. The result was more favourable than in the first case, with respect to the healing of the stump.

The following are the *surgical* cases admitted into this Hospital on the 3d of September, under the care of Mr. Key:—

Accident Ward, No. 14.—Robert Bowman, ætat. 28, compound fracture of the tibia and fibula, attended with considerable displacement.

Cornelius Ward, No. 4.—Robert Bryden, ætat. 40, fistula in ano.

Lazarus Ward, No. 1.—William Bristol, ætat. 73, carcinomatous lip.

No. 18.—Richard Davis, ætat. 33, unreduced dislocation of the ancle of twelve years standing, occurring with fracture of the fibula at the same time. Ulceration of the integuments covering the internal malleolus, from their being put upon the stretch. Nothing can benefit this patient but amputation.

Job's Ward, No. 15.—Wm. Harris, ætat. 26, chronic inflammation of the knee joint.

Naaman's Ward, No. 23.—Thos. Bodger, ætat. 22, fluctuating tumour behind the base of the jaw, arising from enlargement of one of the ducts of the submaxillary gland. This tumour extends nearly the whole length of the base of the tongue.

Luke's Ward, No. 11.—Henry Crouch, ætat, 18, irritable stump, after amputation near the middle of the leg.

Samaritan, or Venereal Ward, No. 5.—James Davidson, ætat. 40, pains in the limbs; inflammation of the periosteum covering the tibiæ.

No. 6.—Robert Oakley, ætat. 19, sore on the extremity of the prepuce; bubo on each side.

No. 33.—James Pullen, ætat. 50, raised ulcer on the prepuce.

No. 14.—James Reynolds, ætat. 22, ædematous prepuce of long standing, with gonorrhœa.

No. 19.—George Mack, ætat. 28.—Gonorrhœa, with preputial sores. This patient was in a state of profuse salivation when admitted.

No. 18.—John Nixon, ætat. 21, sloughing of the prepuce and glans penis from chancre.

No. 20.—George Weston, ætat. 24, suppurating bubo, with chancre.

Dorcas' Ward, No. 6.—Mary Brown, ætat. 80, hydatid tumour below the clavicle, extending into the axilla.

Martha's Ward, No. 22.—Anne Couis, ætat. 37, bronchocele, with increased action of the heart and large arteries.

There are, besides the patients above mentioned, two cases of calculus vesicæ under the care of Mr. Key, which have been taken in during the last fortnight. Neither of them is as yet in a condition to be operated upon.

Our reasons for thus inserting a list of the surgical patients, which were admitted on the 3d inst., are to give the students information of the most interesting cases that are in the Hospital. Many of the students, we are well aware, do not even know what important cases there are; and, on account of so little clinical instruction being given, they frequently tramp through the wards with the surgeon, without, perhaps, clearly understanding a single case. Their numerous avocations prevent them from being constantly on the spot, and, therefore, without some guide is furnished, they must necessarily lose sight of many interesting cases, from which they might have gained much practical information. Weekly lists of patients admitted will hereafter be published, from which the attentive student may select the most interesting cases, and study them for himself, and without he does this, he may *walk* the Hospitals, (as it is termed,) for years, and will gain only a smattering of practical knowledge.

We regret that, in an hospital like Guy's, situated as it is, in one of the most populous parts of the metropolis, and furnishing as it does the very best opportunities for acquiring surgical knowledge, so little clinical instruction is afforded by its professional officers. The great number of pupils who have hitherto honoured the surgeons with, and dearly paid for, their attendance, would, we thought, have been a sufficient incentive to afford all the clinical information in their power. But such, we are sorry to say, is far from being the case. We are aware that it has often been announced, that clinical lectures on the most important cases in the hospital, would be given. True it is that one or two have been delivered; and then it appeared afterwards that the surgeons had forgotten these engagements; for not another notice of a clinique is to be seen till the prospectus for the winter is issued. Such being the case, the student must, if he wishes to obtain information, supply this deficiency by taking cases *for himself*.

Until the corrupt system that now pervades the Borough hospitals be changed, and indeed that of other hospitals, the students must remain in the dark as to what may interest them or afford them information. Until more is done by the professors of these institutions themselves to advance their pupils' interests, they must still labour under many disadvantages. Not a single bed ticket is now to be found in Guy's Hospital, on which the disorder of the patient is inscribed; and this observation almost as generally applies to the sister hospital, that of St. Thomas.

To the young student just arrived in town, this neglect must be a greater disadvantage still, as either through delicacy, or other peculiar feelings, he does not feel himself at liberty to ask the surgeon questions too often. And, unfortunately, clinical remarks are so sparingly dealt out, that he can glean but very little on that score. The non-punctuality of the surgeons too, is another strong reason for our furnishing weekly lists, as many young men, when engaged in the dissecting room, cannot spare time to wait about for hours till the surgeons choose to come; yet, by knowing where to find interesting cases, they will be able to *mark their progress*, and their *fatal* or successful termination.

CARCINOMATOUS MAMMA—EXTIRPATION BY MR. MORGAN.

Ruth Plynn, æt. 68, a fleshy old woman, was admitted into Dorcas' Ward on the 22nd of August, under the care of Mr. Morgan.

She stated that, about two years since, she received a blow upon the breast, which at that time created severe pain. The pain continued for several hours, and then entirely ceased. About two months after the receipt of the injury, she felt a hard swelling in her breast, which, on handling, was painful; but it soon went off again, and she thought no more about it, until she found that the swelling had increased in size, and was uniformly hard; and her attention was now more particularly directed to it by occasionally experiencing a severe lancinating pain, which was frequently so sudden as to make her start from her sleep. Within the last twelve months it had rapidly increased, and had become of a stony hardness. About three months ago it ulcerated, and the lancinating pains became more frequent; and finding her health become impaired, she consulted Mr. Morgan, who advised her to come into the hospital, and have it removed.

The operation was performed on the 26th ult. Nearly enough integument was left to cover the exposed surface. The patient has been up to the present date, September 6, doing well, and the wound is fast healing.

SUBSCRIPTIONS

FOR THE DISTRESSED MEDICAL GENTLEMAN AND FAMILY.

Subscriptions advertised	£165	14	0
George Anderson, Esq., Great St. Thomas Apostle	1	1	0
Wm. Smith, Esq., Cloak Lane	1	0	0
John Smith, Esq., St. Mary Axe	1	0	0
Wm. Eddenborough, Esq., Coleman Street	1	0	0
Alfred and Lalland Eddenborough, ditto	1	0	0
John Dunston, Esq., Broad Str.	1	0	0
John Overend, M.D., ditto	1	0	0
Samuel Millar, M.D., ditto	1	1	0
Robert Bree, M.D.	1	0	0
H. Carpue, Esq., Dean St., Soho	1	1	0
Samuel Clavin Griffith, Esq., Edgeware Road	1	0	0
E. and J. A. H.	1	0	0
J. P. Holmes, Esq., and Friend, Old Fish Street	2	0	0
—— Mandesley, Esq.	1	1	0

LITERARY NOTICE.

Dr. Shirley Palmer has in the Press, a Work entitled, "Popular Illustrations of Medicine and Diet." Part I. Of the principal exciting Causes of Disease and Death. It will form a thin Octavo Volume, and is expected to appear in the month of November.

BOOKS RECEIVED FOR REVIEW.

Medical Botany. No. 21. Churchill. Leicester Square.

A Manual of the Anatomy, Physiology, and Diseases of the Eye, and its Appendages. By S. J. Stratford, Surgeon, Worcester. Longman and Co.

Elements of Descriptive and Practical Anatomy, for the use of Students. By Jones Quain, A.B. M.B. Simpkin and Marshall. 1828.

A Manual of Modern Surgery. By Thomas Castle, F.L.S. Cox and Son.

THE LANCET.

Vol. II.] LONDON, SATURDAY, SEPTEMBER 27. [1827-8.

LECTURES

ON THE

THEORY AND PRACTICE OF MIDWIFERY.

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

Lecture XLI.

The After-treatment of the Puerperal State, and the Gravid Uterus.

Although there seems to be no doubt, Gentlemen, that the majority of puerperal women would do perfectly well, even though they were subjected to no peculiar rule of discipline; yet, as it is certain that women become more susceptible of disease after parturition has taken place, a particular method of treatment is usually prescibed even for the healthiest and most robust women, and of this I now proceed to speak.

Immediately after parturition has been completed, if you have no reason to suspect that laceration of the perineum has occurred, it is not necessary that you should examine this part; but if, from the circumstances of the labour, the rigidity of the softer organs, the largeness of the child, the unfavourable position of the head, the use of instruments, or other considerations, you have reason to believe that more or less laceration of the perineum has taken place, a very convenient time of satisfying the mind upon this point, is the moment after the child is come into the world. Neglecting to make your examination at this time, you may perhaps afterwards meet with symptoms, which lead you to suspect laceration; and disliking to examine the parts a day or two after delivery, for fear of alarming the patient, your mind may be kept in a state of suspense and distraction, of all others the most unpleasing to the feelings. When lacerations occur, you may always know it by the touch, allowance being made for the narrowing that takes place after the transverse distention that is occasioned by the child's head. If you still doubt, you may inspect; nor is it necessary, in doing this, to occasion much exposure of the person.

I know not whether the opinion of women is well grounded or not, but their persuasion is, that they are very liable to catch *cold* in the uterus, and parts contiguous, after delivery. Such an opinion prevailing, it is proper that the softer parts should be immediately clothed; and though I explained the manner in which this ought to be done on a former occasion, as it is a point of practical importance, I will again advert to it. In performing this office, you take a napkin dry and properly aired by the nurse, and fold it into an oblong form, and the woman lying on her left side, you place the napkin over the pubis, carrying it up in front and behind, so as to cover the genitals. A second napkin prepared in the same manner, you pass it between the bed and the hip below, afterwards carrying it upwards, so as to fold it over the hip above, as here shown; and, then, taking a third napkin, you lay it over the hips above, afterwards carrying it beneath the under hip, as demonstrated on the image. By the application of these three napkins, the centre of the person may be kept very secure, so that the patient is shut out, as it were, from all the blood and water, and other moisture, that may lie about her person, the access of the cold air being also intercepted.

Again. In all cases, where there has been a large child, or a plurality of children—or where, from other causes, there has been sudden and great collapse of the abdomen, it becomes necessary to compress the abdomen with a broad bandage, so as to give an agreeable support to the muscles, the woman feeling, after delivery, as if she was falling into pieces. This practice, which should certainly be adopted on all occasions when there is an unusual collapse of the abdomen, may, I think, be followed with advantage in most instances; and I am now accustomed to apply a broad bandage of calico, or a towel, round the clothes externally, so as to comprise the abdomen, and give it support. Before the patient takes her place on the bed, for the purposes of delivery, it is better, perhaps, that this bandage should be put on; should you, however, delay its application till the delivery is completed, it may not be amiss to remember, that you ought not to raise your patient to the sedentary posture. In these cases, she ought to lie almost still; and when the bandage is to be passed, the operator may glide his arm beneath her person, so that the hand appears on the other side; when, grasping the end of the bandage, he easily draws it forth; afterwards adjusting and fixing it, so as to give the necessary support to the parts. For this office, Gaitskell's bandage is well adapted, and at the close of the Lecture I will give you his rules for managing it.

After most deliveries, and especially those where there has been a good deal of exertion, the patient is liable to feel very exhausted and weary. Now this exhaustion, more especially felt immediately on the birth of the child, may be relieved by the administration of some cordial; say, for instance, of two or three tea-spoonsful of brandy, rum, or Geneva, diluted with five or six of warm water,—a little sugar and nutmeg being added to flavour the draught; it warms the stomach, and exhilirates the spirits; and, in general, the administration of it gives no dissatisfaction to the patient.

Where alarming floodings have taken place, a great deal of blood being lost, in general it becomes necessary to confine the woman strictly to one position for twelve or sixteen hours, nor ought she needlessly to stir hand or foot, lest further flooding or collapse should ensue. In ordinary cases, however, and such I am now considering, after the birth of the child and the removal of the placenta, it is enough for the patient to lie in one position for three quarters of an hour or an hour, during which time the nurse may wash and dress the child, and set the room in order. After reposing in this manner, she is to be put into bed; and though I believe that our women after delivery might often rise and walk with impunity, like those of barbarous nations, nevertheless, in such exertion, there would be no small danger, in many instances, for the womb might descend; and I have myself seen a woman perish under a flooding induced by rising to the erect position. Before delivery, therefore, the bed should be arranged; and, then, after the birth of the child and its placenta, provided the nurse thoroughly understand her duties, the patient may be deposited in it with very little disturbance, and it can seldom be necessary, or proper, to raise her to the erect posture.

As it has repeatedly happened, that within the first hour after delivery women have been carried off very unexpectedly, sometimes by internal bleeding, and more frequently by discharges of blood externally, I should recommend you, more especially if you are beginning your practice, to remain in an adjoining chamber till the patient is put to bed, seeing her afterwards before you quit her apartments—for accidents may occur. The daughter of one of my friends was delivered by an excellent practitioner, who left her to appearance doing well. She was put to bed, and just as he was on the point of quitting the house, alarming symptoms occurring, he hurried to the bed side, and within the compass of five minutes saw her dying and dead. These cases are not common; but their occurrence is sufficiently frequent to give value and importance to the rule which I have just prescribed. I wish not to alarm you, needlessly, by relating accidents of this kind. After delivery, in country practice especially, the vast majority of women will certainly do well; let it not be forgotten, however, that in some anomalous cases, women sometimes die very unexpectedly; and, therefore, that it is wise (particularly when you are beginning your practice) to remain in an adjoining apartment, and to pay your farewell visit when the patient is in bed. Finding the woman in her bed, you may satisfy yourselves whether the bandage of the *safeguard* as it is called, (a sort of petticoat open in front,) has been brought to a due degree of tension. I should observe further, that, on seeing the patient, if there has been the least proneness to flooding, you should, more especially, inquire into the circumstances of the bleeding. In the general, you are told that no discharge is felt; and when you lay your hand on the abdomen, anxious to satisfy yourselves of the fact, you find the uterus contracted, and, on compression with the hand, you do not find that blood is urged away. Sometimes, however, bleeding really occurs, and then all is safe; but if there should happen to be an internal hæmorrhagia, you may distinguish it by coldness, weakness, faintness, and by the gushing forth of the blood, when you press forcibly on the abdomen.

Seeing the patient after she has been put to bed, you will then order what medicine is necessary; if she has had no child before, probably she will have no pains; but if she has had a large family, she may have very violent after-pains; and for these you may prescribe from twenty-five to thirty drops of the tincture of opium, a drachm or two of sirop of red poppies, and an ounce of camphor mixture. Of these draughts, you may order two; one to be taken an hour after you quit the patient, should pain urge, and one to be administered an hour after the preceding, should the former fail to relieve.

Although, Gentlemen, as I have observed before, the majority of women do very well after parturition, and particularly in country places, yet it is to be remembered that they are liable to some very formidable diseases, and certainly more frequently so in large towns, and in the middle of a dense population; hence the necessity of attending to the woman during the first two or three weeks. It may not be amiss to remark, that there is a popular opinion, that if women get beyond the ninth day, they are secure. And this popular opinion is not without some truth for its foundation; for almost all the more formidable accidents to which puerperal women are liable, occur within the first few days after delivery; and, therefore, in town practice especially, it is most important that you should be very attentive to your patient during the first week; bring her safely through the first week, and she will generally do well.

When you are visiting a patient after delivery, one of your first objects should be to ascertain whether there be any incipient disease; for sometimes the bladder is getting overloaded with urine; or the bowels, not having been cleared out before delivery, remain constipated; or inflammation begins in the peritoneum; or there is inflammation in the breast, phlegmasia dolens, fatal cerebral disease, or the like. Now if you find your patient looking cheerful and well, and complaining of no uneasiness whatever, there is little doubt that all is secure; on the other hand, if you find something hanging about her, and preventing her getting forward in the usual manner, you should then be more solicitous in your inquiries, as the forming of disease may be suspected. In those cases, you should learn whether her nerves have been much disturbed, or whether she sleeps badly, for sometimes women are liable to puerperal irritability, or to puerperal mania. Ascertain what is the state of the bowels; sometimes they may have been constipated before delivery, and may remain so afterwards, and a great deal of pain, like that of puerperal fever, may be produced, all which, however, readily yields to purgatives. Inquire, again, respecting the after-pains; when women are doing very well, they usually have the after-pains slightly; but if the puerperal fever is prevalent at the time, you may suspect this is going to attack your patient, provided these pains recur with unusual severity, and you should, therefore, direct your inquiries accordingly. Women themselves are anxious about the lochia, and you should, therefore, inquire how this is going on; if it is moderately copious, all is well; if, on the other hand, it has been suddenly suppressed, provided there be no other bad symptoms, you need not disturb yourselves, but you ought always to inquire for these symptoms, and for the symptoms of uterine inflammation more especially; for inflammation of the womb is found sometimes to occasion the suppression of the lochial discharge.

Into the state of the bladder you should not neglect to inquire; the woman generally passes her urine well enough, but sometimes she does not pass it sufficiently, and sometimes one or two pints, or one or two quarts, may accumulate, although the urine comes away in a copious stream, the bladder never being thoroughly evacuated, and enlargement of the abdomen, and violent spasms and much fever may be produced, so that the bladder is in danger of bursting; an example of which I saw not three weeks ago. The state of the breast is not to be overlooked; often the breasts are enlarged, hardened, and painful, especially on the third day, reckoning the day of delivery as the first; and if a woman have had abscesses in her breast, you should watch the bosom with more than ordinary care. If puerperal fever be prevalent, of course you will inquire whether the patient have symptoms of this, more especially on the second or third day. If the labour have been laborious, and you have been obliged to use instruments, inquire whether there has been much swelling of the softer parts,—whether the urine flow freely,—whether the rectum preserve its retentive power. If the patient have risen, which she usually does about the fifth day, as the general rule, then learn from her whether she has any symptoms of prolapsus uteri, a disease to which women, who have had large families, are extremely obnoxious. To restore the uterus, the horizontal posture is a great help; and if the tendency to prolapsus be strong, the patient ought to confine herself to the one posture (the horizontal) for five or six weeks together, as religiously as an oriental fanatic. In all cases, on visiting the patient, after delivery, be sure to count the pulse. I will not say the woman is always in danger when her pulse is above 100, but when this is the case, you ought always to watch her; and, on the other hand, when the pulse is below 100, when it is 95, 90, 85, or 80, in the minute, you may be sure that she is safe; there is no one symptom which indicates disease or safety so neatly and clearly as the frequency of the pulse.

Here, then, are some important points, to which your attention may be directed, for the first few days after delivery.—The state of the perineum, the state of the nerves, the state of the bowels, the state of the after-pains, of the lochia, of the bladder, of the breast—if puerperal fever be prevalent, inquire into the symptoms of this disease in the incipient state. If the labour has been more laborious than ordinary, attend to the state of the bladder, rectum, and softer parts. If the patient be risen, ascertain whether there is or is not any disposition to prolapsus of the womb. The pulse ought always to be counted, as the frequency of it is so valuable an indication of the security or danger of the patient.

When you make your visit, the day after the delivery, you will be often asked what diet the patient should employ. Now, during the first three inflammatory days, and till the period of the milk-fever is passed away, it is best, according to the old practice, to keep the woman on very low diet, consisting of gruel or arrow-root, or milk and water, equal parts—to dilute the London milk is unnecessary, thanks to the kind and preventive forethought of those who distribute it. There are a very few cases of very delicate women, in which it may be requisite to allow beef-tea, or even solid food, from the first day, but those cases are to be looked upon as exceptions to the general rule. After the period of milk-fever is away, the patient may be gradually brought back again to her usual mode of living; beginning with beef-tea, she may then proceed to the use of the white meats, chicken, veal, fish, afterwards making use of mutton, beef, and stronger food. Although it is certainly unwise, and especially when the puerperal fever is epidemic, to bring the woman too rapidly forward as to her food, yet I am persuaded we may sometimes err in not giving enough, and especially where the woman is giving milk to support the child. With respect to the beverage, it may consist of milk and water, or toast and water, or weak black tea, before the period of milk-fever; but after the period of milk fever is passed, a more stimulant beverage may be used, not, however, unless symptoms seem to require it.

With respect to medicines, I have to remark, that when the patient is, on the whole, doing well, there is little need of having recourse to them; but should the patient be solicitous, you may order something that will do no harm, to be taken four or six times during the course of the four-and-twenty hours. Now and then operative medicines are required, and on the third day the bowels may be cleared; castor oil, or rhubarb, or senna and salts, being administered for the purpose: in the general, I prefer castor oil to any other medicine; but there are some women who have a great dislike to it, and their stomachs reject it. Again, when women are nervous, as they frequently are, or irritable after delivery, some medicines which are calculated to sooth may be given; castor, camphor, æther, valerian, opium, or, above all, hyoscyamus: spermaceti draughts are as good as any thing—the sovereignest thing on earth for an inward bruise, as we learn from very ancient authority. If there is a little fever, diaphoretics, (for example,) the liquor ammoniæ acetatis may be given, from half an ounce to an ounce, with a little camphor mixture, may be administered, in the course of the four-and-twenty hours; sometimes double this quantity may be taken with advantage.

Women should not be allowed to rise till the fifth day; it is an error to rise earlier, and gives rise to the coming down of the womb. When they sit up, they should do so at first for a few minutes only, then lying down again whenever any bearing down is perceived. In general, sofas are preferable to easy chairs, and the horizontal posture is better for the patient than the sedentary. Patients are not usually allowed to quit the bed-chamber till the end of the third or fourth week; in warm weather, they leave the nest a little earlier.

When you make your visits, it will be expected that you see the child; of course, it is always unusually handsome (laughter); and it would be a pity to deprive the mother of the pleasure of hearing this. Iindeed, to drop all badinage, it must, I think, be admitted, that the first few years of life are often full of graces. The principal points, however, to which you are to attend medically, are the bulk of the child and the state of the bowels. If the infant is large and plump, and of rapid growth, the omens are favourable; but should it waste, you will then frequently learn, on inquiry, that the bowels are acting six or eight times, or oftener, daily, and that the infant openly or clandestinely has been taking spoon-meat. One kind of food only is thoroughly well adapted to the stomach and bowels of young infants, and that is the human milk. If children thrive on spoon-meat, it is all very well, but the experiment ought never to be made wantonly, and when the food is given, even though it seem to agree with them, they ought to be closely watched. Infants sometimes thrive well enough on an artificial diet during the first fortnight, and then suddenly give way.

And here, gentlemen, we will bring to its close that part of our course of Lectures which is purely obstetric; a few more Lectures will be subjoined, in which, agreeably to my original plan, I shall enlarge a little on the anatomy and physiology of the gravid uterus, as well as on the diseases of the unimpregnated genitals; but I wish these Lectures to be considered, not as an integral part of the course, but as forming a sort of supplement to the entire body of obstetric instruction, which it has been my endeavour to communicate. The signs of gestation will be best understood after I have treated of the gravid uterus. I forbear, therefore, to give them here: Dum res maneant fugiant verba. Of the defects in the style of these Lectures, no one can be more sensible than myself; allow me to observe, however, in the way of explanation and apology, that throughout the course it has been my object to choose for you that kind of information which avails at the bedside, and to communicate that information in a manner quaint, sometimes, no doubt, but still, perhaps, not altogether ill-calculated to strike the attention and fix upon the memory. To oratory I make no pretension; indeed, I am free to confess, that I cannot conquer my dislike to an art which practises on the infirmities of the mind, and which, provided it may persuade the mob of all ranks, seems to be equally well contented with truth or falsehood. The folly of the auditor is the strength of the orator; the strength of the philosopher is his good sense. It is difficult to sustain at once two opposite characters.

Directions for applying Mr. Gaitskell's Obstetrical Bandage, or Bandage of Support.

This bandage is applicable to four different periods of parturition.

1st. *The Eighth Month of Pregnancy.*—At this period, the abdomen is often pendulous, particularly in fat women, and those who have borne many children. The overstretching of the abdominal muscles destroys their tone, and lessens the elasticity of the integuments, which produces pain in the lumbar region, and many uncomfortable feelings. These are greatly relieved by the application of the bandage, which should be placed under the linen, and tied in the middle of the loins.

2ndly. *At the Commencement of Labour.*—In this instance, the bandage should be applied exterior to the clothes, and tied on the right side of the abdomen, the patient lying on her left. It can be applied with more facility in the erect position of the trunk.

The pressure must be regulated by the feelings of the patient, as the integuments and fascia are in some cases exquisitely tender.

When the membranes are broken, and the waters discharged, the second row of tapes must be tied; by these means, the parietes of the abdomen are brought into contact with the enlarged uterus, which, embracing it, furnishes several additional points of support: this enables that organ to act with more energy in propelling and expelling the fœtus.

3dly. *After the Fœtus is expelled.*—The third row of tapes must now be employed to lessen the abdominal cavity, and compress the uterus. At this period it is most essentially useful, by facilitating the action of that organ in detaching and expelling the placenta.

4thly. *After the Expulsion of the Placenta.*—Many a woman, after an easy labour, and early expulsion of the placenta, is subjected to an atonic state of the uterus, followed by internal flooding and death, though there is no external appearance of hæmorrhage.

"In this way I have known five instances of sudden death; the os tincæ closely contracted, and the cavity of the uterus distended with fluid and coagulated blood. This was not suspected, till discovered by post-mortem examination. The proper application of the bandage completely prevents this misfortune.

"Another good effect is that of restoring the energy of the abdominal muscles, and improving the personal figure.

"In illustration of the dangers pending on those females who are so unfortunate as to be delivered without a supporting bandage, I subjoin a few cases."

A lady, aged thirty, of a delicate constitution, was brought to bed of a fine healthy child; had an easy labour, and the placenta followed in about fifteen minutes, with no more than the usual discharge. As the patient felt a little refreshed, the accoucheur went down to his breakfast, but had scarcely begun, when the nurse ran down, and, in a flurried accent, stated her mistress was fainting; the accoucheur immediately visited his patient, and found her as described by the nurse; the face and skin pallid—the extremities cold—the pulse feeble, quick, and scarcely perceptible, while the abdomen was greatly enlarged. On examining the napkins, they were found unsoiled; and, on examining the vagina, the os tincæ was found closely contracted: upon pressing it with the finger, it produced pain, when much fluid and coagulated blood were expelled. He now thought it necessary to dilate the os tincæ, introduced the hand, and empty the uterus of its contents; and at the same time to give support, by pinning a napkin tight round the waist. By these means, the uterine contraction was completed, the hæmorrhage stopped, and the patient finally, but with great difficulty, recovered.

The quantity of blood lost on this occasion, was calculated at more than two quarts.

A similar case occurred to the same gentleman a few years after, which induced him to employ a table napkin as a bandage of support; since which, in forty years' extensive practice, he had the good fortune to meet with no more such distressing circumstances.

Case 2. A lady in this parish was delivered by a female midwife. The labour was fair and easy, and every thing went on to her wishes; the midwife left her without pressing the abdomen, or applying a bandage, while she dedicated her time to the child. A few minutes after this, her patient grew faint, turned pale, and quickly expired. There was no external hemorrhage.

On the post-mortem examination, the uterus was found filled with fluid and coagulated blood, and extended to the scrobiculus cordis.

"The remarks I have to offer on these cases are—the necessity of compression of the abdomen immediately after the expulsion of the placenta; the examination of the pulse and countenance, and not too hasty a departure of the practitioner, as in all those who have been rescued, it has been accomplished by the prompt introduction of the hand into the cavity of the uterus for the discharge of its contents, aided by external compression, and the mechanical stimulus of the hand bringing on its proper contraction. Should these fail, there is only one more resource—the transfusion of human blood, recommended by my friend Dr. Blundell."

"We are informed by Mr. Gaitskell, whose experience has been almost unlimited, that, out of 7,000 cases of midwifery, occurring in his practice during the last forty-five years, he cannot recollect a single instance of fatal uterine hæmorrhage. Before he constructed this bandage, he was in the constant habit of employing a small table napkin. But the bandage in question is more extensive in its application, while it is extremely simple; as it is applied at the very commencement of labour, and follows it through all its different stages." (This is a reviewer's remark.)

N. B. The bandage is made by a poor deformed young woman (Miss Grierson, No. 6, Bedford Place, Deptford Lower Road), and costs but four shillings. It will last a female for life.

P.S. Mr. Gaitskell forgot to mention, that, before the bandage is put on, its utility would be increased, if a small pillow were placed on the abdomen, previously to drawing the tapes.

[The passages in inverted commas, have been taken from a small tract published by Mr. Gaitskell.]

The learned Lecturer quitted the theatre amidst the enthusiastic applauses of a highly-respectable numerous class.

FOREIGN DEPARTMENT.

STONE IN THE BLADDER SUCCESSFULLY TREATED BY LITHOTRITY.

The extraordinary success which M. Civiale has experienced by his method of treating stone in the bladder, entitles it to more attention than has hitherto been bestowed on it by the practitioner of this country. We presume that our readers are acquainted with this method, and have no doubt that the following case will contribute to excite their interest in its favour.

——— Morin, 68 years of age, of a very irritable temperament, began, in 1825, to be affected with considerable strangury and dysuria. The application of leeches and poultices to the perineum, warm baths, and a spare diet, relieved these symptoms, but did not prevent their frequent recurrence during 1826. At this time hectic fever began to appear, and the urine deposited purulent matter, the quantity of which gradually increased. As the patient obstinately refused to be sounded, it is uncertain whether, at this period, a stone had been formed. The symptoms becoming, however, more urgent, the patient was at last sounded, and a stone was found in the bladder, which was so irritable that the introduction of the sound was followed by acute cystitis, which could only be reduced to a sub-inflammatory state by a very active antiphlogistic treatment. Under these circumstances, M. Civiale's method was proposed, and although the hectic state of the patient, colliquative sweats, the greatest debility, with nausea, &c., gave a very unfavourable prognosis, this gentleman readily consented to perform the operation of lithotrity.

The patient was prepared for it by light tonics, with small doses of opium and emollient clysters; at the same time a nourishing diet, semicupia, and poultices on the abdomen, were employed. The strength of the patient was by these means somewhat improved, and the fever, in some degree, subsided; the urine continued, however, to be purulent. The irritability of the bladder had so far diminished, as to admit of the daily introduction of an elastic bougie, and of its remaining for some time in the bladder. At the beginning of April, 1827, the health of the patient appeared to be so much improved, that it was thought advisable not to delay the operation any longer.

An injection of tepid water was made, and although performed with the greatest caution, this part of the operation, as well as the introduction of the small forceps, appeared to cause excessive pain, and made the patient almost intractable: at last M. Civiale succeeded in taking hold of the stone. The forceps being of smaller dimensions than usual, and the stone, on account of the great sufferings of the patient, not being well fixed, only a small part of it could be reduced to powder. Some slight irritation of the bladder followed this first attempt, and the quantity of purulent matter in the urine increased; however, in a short time, this exacerbation was subdued, and the patient appeared to experience much more relief than was expected.

On the 31st of May the operation was repeated, but without much success.

On the 9th of June, the patient seemed less affected by the introduction of the forceps, and a considerable portion of the stone was reduced to powder, and afterwards voided with the urine.

On the 14th of June, the operator was able to introduce a larger pair of forceps, and a great quantity of powder and fragments of the stone was passed after the operation.

At the fifth operation, which was very successful, the patient felt scarcely any pain; but, on the following evening, inflammation of the left testicle and spermatic chord ensued: by the means of leeches, poultices, and absolute quiet, these symptoms subsided within a fortnight.

The sixth and seventh operations were not followed by any bad symptom, and a great portion of the stone was removed in powder and small pieces.

The eighth operation seemed to have completed the cure, and, on the 1st of August, the health was almost perfectly restored; the urine was passed regularly without any pain, the patient had regained his strength, the fever had entirely disappeared, &c.

On the 6th of August, on examination, some fragments were discovered, which were easily reduced to powder, or extracted.

On further repeated examinations, no trace of any remaining fragments could be found, and the patient, at the time of drawing up the report, (in the middle of 1828,) enjoyed excellent health.

ON THE ORIGIN OF THE PLAGUE.

In the Révue Médicale, M. Pariset brings forward a new opinion on the object of embalming in Egypt. He endeavours to show, by statistical calculations, that the inhabitants of this country possessed no other means of protecting themselves against the injurious effluvia of putrid animal substances, and that it was, consequently, not an object of religion, as has hitherto been believed, but rather of medical policy; it consisted, originally, in salting the bodies with natron, with which the country abounds, and in afterwards drying them; when thus prepared, the bodies were deposited in places inaccessible to the inundation, and which were the better suited to this purpose, as being, from the same reason, sterile. This was the original mode of embalming; the additional processes, which were gradually introduced, are to be regarded merely as the effect of luxury. According to M. Pariset, it appears from the most accurate inquiries, that in the fourth century of our era, the custom of embalming began to fall into disuse in Egypt; that the oriental plague did not show itself before the beginning of the sixth, and that the diseases, which are described by Greek authors, and in the scriptures, evidently want the characteristic symptoms of the plague. Before the sixth century, Egypt had, for nearly three thousand years, been one of the most healthy countries in the world; but the Christian religion having been introduced into Egypt, the custom of embalming was looked upon as a profane ceremony, and during the fifth and sixth centuries it was, according to Abbé Fleury's statement, formally prohibited, and the present mode of inhumation introduced. In the year 542, or 98 years before the conquest of Egypt by the Arabians, the first and most terrible epidemy appeared. From the coincidence of these historical facts, it seems very likely that the interment of the dead), in a country which, after a yearly inundation of four months, is exposed to an intense heat,) and the subsequent putrid fermentation of animal matter, were the original causes of the plague. Humidity, a certain degree of atmospheric heat, and animal matter, are, according to M. Pariset, the conditions necessary for the development of the plague. In no country of the world do these circumstances concur in such an eminent degree, as in Egypt; and thus it is very easily explained, why this formidable disease should have originated in it. From thence it was carried into other countries; but in the latter the disease is not so terrible, nor do the conditions exist there necessary for the spontaneous production of the plague. As a strong proof of the former, it may be mentioned, that at Smyrna, ships from Constantinople are never put into quarantine, while those from Egypt always are so. M. Pariset maintains, that the best, if not the only, means of arresting the further progress of the plague, is the re-introduction of embalming in Egypt, to the extent to which it was formerly adopted.

We conclude this notice with stating, that M. Pariset left Paris, at the end of last month, for Marseilles, in order to examine the epidemy now prevailing at this place, where he will, in company with M. Champollion and several distinguished physicians, proceed to Egypt, to make further inquiries into the nature, &c., of the plague.

RHINOPLASTIC OPERATION, PERFORMED BY M. LISFRANC, FOLLOWED BY DEATH.

A. F., a man about 49 years of age, had been for a considerable time in the Hôpital des Vénériens, whence, after a long use of mercurial frictions, he had been discharged cured, but with total loss of his nose. He applied for admission in the Hospice de la Pitiè, in the hope that the deformity of his face might be lessened by a surgical operation. M. Lisfranc hesitated at performing the rhinoplastic operation, being apprehensive that the wound would, under such circumstances, assume a syphilitic character; however, after having observed the case for some time, he at last decided upon it, and it was performed on the 16th of July, in the following manner.

M. Lisfranc began with marking out the portion of skin which was intended to form the new nose; the marks were made with nitrate of silver, as ink is too easily washed off by the blood. The right side of the triangular flap extended three lines further downwards towards the nose; then the left one, in order to compensate the defect of substance, which would otherwise result from the twisting of the flap. M. L. observed, that the frontal bone must not be too much denuded, as necrosis might be the consequence. The flap was now formed, and the edges of the nasal opening were pared off; after which, it being thought advisable not to dress the wound before the bleeding of the numerous small vessels ceased, the patient was removed to bed. Although this part of the operation lasted a considerable time, he bore it with extraordinary fortitude. After two or three hours, the wound was dressed. For this purpose the nasal opening was filled with a dossil of lint, which had, as much as possible, the form of a nose, and over which the triangular flap was laid; the margins of the latter were applied to those of the nasal aperture, and kept in this situation by twelve or thirteen sutures, and two transverse straps of sticking plaster, with which the wound of the forehead was also dressed.

During the night after the operation, the patient was restless and somewhat feverish. On the next day he was a little better, and slept a few hours. The flap was hot and swollen; the wounds had a favourable appearance.

For some days afterwards, the patient felt tolerably well, but the fever continued, and his nights were very restless. On the 22d, part of the lint under the flap was removed, and on the 23d the sutures were withdrawn. The parts had united only on the two upper thirds of the left side. The wound of the forehead was in profuse suppuration.

On the 25th, the swelling of the flap had gradually subsided, and, under the use of graduated compresses, the left side of the artificial nose had completely united with the edge of the nasal aperture.

28th of July. The form of the nose was become more and more regular; on the left side the cicatrix was quite firm, but on the right there seemed very little tendency to coalition; the wound of the forehead suppurated, and had a whitish appearance; the fever had much lessened.

On the 29th a sudden change took place, the wound of the forehead became gangrenous; the patient was very restless, and died in the evening.

On examination, the organs were found in a state of perfect health.—*La Clinique.*

GASTRIC AND DIAPHRAGMATIC PERFORATION AND EROSION.

By HENRY M'CORMAC, *M.D., Belfast.*

To the Editor of THE LANCET.

A CASE of very extensive perforation of all the coats of the stomach having recently come under my notice, I am desirous that the results, however trifling in importance, should not be lost. I shall relate the circumstances as they occurred, subjoining a few observations.

The patient (Smith) was brought into the Belfast Hospital early on Saturday morning, apparently labouring under the effects of compression of the brain. Some of the usual symptoms, as I learned from the attending physician, were wanting. The pulse being at first 70, and rising to 130 afterwards, neither was there any dilatation of the pupils. The patient was bled, and a portion of wine was given, but without any beneficial result. During the course of the day, he continued in a state of stupor, only interrupted by frequent attempts to vomit, and at one o'clock on the ensuing morning died.

At eleven, in pursuance of a Coroner's Inquest, examination of the body took place, in the presence of a number of medical gentlemen, when the following appearances were presented. A wound of the left temple, in the form of a right angle, about two inches in extent, said to have been occasioned by a bayonet stab, after the deceased had been knocked down in a fray with the sentinel of an adjoining barrack. A slight contusion on the same temple, supposed to have been produced by the hand-blow, which felled the deceased. The calvaria, or skull-cap, being denuded and removed, no fracture was discernible. An almost continuous coating of coagulated blood was visible on the pia mater, covering the upper surface of both hemispheres. There were about two ounces of bloody serum at the base of the brain. In the left plexus choroides were imbedded several hydatid-like vesicles, about the size of peas, and also a number of round substances, smaller than the preceding, having the white colour and consistency of brain. Of these two I may remark, that the former is very common; the latter, I never observed before.

Being desirous of ascertaining the condition of the abdominal and thoracic viscera, I detected perforations in the cardiac extremity of the stomach, to an unprecedented extent. The thorax was, however, previously opened, and about sixteen ounces of a reddish fluid were found in its right cavity. This being sponged out, I traced the mode of its introduction through a hole in the diaphragm, large enough to admit the fore-finger to pass with ease into the stomach. This hole had a black, sphacelated and ragged appearance round its margin, the muscular fibres being also separated. There was also erosion, but not perforation of another portion of the diaphragm, near the origin of the inferior muscle. This erosion was two inches in diameter, and existed on both sides, having a blackened appearance, the peritoneal and pleuritic coats being nearly obliterated; there was here also a separation of the muscular fibres. The perforations in the stomach were two principal and some smaller ones; the first were about three inches in diameter, having irregular indented edges, together with filmy prolongations of the peritoneum. The mucous membrane round the perforations was blackened and partially eroded. These perforations, when the stomach was *in situ*, corresponded with the alterations of structure in the diaphragm. With respect to the rest of the stomach, it evinced the appearance of intense phlogosis, the vessels being injected, and the intervening surface red, but not uniformly so; this was also the case throughout the whole course of the duodenum.* Externally, the rest of the intestines appeared sound, but there was not sufficient time to examine their inner surfaces. The left lobe of the liver was partially covered with irregular yellow spots, which alteration of texture did not proceed further than the surface.

The interest of the preceding case is considerably augmented, from its having been made the subject of medico-judicial investigation. The soldier was not brought to trial, as he was acquitted after I had given my evidence before the grand jury of the county; but certainly, had that not been the issue, I should have felt myself obliged to have given such a statement, as would have produced an impression on the minds of the jury, that the violence committed on the person of the deceased was but a secondary and inferior cause in producing his death. Because, contrary to the opinion of most of our English physiologists, I am inclined to believe, that perforation of the coats of the stomach mostly, if not always, takes place before death, setting aside, of course, that which is producible by poisons. It would, however, take up too much space to enter into a discussion of the arguments on both sides the question. False inferences have been drawn from Spallanzani's experiments, vide Paris's Jurisprudence, 2d vol., p. 165; these will be evident upon perusal. Hunter, Adams, Burns, and others, have admitted the post-mortem and ante-mortem dissolvent powers of the gastric juice, founding their opinions on very gratuitous premises. The *fact is, the gastric juice has no dissolvent powers at all, at least not more than what is possessed by any other watery and mucilaginous secretion.* It is only secreted after the deglutition of food, and so far from being designed for digestive purposes, there is no evidence to prove that it is secreted in larger quantities than suffice to lubricate the coats of the stomach in common with those of any other viscus, and prevent the adhesion of the food. We see men drink enormous quantities of fluids without injuring their digestive powers, in which case the gastric juice, as it is quaintly termed, together with the saliva, would be diluted so as to lose all its energy, if it had any, unless, indeed, it possesses the miraculous power of communicating it to other fluids. The gastric juice can possess no such properties, any more than the mucus of the bladder, or gall bladder, could serve to diminish the fluids of which these viscera are the recipients. I beg to refer the reader to the excellent observations of Meckel, Chaussier, and Breschet, on this subject. "How is it," says the latter writer, "that we never observe perforations in the stomachs of those who are starved to death?" This would evidently often be the case, if the gastric secretion possessed any such properties. *Every hollow viscus in the body may undergo the perforative process*, in which assertion I am borne out by the experience of Andral, who also informs us, that there is not a single point from the mouth to the anus, which has not been found perforated after death; so that either the gastric juice does not possess this sarcophagic property, or the secretions of the intestinal canal, (in men as well as in herbivorous animals,) of the bladder, gall-bladder, the different excretory ducts, &c., all do. This solvent power of the ventricular secretion, is of a piece with that once attributed to pus, and the belief of it is unworthy the pathology of the present day. It is amusing to recal to mind the powers which were formerly attributed to this secretion, viz. that of being able to dissolve bones, clay, metals of different kinds, and stones; being, as Paley observes in his Natural Theology, in *his* observations on the gastric juice, stronger than "caustic alcali, mineral acid, red precipitate, or aqua-fortis itself, while it is, at the same time, as bland and mild as gum water or saliva." If all this were the case, it would have a just title, indeed, to the name of "the chemical wonder of animal nature," as the worthy bishop calls it. But, as with tribute, let us give wonder where wonder is due, having things of marvellous-enough properties in the world to contemplate, without producing others, which are *effete* with them, and then setting them up to stare at.

---

* This was quite observable after the parts had been a week macerating.

In the enumeration of my authorities, I have omitted to quote Orfila's excellent work on Toxicology, Vol. II., p. 570, where the reader will find some interesting cases, to which I would add a few, which I have had the pleasure of hearing him instance in his lectures; but that I fear I have already taken up too much space. I shall, however, just add, that of at least one thousand bodies, which I have either examined, or of which I have witnessed the examination, I have not seen more than a very few cases of perforation. I wish to make a few other observations on subjects which I deem of importance, but will defer them to another opportunity.

INUTILITY OF THE APOTHECARIES' ACT.

To the Editor of THE LANCET.

SIR,—The recent letters which have appeared in several numbers of your invaluable publication upon the inutility of the Apothecaries' Act, and the abominable and destructive practices of unqualified pretenders to medical science, must have excited one common feeling of indignant regret in the minds of every well-educated and genuine member of the profession. Unfortunately the evil is not confined to the north of England, nor to any particular district or county. Ignorant and unprincipled pretenders to pharmacy and surgery are to be observed, and might be pointed out to public reprehension in every part of this widely-extended metropolis. Probably it may be conferring a favour upon the public to describe the general mode by which these aspirants to Æsculapian fame attempt to possess themselves of medical honours. Their origin is usually very humble. A capacity to write a legible hand, and work the first four rules of arithmetic, at the age of thirteeen or fourteen years, recommends them to the notice of some mechanic or artisan, who, upon trial, finding the boy either too dull or too lazy to learn his handicraft, discharges him from his service. Chance now introduces him as a basket-boy, or general drudge, into a druggist's shop. After filling a situation of this degrading nature for two or three years, he contrives to advance a step by entering the service of the general practitioner. By observation, he acquires the names of drugs, and, after a time, makes up medicines. A further advance is now sought, and by paying his half crown to the beadle of Apothecaries' Hall, he obtains a situation as a dispenser of medicine to some practising apothecary. Recruiting his finances in such a situation for a few years, he then proceeds to open a retail druggist's shop, in some leading street or neighbourhood. The rent of the house is made by taking lodgers; the vending of salts, senna, and other wares, furnishes a scanty income. Our adventurer next proceeds to advertise for an apprentice: obtaining a premium of 150 or 200 guineas. In six months, this youth is left to manage the shop, and the *master* now, for the first time, professes to be seeking knowledge. With the cash thus obtained from a deluded and too credulous parent or guardian, he proceeds to enter himself a medical student. Two courses of anatomical lectures, two on the practice of physic, one on materia medica and chemistry, and one on the theory and practice of midwifery, and a forged indenture of apprenticeship for *five years* to some reputed apothecary, furnishes our hero with a *legal passport* to the wise men assembled in solemn conclave at Apothecaries' Hall. This body of self-elected Examiners (being a century behind the better educated general practitioner in literary and professional acquirements) have scarcely intellect sufficient to enable them to undertake an adequate professional examination. Creatures, therefore, of this mediocre description, *pass* as a *matter of course*; and apothecary being now legally tacked to his name, surgeon also is immediately appended, and then the bluster and pomp of a new and important office is observed to commence.

A fellow of this origin and character (called, perhaps, in the absence of a better-informed practitioner, to a case strictly under his neighbour's care) commences with denouncing, in a bold and clamorous manner the measures which have been pursued, and promises to cure the patient in quick time. Nature kindly seconds his impudent pretensions, and this daring charlatan, in spite of his own mischievous principles, (if, indeed, he have any to direct his treatment,) exults in finding, by an unexpected and propitious *turn-up*, he has out-witted his less arrogant and pretending rival, and obtained credit for superior discernment in that circle to which he has been, by mere accident, introduced.

Believe me, Sir, this is not an overcharged statement, it is a true picture of the history of several individuals well known to the writer of this letter, and also to many of the more respectable members of the profession. If any candid mind can doubt the truth of the assertion, let him convince himself; and if he will only take the trouble to walk from the central bridges to the southern or eastern extremities of this great town, and observe, where only chemist and druggist were a year or two since recorded, surgeon and apothecary are now inscribed; and if the inquirer will refer to the list of the College of Surgeons published every year, he will no longer doubt the fact of the appellation of surgeon being gratuitously assumed by such *honourable persons*. The public, particularly parents and guardians, should be cautioned against such designing impostors, who are in the habit of living upon premiums thus surreptitiously obtained, and have not capacity sufficient to direct the elementary studies of the unhappy youths consigned to their barbarous tutorship, nor liberality of mind to treat them with the courtesy becoming a gentleman. Connected with this irregular and disgraceful introduction to the profession, may be fairly said to emanate the degrading system of farming the medical attendance of the poor in populous and extensive parishes. Were it not for these interlopers, those fungoid excrescences in the shape of licensed apothecaries and self-constituted doctors, no surgeon, of competent education and acknowledged talent, would condescend to accept such a disproportionate measure of remuneration, alike repugnant to the moral and healthy condition of the poor, and derogatory to the character of an honourable and useful profession; but the respectable surgeon is compelled, in defence of his own interest, to succumb to a precedent, and adopt a practice he abhors.

The remedy for this, as well as other grievances in the profession, lies in an appeal to the legislature. If we succeed, as I hope we shall, in obtaining a new charter for the College of Surgeons, this evil, among many others, we may hope to see reduced. The character of the profession advanced, by giving its constituted members authority to charge for visits and time, instead of cramming a superfluous quantity of medicine down the throats of patients, in order to make out a charge. A revolution must take place in the present system of remuneration. The Trading Act of 1815, has been found altogether inoperative to prevent unqualified persons, and it is evaded every day with perfect impunity!

The College of Surgeons have no power to restrain adventurers from infringing its *supposed rights*, consequently the privileges of its members between the two imbecile corporate bodies are totally sacrificed. Happily for the profession, by the united energies of your talents, and the commanding influence of your weekly Journal, a new era has dawned upon the destiny of surgery; public feeling and public opinion has been aroused. In vain may the advocates of monopoly, and the influence of the whole body of corruptionists, attempt to stem the force of equity and of truth upon the minds of the community; and that its claims may be fully and speedily recognised and permanently secured, is the fervent wish of your devoted friend and constant reader,

A DEGRADED MEMBER OF THE COLLEGE.

PHAGEDENIC ULCERATION OF THE PENIS.

To the Editor of THE LANCET.

SIR,—You have reported in Number 260, a very interesting case of phagedenic ulceration of the penis, which was under the care of Mr. Lawrence, at St. Bartholomew's Hospital. Will you permit me to supply a portion of its history, which will both elucidate, yet further, the nature of the disease, and also (an effect which you will not undervalue) set me right, with some of the profession to whom I have mentioned the case, as having been for some days under my care. You will suppose, from this acknowledgment, that I am the "medical man" who adopted those preposterous means which you have but too slightly censured; and it is from a fear of this construction by others, that I beg the favour of a space in your columns. The case is very well related so far as it is known, but there is the following hiatus: in your second paragraph are these words:—"The inflammation and swelling of the penis rapidly increased, and about ten days since, the extremity of the prepuce became ulcerated." This, it will be observed, *was after he had "applied to a medical man;"* and it was the effect, doubtless, of the absurd means which had been employed. What I wish to be understood is, (and I confess it to be of more importance to myself than to any other,) that I cannot lay claim to the civility of having directed the patient to those pleasant remedies, exercise and good living; having been consulted upon the sixth of those beforementioned *ten* days, from the first of which he had been submitted to such agreeable treatment. At the time of his consulting me, he had lost the greater part of the glans and prepuce, by a very painful ulcerative process, which was then in rapid progress. The penis was greatly swollen and inflamed; the pulse frequent, hard, and full; the tongue furred, with headach, and a general suppression of the secretions. He was bled to ℥xij., sent home to bed, and ordered cathartics, with antimony. An opiate at bed time, and a linseed meal poultice. These were continued (the symptoms remaining the same) for three or four days. At the end of that time, he was bled again, and leeches applied to the pubes and perineum, the medicines being continued with little alteration. The blood, after each evacuation, had the buffy coat. The opium, as you have remarked, had failed to procure sleep; but the medicines generally had, in some degree, controlled the violence of the symptoms, when he was removed, at my own request, to the hospital.

From this explanation, those of your readers whom it may concern, will acquit me of having instituted such insane treatment; and however weak or simple my proceedings may have been, you will allow that they were not in opposition to the dictates of common sense, and the first principles of surgery. The "medical man" of the text, is a daring empiric, practising, after this fashion, in the Kent Road. Will it be believed, that the poor fellow was under the "*Doctor's*" care for about three weeks, without a single inspection of the seat of disease having been made? And when the comparatively trivial symptoms of gonorrhœa were forgotten in the very serious complaint of the occurrence of ulceration, (manifestly the effect of simple but violent inflammation,) the patient was directed to live well, take horse-exercise as usual, and apply mercury topically!

Doubtless, Sir, you have seen, in various parts of the town, placards, cautioning the public against "mock auctions," "bad houses," and the like. It appears to me, that if appropriate placards were exhibited in the neighbourhood of some of the most ignorant, and therefore the boldest quacks' by men provided with tickets for various public charities, which they were instructed to give to all requesting them, the work would occupy any of our numerous benevolent societies, quite as usefully as they may be at present engaged. I do not know that this very vague suggestion is even practicable; but thereis certainly cause for indignation; that while the man who robs us by an ordinary fraud is amenable to a very severe law, he who pilfers the victim of disease under the false pretence of a knowledge of his malady, and a rational hope of being able to effect its cure, (while, being ignorant of the one, he is, or ought to be, destitute of the other,) escapes with no heavier punishment than the scorn of all rational men; which is to him as *dust* in the balance, while he has *gold* on the other side.

I am, Sir,
Your very obedient servant,
William Cooke.

London, Aug. 27.

FORENSIC CANT.

MR. ALDERSON—EXHUMATION.

To the Editor of The Lancet.

Sir,—In your publication of this day I observe, with pleasure, some remarks on the necessity of setting bounds to forensic license, in prosecutions for the illegal disinterment of bodies. Whatever latitude might be allowed in those cases arising between man and man, to which angry feelings and prejudices may have given such a colouring as to mystify the truth; or, in cases where the individuals addressed have the power to increase or to diminish the quantum of punishment, yet, unquestionably, an advocate is "responsible for all the sophistries" he may chuse to employ in criminal prosecutions, where a verdict, as to the accused being or not being guilty, (without reference to the abstract nature of the offence,) is all that can be obtained. This obligation especially obtains in the prosecution of resurrectionists, for, at the same time that I would admit the major part of them to be the greatest scoundrels on the face of the earth, I should contend that, in the present state of the law, they are a necessary evil, and that it is not only inexpedient, but unjust, to indulge in gratuitous observations calculated to perpetuate prejudices at variance with the well-being of society. Every man of education must despise a counsel who, on such an occasion, unnecessarily steps aside to inflame the minds, not only of a jury, but of a whole county, for the mean advantage of increasing his provincial reputation; and that it can be for no other purpose is obvious, from the fact, that as the law esteems the disinterring of a body to be a punishable offence, so it is merely requisite that the theft be proved to secure a verdict. There exists no occasion for him to prostitute his talents and falsify his reason by the nauseous assumption of indignation, or by the exciting or cherishing of prejudice against the purpose to which bodies are destined. As honest men, they have no right to allude to this purpose, since it must be apparent to these truckling declaimers, that their own exemption from suffering may possibly depend on the degree of facility which their medical attendant may have enjoyed in the progress of his anatomical studies. If they would remember this, they would perceive that what they gained with the multitude by the exercise of cant, they lost with the wise by their abandonment of truth. I am satisfied that it is this disgusting prostration of reason in our courts of justice which has mainly served to keep alive that repulsive feeling with which dissection is regarded; for, in the wild and rigmarole speeches which occasionally are uttered, one might almost imagine that a counsel asked for a verdict only on condition of his demonstrating the turpitude of human dissection. The abuse falls neither on the sin of body-stealing nor on the thief, for the attention of the jury is constantly directed to another object, and to another class of men; and these honest and well-meaning yeomen are harrowed and haunted by the image of skeletons, and by the idea of vampires, in the guise of surgeons, revelling on the remains of their fellow-beings. They go to their homes impressed with the conviction (which they spread far and wide) that a body of men can be found who delight in the disgusting detail of anatomy.—They think not that science—they think not that the prospect of ameliorating the condition of society—they think not that the hope of soothing the woes and mitigating the afflictions of humanity can be the feelings which support a man when he first engages in these pursuits—which stimulate him to further investigation, and which incite him, cheerfully, to sacrifice his convenience, his comfort, his health, and, not unfrequently, his life, in the noxious atmosphere of a dissecting-room. In the present day, it is only occasionally that these exhibitions take place, since the majority of counsel adhere strictly to their duty as agents of the crown and as members of society; nor do they suffer the one character to predominate over the other, for they well know it is sufficient merely to prove the exhumation to demand a verdict, even from a jury of medical men. Of all the instances of illiberal and unmanly speeches, the recent one at Norwich is the least defensible. If there be any thing which demands mercy from us, it is the means by which we have attained station, and honour, and wealth, and happiness; and when we find the son of a physician stigmatising the ground-work of that profession which enabled his father to secure for him his present advantages, we may suspect affectation and hypocrisy. The counsel, whose speech you have made the subject of censure, is the son of Dr. Alderson, of Hull; and I have reason to believe, that Mr. Alderson himself was formerly desirous of storing his mind with anatomical knowledge, for I remember observing, some years since, "An Essay on (I think) the Circulation of the Blood, and on the Forces which propel it;" which, for more reasons than because his name was attached to it, I knew to have been written by him. Can any man then for a moment believe, that Mr. Alderson was speaking for aught save effect; or, that his heart acknowledged the truth or necessity of one word which he uttered? Assuredly not; and he stands before the world branded with the imputation of having weakly pandered to the prejudices of the multitude by a sacrifice of judgment. That it is apostacy and not conversion, no one can doubt, for though there are most points on which learned men may conscientiously change their opinion, yet it would be impossible to adduce a case in which intelligent men are more united than they are as to the imperative necessity of dissection. The motives of Mr. Alderson are so very glaring, that others who might wish to pursue the same track may possibly be deterred from the attempt, lest their honesty of speech should be doubted, and they rendered ridiculous; in the event of which, society will have gained more than he intended. I sincerely hope that it may be so, and that journalists may, in future, be spared the unpleasant duty of recording such degrading exhibitions.

I am, Sir,
Your obedient servant,
†

August 23, 1828.

COMPOUND FRACTURE OF THE SKULL.

To the Editor of THE LANCET.

SIR,—In perusing your Number of July 26th, I find a case recorded, of recent occurrence, of compound fracture of the skull, with depression, unattended by symptoms of compression. As a case somewhat similar has lately fallen under my observation, you may, perhaps, consider the following brief particulars acceptable. During the latter part of the summer of 1826, I was sent for to visit a boy of fourteen years of age, who, I was given to understand, had been kicked by a horse on the skull. On examination, a very extensive laceration of the scalp presented itself, the wound commencing an inch above the left frontal sinus, extending across the left parietal bone, and terminating opposite the posterior part of the squamous suture of the temporal bone on the same side, thus forming a flap which hung back. Without the aid of a finger, an extensive fracture was readily seen, and on the upper and lateral part of the frontal bone a considerable portion was depressed. The symptoms under which the patient laboured, did not manifest any degree of compression, neither had he been insensible since the occurrence of the accident, save and except being stunned for a few moments after the blow had been received. He had had no vomiting, was able to converse rationally, and, almost unsolicited, gave an accurate detail of the nature of the accident, and of what his sufferings then were.

The pupils were not unnaturally dilated, but were seen to contract readily on the admission of light. In this state he was removed a distance of six miles, in order that I might have an opportunity of visiting him as often as necessity might require.

It is unnecessary to remark on the treatment of the case beyond observing, that the edges of the wound were without difficulty brought in contact with each other, without the aid of sutures. The dressings being allowed to remain untouched for four days, at the expiration of which time they were removed, and lighter ones substituted, with directions for poultices to be applied externally. The result of the case was most favourable, as, during the period he was under treatment, no untoward symptoms supervened, and in the short space of 26 days the wound was perfectly healed. The occurrence took place in Ireland, about six miles from Naas, a town situated fifteen miles from Dublin.

I have the honour to remain,
Your constant subscriber,
M. J. B.

Gosport, Aug. 5, 1828.

BLISTERS IN THE EARLY STAGE OF MEASLES.

To the Editor of The Lancet.

Sir,—I have had extensive opportunities of witnessing a great many cases of measles with its attendants, viz. inflammation of the lungs, and continued chronic cough, and have seen it treated according to common principles, with variable success. I am therefore induced to recommend a plan of treatment which, for its simplicity and utility, I think, cannot be surpassed, having more than a hundred times adopted it, and with a success which has entirely exceeded my most sanguine expectations. I am, therefore, convinced, that the disease may be cut considerably shorter, and many valuable lives saved, to the comfort of numerous families. I do not mean to put it forth as a novelty, but so far as I have any knowledge, it has not been employed in the manner I am about to mention. It is simply this—As soon as the first symptoms of the complaint show themselves, such as sneezing, with defluxions from the nose and eyes, *and before the eruption appears*, the prompt application of a blister to the chest, (of course with other suitable remedies,) seems to act like a charm, in most cases entirely preventing any affection of the lungs supervening. I have lately treated three cases, two according to the plan already laid down, and one upon the common principles of our best physicians, the parents of the child being averse to blisters. The latter is now scarcely recovered, after being ill six weeks; the two former were perfectly recovered in a fortnight. I shall not attempt to explain the modus operandi of blistering early, but the conclusions, I think, to be drawn, are these :—

1. That the disease is rendered shorter and milder; 2. That the disposition to inflammation of the lungs, and its consequences, if not entirely prevented, is very much mitigated; 3. That the patients are not more predisposed to colds or coughs, than others in whom no disease had taken place; and, 4th. That the recovery is more rapid and lasting.

Your constant reader,
Arthur Matthews.
Member of the Royal College
of Surgeons, &c.

Chelsea, Aug. 18th, 1828.

MEDICAL APPRENTICES.

To the Editor of The Lancet.

Sir,—Knowing the laudable anxiety you have ever shown in redressing the numerous grievances of the medical profession, has induced me to address this epistle to you. It is the custom of many general practitioners who dispense, to employ their pupils in the menial office of taking out the medicine, which to youths who have always been brought up as gentlemen, and received a liberal education, must not only be highly wounding to their feelings, but also deprives them of that portion of their time which might be more usefully employed, either in reading, or visiting patients. Surely, Sir, it is too bad for a medical man, so far to deceive the friends of young men as to take upon themselves the office of teaching them their profession, and then to employ them merely as servants, from the avaricious and sordid motive of saving the few shillings it would cost them to keep a boy for the purpose. The following is the situation in which I stand. The gentleman, with whom I am placed, has a very extensive town practice. At his departure to visit the patients, I am employed in compounding medicines which may be required against his return. After having put up the prescriptions, I have to walk out with the medicine, exposed not only to the insolence of servants, but also to the jeers of my more fortunate companions; so that at my return I am either too much fatigued to study, or have some fresh errand which compels me to relinquish my book for the day; if you can find a corner for this in your valuable Journal, you will very much oblige

One of the Unfortunate.

Taunton, August 14th, 1828.

CASES OF TETANUS FOLLOWING GUN-SHOT WOUNDS.

In the last Number of the Edinburgh Medical and Surgical Journal there are two cases of traumatic tetanus, related by assistant-surgeon Leah, of the Albion. The injury was received, in both cases, at the battle of Navarino.

Case 1.—John Key, wounded on the 20th of October, by a musket ball through the middle of the left arm, the shot entering a little posterior to the vessels and nerves. There was no hæmorrhage, and being regarded as a simple flesh wound, it was dressed simply. On the 27th (having been rapidly mending up to that period), the patient awoke in the morning, complaining of a stiff neck, and inability to open his mouth. The wound discharged freely, and was healthy in appearance. Ordered ten grains of calomel every other hour, a drachm of laudanum immediately, and half a drachm every other hour afterwards. This plan was continued to 6 p. m., without any improvement: the bowels were not acted upon—the breath and gums indicated that the mercury had taken effect upon the constitution. There was such a copious secretion of viscid phlegm, that with the greatest difficulty a tea-spoonful or two of barley-water were forced into the mouth. It was thought advisable to desist from the further use of the calomel; but the laudanum was continued until the morning of the 28th, when death took place, being about twenty-two hours from the first complaint of spasm. The body was not examined.

Case 2.—The disease, in this instance, was successfully treated. The particulars are as follow:—

October 20th, 1827, Mr. Gray, midshipman, aged 16, of a robust constitution, had his right arm shot away by a cannon-shot, excepting a small piece of muscle by which it hung. He was brought into the cock-pit immediately after. The hæmorrhage was not profuse. He was in the highest state of excitement, and was calling out, as he descended into the cock-pit, 'Doctor, I have lost one of my flippers.' The shot had struck the arm about four inches below the shoulder joint, the inside of the bone being bared for about two inches, the muscles detached from it by the violence of the shock, and the extremity of the bone slightly shattered. It was thought by the surgeon of the ship, Dr. R. P. Hillyar, that after sawing off the bared rough extremity of the bone, and tying the humeral artery (considering the shot passed obliquely), there was plenty of muscle on the outside of the arm, so that, by bringing the soft parts into apposition with adhesive straps and a roller, union might take place, and a useful stump might be formed. This was accordingly done, and he was put into a cot in the cock-pit as soon as the firing had ceased. No medicine was ordered; in fact, the night was spent before the surgeons had finished their operations and attended to the numerous wounded.

21. Passed a restless night; he feels occasionally a good deal of pain, and the pulse is above 100, but the fever moderate. At bed-time ordered half a drachm of laudanum. 22. He passed a tolerable night, and slept some hours. Complains very much of pain in the stump; and on the dressings being removed, the whole extremity of the stump is found to be a raw surface, the integuments not having taken on the adhesive process, but rather the suppurative; pulse hard and quick; tongue white. The anodyne repeated at bed-time. 23. Passed a quiet night, but he is very much agitated occasionally. Bowels have been opened. The anodyne was again ordered at night. 24. Passed a good night. The stump was dressed; no prospect of adhesion, but, on the contrary, a very copious suppuration from the lacerated parts, and sloughing has commenced. The ano-

dyne to be continued. 25. The patient had passed a tolerable night. In consequence of the unfavourable appearance of the wound, Dr. Hillyar determined to remove the limb at the shoulder-joint. An incision was made along the inner edge of the deltoid from its origin, as low as the injured parts would allow; a corresponding incision was then made on the outer edge of the muscle, and these two were united by a third across the top of the cone formed by them. There was not so much flap saved from the deltoid as was necessary, on account of the inner edge of that muscle being lacerated; more, therefore, was saved from the axilla than is usual, in order to cover the glenoid cavity. The axillary and two smaller arteries were tied. Not more than two ounces of blood were lost in the operation, the pressure made on the subclavian above the clavicle having completely commanded the hæmorrhage. He bore the operation very well, and expressed great satisfaction that it had been performed. In the evening he felt tranquil, and the pulse was 110. The anodyne was again given at bed-time.

Every thing went on well until the 10th of November, when the stump was dressed, and looked very healthy; but the patient complained of pain and stiffness at the angles of the lower jaw; and deglutition of a hard substance gave him pain there as well as in the stump: he could open his mouth about three quarters of an inch. Considering the debilitated state of his constitution, and the little success which attended the treatment of the former case (although the manner in which the tetanus came on was different), it was determined to treat this case constitutionally, by supporting the general strength, and attending to the digestive organs. In the evening he was not worse, and was quite free from spasmodic twitching, or any other affection of the muscles of the neck or abdomen; pulse 112; bowels not open, although he had taken three mercurial and three colocynth pills. Ordered again. Eighty drops of laudanum at bed-time, and the linimentum ammoniæ, with tincture of opium, to be rubbed upon the jaw. 11. Slept the whole of the night. He can only separate his teeth about a quarter of an inch; and the abdominal muscles on the right side are now rather tense. He eats spoon-meat with appetite, and swallows it without difficulty. Has had two copious healthy evacuations. Directed to continue the anodyne, and to take a pill of four grains of calomel, and five of antimonial powder. 13. Yesterday he was much the same; the pills and draught were repeated at bed-time. The tension of the abdominal muscles was less yesterday, and to-day is quite gone. The state of the jaw is much the same. The wound was dressed; it looks very healthy, and the edges are cicatrizing. He was allowed full diet of fowl, which he ate with appetite; and the pill and draught were repeated in the evening. 15. No particular change. His mouth is a little affected by the calomel; the stump was dressed to-day, and is doing well; bowels free; affection of the abdominal muscles quite removed. The anodyne was repeated; the calomel pill stopped. 19th. The night before last, the calomel was again repeated. The stiffness of the jaw continues, but he can now open his mouth about three quarters of an inch; the soreness of the gum is gone; the general health and strength improve rapidly. The wound has been dressed every second day, and there are two patches healed. Ordered four ounces of port wine daily, and the anodyne increased to ninety drops. 22. He now walks out for a short time every day. Caustic is applied to the wound, and it is dressed with dry lint—the anodyne diminished to fifty drops.

From this time the amendment was progressive, and nothing further of importance transpired. On the 29th of December the patient was discharged, with a wound about the size of a split pea.

MEDICINAL PROPERTIES OF THE LEONTODON TARAXACUM, OR DANDELION.

The well-known perennial plant called dandelion (the *Leontodon Taraxacum* of Linnæus), was formerly regarded as a medicine of great power in various visceral obstructions, and more especially in hepatic affection. We believe, however, that within the last few years, the taraxacum has been almost entirely abandoned in practice—it being generally considered as a medicine of little efficacy. Mr. Houghton, in the last Number of the Medical and Surgical Journal, has endeavoured to show that the discrepancy of opinion between the more ancient and modern practitioners, has arisen from the circumstance of the latter employing the taraxacum in an improper form. Of the common extract sold in the shops, Mr. Houghton has taken an ounce *per diem*, without perceiving any sensible effect from it. The most uniform and active preparation of the plant, he says, is obtained by carefully evaporating spontaneously*, the expressed juice of the roots taken up in August and September. The extract formed in this manner, according to the experience of Mr. Houghton, is a "valuable anodyne—deobstruent, slightly aperient, and diuretic." He has found it of decided efficacy in cases of chronic disorder of the digestive organs, "not produced by intemperance." In females, and other persons of sober habits, and of studious or sedentary pursuits, it has been very beneficial, increasing the flow of bile, and allaying the uneasiness which the dyspeptic so frequently experience about the hepatic region.

---

* This is effected by placing the juice in shallow vessels, exposed to a current of dry air, or if placed in a situation artificially warmed in wet seasons, a similar preparation will be produced—one pound yielding two ounces of extract.

CASES OF INJURY OF THE HEAD, ACCOMPANIED BY LOSS OF BRAIN.

The subjoined cases occurred in the practice of Dr. Sewall, Professor of Anatomy in the Colombian College. D. C.

Case 1.—In February 1827, W. Brown, a coloured man, aged fifty years, in encountering with another individual, received a severe blow on the right side of the head with a sharp spade. When Dr. Sewall arrived, which was only a few minutes after the accident, he found him bleeding profusely, and much exhausted from the loss of blood. Though not insensible, he had lost his reason, and did not know how he came by the injury. There was a deep wound dividing the integuments, the whole of the temporal muscle, penetrating the cavity of the cranium, and extending horizontally, from an inch above the external angular process of the frontal bone, through the parietal bone just above the squamous suture, forming a fissure of three inches in length. The lower portion of bone was considerably depressed, and the two edges separated about half an inch.

Two branches of the temporal artery were taken up; when, on a more critical examination, it was ascertained that the dura mater was divided for an inch in extent, and the brain was penetrated some way into its medullary portion, which was easily distinguished from its cortical part.

Dressings were applied, and the man was conveyed home, about one mile distant, and placed in bed with his head and shoulders considerably elevated. From the great loss of blood, his pulse was feeble, and his extremities cold. Warmth was applied to the limbs: he soon became sensible, and complained of severe pain in the head and vertigo. The most rigid antiphlogistic course was enjoined; he was bled, and purged daily for a considerable time, the circulation equalised by warmth applied to the extremities, and by gentle diaphoretic remedies given internally.

During the process of suppuration, the brain protruded and sloughed away, and, subsequently, portions were removed by a spatula.

A few days after the accident, a second wound was discovered, which penetrated the integuments and the frontal bone near the median line, and about one inch from the coronal suture. This wound was apparently made by a small spear-pointed instrument, and was so large as to admit a probe to pass through the skull.

For about ten days after the accident, the patient complained of constant, and sometimes of severe, pain in the head; and on one occasion was affected with a slight spasm of the muscles of the face, neck, and extremities. The wound healed, and in six weeks the patient was quite well. He subsequently followed his occupation, that of scavenger, and did not manifest any deviation in the functions either of body or mind from their ordinary healthy condition.

Case 2.—September 18th, 1827, Lewis Poole, aged five years, while playing in the street, was kicked by a horse, and taken up in a state of insensibility. Dr. Sewall arrived a quarter of an hour after the accident, and found a semicircular wound in the integuments of the head, and, corresponding with this, a large fissure in the frontal and parietal bones, about three inches above the external angle of the right eye. Through this fissure a portion of brain protruded, somewhat larger than a walnut, and was composed both of cortical and medullary matter, which were easily distinguished. This was so far separated from the parts beneath, as to be removed without any violence.

Light dressings were applied, and the patient placed in bed. The pulse was slow and intermitting, the pupils dilated, and the skin cold. Very little blood had been lost from the accident. In a few hours he became sensible; the pulse rose, and he complained of pain in the head. He was bled to fainting.

Particular circumstances prevented the subsequent use of the lancet; but he was purged actively and daily for two weeks, and the pulse kept down by nauseating doses of the tartate of antimony. Extensive suppuration came on, with a copious discharge of pus; the wound gradually healed, and in about five weeks the child was quite well. He has since remained in perfect health.—*American Journal of Medical Sciences.*

THE LANCET.

London, Saturday, September 27, 1828.

We should have rejoiced to announce the opening of the New Medical School in the London University, which is to take place on Wednesday next, as an event likely to be marked by some indications of an acquiescence in sound and enlightened principles on the part of those, who at present possess the power of regulating the system of Medical Education in this country, and of prescribing the conditions upon which students are permitted to become candidates for the privilege of practising their profession. The Council of the London University have had duties of no ordinary difficulty to discharge. We believe that no efforts have been wanting on the part of that body, to obtain from the Council of the College of Surgeons some relaxation of those impolitic and mischievous provisions, by which the interests of the whole profession are sacrificed for the sake of perpetuating a corrupt system; but it is not surprising, that efforts which have been backed by no other authority than that of reason, should have failed to make any impression on the surgical oligarchy in Lincoln's Inn Fields. Reason, public expediency, respect for justice or public opinion—these are considerations of small weight with men, who seem to regard the power they possess in no other light than as an instrument for extracting money from the pockets of the profession, and transferring it to their own. The *palms* of these persons are ever on the alert, but reason can find no access to their understandings. As far as any concessions from the Council of the College of Surgeons are concerned, the New Medical School, therefore, starts with no greater advantages than those possessed by any private establishment, conducted by teachers of acknowledged ability. Of such teachers the London University possesses a fair proportion, and it is to be presumed that those gentlemen, whose names are but little known in this part of the kingdom, have not been elected without satisfactory evidence of their competency to discharge with efficiency the duties which will devolve upon them. The Lectures on Surgery, as well as those on Physiology, will be delivered by Mr. Charles Bell, whose merits, as a profound and ingenious physiologist and anatomist, are acknowledged even by those, who have an interest in suppressing them, namely, the foreigners who have appropriated some of his discoveries. Dr. Davis lectures on midwifery and the diseases of women and children; and Dr. A. T. Thomson on Materia Medica and Pharmacy. These gentlemen are well known to be fully qualified for the situations to which they have been elected; and of Mr. Bennett, to whom the dissections and demonstrations are assigned, we believe it is generally acknowledged, that, for a clear and felicitous method of explaining the anatomy and physiology of the different parts of the body, he yields to no teacher in any public or private establishment of this or any other country. Mr. Pattison, the Professor of Anatomy, and Operative Surgery, Dr. Conolly, who lectures on the nature and treatment of diseases, and some other lecturers on branches collateral to medical and surgical science, are, in this country at least, untried men; but if the talent which may be presumed to have led to the election of these gentlemen, be set against the tried mediocrity of those, who fill similar situations in some other schools, this circumstance can hardly be regarded as disadvantageous to the New Institution.

But, though the medical classes in the London University are likely to be as well instructed as those of any other establishment, whether public or private, there are other circumstances which are likely to affect, for a time, the prosperity of the new institution. The indisposition of the Council of the College of Surgeons to make any abatement of illiberality, is not the only difficulty which the medical department of the New University has to contend with. The Scotch Universities have refused to recognise the certificates of the professors at the London University, on the ground that the new establishment possesses no royal charter; and this refusal will have the effect of taking from the new medical school, all, or most, of those English and Irish students, who may be desirous of graduating in the Scotch Universities. It is the *auri sacra fames*, the hunger after pelf, which has induced the Scotch Universities to avow their determination of refusing the certificates of the London University, as the Council in Lincoln's Inn Fields has been influenced by the same unworthy motive, in declaring four years' Hospital attendance on our provincial hospitals to be equivalent only to six months' attendance in a London hospital, although the facilities for acquiring knowledge may be, and for the most part are, far greater in the former than in the latter. But the certificate system is itself the root of the evil; and medical education can never be much improved in this country, while so absurd and uncertain a test of qualification is admitted, as that which is furnished by the mere possession of certificates, which certificates are, in fact, no more than acknowledgments of so much money had and received by professors, whose interest it is to grant such acknowledgments to all that can pay for them, and in no case to inquire whether the party who pays has received an equivalent in instruction. In a great number of instances, wherein certificates of diligent attendance on courses of surgery and anatomy have been granted in this country, the professors signing such certificates, would be unable to swear in a court of justice whether they had ever seen the individuals to whose diligence they have borne written testimony. We have ourselves stated before the Parliamentary Committee on Anatomy, if we may be permitted to allude, in our character of journalists, to the evidence which we gave in our individual capacity, an instance from which some conclusions may be drawn as to the general value of certificates of attendance on courses of lectures. Such certificates prove nothing but the fact of a certain sum of money having been received by the lecturer, and can never be relied upon as evidence of the pupil's diligence, or even of his presence at a course of lectures. The only certain test of qualification is, as we have repeatedly urged, a searching, *bonâ fide* examination, without reference to the time during which, or the place where, the candidate for a medical degree may have obtained his information. The London University is constrained, for the present, to acquiesce in the existing system; but it has already felt the baneful influence of that system, and the time, we trust, is not far distant when it will have the power, as we feel assured it has the disposition, to cooperate with effect in such measures as may lead to a reform of medical abuses.

Besides the disadvantages which the medical department of the London University has to contend with, from its dependence on the Council of the College of Surgeons, and on the Scotch Universities, there is a further inconvenience, which is, however, one that is promised to be speedily remedied, resulting from its want of the means of giving clinical instruction within or near the establishment. Hence its alliance, for temporary purposes, with the Middlesex Hospital; an alliance, which, if it were at all likely to be permanent or cordial, we should be disposed to regard as peculiarly inauspicious. The vital principle of a young and vigorous establishment would be destroyed by an amalgamation with the old leaven of corruption. The cruelty ascribed by the poet to Mezentius would be a type of the bad policy of the Council of the University, if they attempted to effect an unnatural coalition between the rottenness of the old establishments, and the health and vitality which should belong to a purer system,

Mortua quinetiam jungebat corpora vivis.

But the Council have announced their confident expectation, that they will soon be enabled to establish a hospital of their own. This is an object of great importance to the students who may resort to the Londen University for the sake of medical instruction; and upon its speedy accomplishment, and the consequent dissolution of the connexion between the University and the Middlesex Hospital will depend, in a great measure, the prosperity of the New Medical School. The foundation of such a hospital will not only advance the interests of the new establishment, as a school of medicine, but it will afford the Council an opportunity of showing upon what principles an institution for the relief of the destitute sick ought to be conducted. At present, it may be truly said, that there is not a single hospital in London, which is not, more or less, converted into a theatre for jobbing, corruption, and intrigue; and of which the funds are not, in a greater or less degree gree, diverted from the charitable objects to which the founders intended that they should be appropriated. As the arrangement which has been entered into with the Middlesex Hospital by the Council of the University is only temporary, we shall merely advert to the inconvenience which the students are likely to sustain, from the distance between the hospital and Gower Street, as a circumstance furnishing the Council with an additional motive for deferring to as short a period as possible the adoption of such measures, as may render the University wholly independent of any other establishment.

We have now fairly stated the circumstances under which the New School starts, and the parents or friends of youth designed for the medical profession will judge for themselves of the expediency of entering them, on the first of October, at the London University. Circumstances may, and probably will, for a time, retard the benefits, which, under more favourable auspices, might have been expected to arise from the new establishment, but we are inclined to think that there is a principle of energy in that establishment, which will finally surmount all obstacles, and triumph over all opposition. The professors start, it is true, under some disadvantages, but they enter upon their labours, be it remembered, with the consciousness that the eyes of the public are upon them, and with the conviction that it is only by an able and zealous discharge of their duties, that the voice of obloquy can be silenced, and the claims of talent and integrity to the public approbation can be dispassionately appreciated. We have never been among those who were most sanguine in their anticipations of the great and sudden advantages to be derived from the establishment of a metropolitan University, and we have even entertained some doubt, whether the demand for general knowledge among those classes by which such a University was likely to be supported, was equivalent to the projected supply. But, whatever might be the amount of the demand for instruction among those classes, it was admitted, on all hands, that the existing supply was bad in quality, and the design of diffusing the benefits of knowledge was surely entitled to the approbation of all men who were not blinded by prejudices or tainted by the more incurable disease of hypocrisy. The spirit in which the scheme, and the promotors of it, have been assailed by a portion of the press, is indeed truly detestable; but the slaves, who pander to prejudices in which they are not honest enough to participate, are scarce elevated enough in the scale of living nuisances to be regarded as objects of detestation. The dull ribaldry, and the vulgar obloquy, which have been cast upon the new establishment, must defeat the purposes of its calumniators in well-informed and well-bred circles; nor is there any class of persons, we conceive, which such garbage is calculated to please, except perhaps, a few upstart Tories, or bloated Aldermen, who, as they confound opulence with rank in society, may likewise mistake buffoonery for wit.

The expediency of supplying better instruction to the inhabitants of the metropolis than they have hitherto been able to obtain, was the main principle on which the project of a new University was founded; and this principle has received the strongest sanction from those who were upon another ground, perhaps honestly, opposed to the scheme, for they have imitated the example of the first projectors, and embarked in a similar undertaking. The plan of the King's College is, in all respects, save the introduction of a compulsory system of religious instruction, wherein it is to be assimilated to the Universities of Oxford and Cambridge, a copy of that of the London University. The King's College aspires to no superior advantages, in respect to the power of granting degrees, to those possessed by the London University; a circumstance, which was not publicly announced until long after the scheme had been set afloat and largely contributed to, and which was even then announced in so modest and retiring a paragraph, that the fact is perhaps to this day unknown to many of the contributors. The sole difference, then, between the plan of the London University and that of the King's College is that, whereas the former will not interfere with the religious belief of the student, or prescribe the mode in which he may best fulfil his religious obligations, the latter will combine, with its course of studies, a compulsory system of religious instruction. By a compulsory system of religious instruction, we mean such a system as is pursued in the Universities of Oxford and Cambridge, where, if the student neglect to attend chapel, and receive the sacrament at stated periods—a course of theology is not insisted upon—he is subjected to certain penalties, not indeed of a very severe description, but sufficiently annoying, in a majority of instances, to enforce conformity. One of the severest punishments inflicted for what is regarded in many Colleges as one of the least venial irregularities, namely, the omitting, from whatever motives, to receive the sacrament, is that of *being put out of sizings and commons.* This phrase, being interpreted, means that the delinquent cannot obtain his wonted hot rolls at breakfast from the college butteries, and that he will be excluded for a time from the common dining-table. The consequence of this exclusion is, that he is compelled to seek his dinner at a tavern in the town, where he is sure to waste his money and his time, and may, by possibility, impair his morals and his health; an ingenious contrivance for bringing a thoughtless student with a pure and undefiled heart to the communion-table, and reconciling him to a participation in the Lord's Supper! It would lead us beyond the objects which fall more immediately within the province of a medical journal to pursue this topic, but we would put it to the candour of those who have enjoyed the supposed advantages of a compulsory system of religious instruction at our Universities, to decide, whether such a system is not calculated to generate an indifference, rather than an increased reverence, for religious observances. Compel a man to listen to a set form of words, on however sacred a subject, fourteen times a week; or, rather, compel him to be present at the delivery of such a form of words—for neither law nor religion can compel to an impossibility—and indifference will be the mildest form of complaint with which the patient will escape from a performance of the obligation. It is with the piety as with the learning of most of the young men who repair to our Universities; more, we fear, is carried thither, than is commonly brought back from those venerable establishments.

The only point, then, wherein the plans of the London University and the King's College differ, is a point in which men, of whatever religious opinions, who reflect dispassionately upon the subject, will probably be disposed to conclude, that the former institution has the advantage of the latter. But we heartily wish success to both establishments. The patrons of each may, for a while, take opposite directions; but they are destined, we believe, like travellers in a circle, to arrive at the same point. Increase of knowledge is, we trust, the common object of both; and increase of knowledge will itself destroy the principle of intolerance which has, perhaps, given birth to one institution, but which the founders of that institution vainly seek to perpetuate.

In consequence of certain communications which we have received from the country, we deem it right to inform some of our readers, that we are in no degree responsible for the correctness or incorrectness of any of the statements put forth at this season of the year by the different public and private teachers, who may select our wrapper as a convenient medium of advertising. We do not see the advertisements, taken to our office, until after they have been printed and published; and, for aught we know of the matter, Charles Wright's champagne may sparkle on the same wrapper with the lustre of Hunt's matchless blacking and Dr. James Johnstone's oath for the week, that he has sold four Fasciculi. *Credite posteri!*

When Roderick Macleod published some stanzas in his Excrescence, the week after they appeared in The Lancet, his excuse for the awkward date was, that our Correspondent's verses had been sent to the Excrescence at a time when its editor was *at the sea-side*. On Saturday last, September the 20th, this ingenious person announced to the medical world, that an action had been brought at the Bristol Assizes, by a Mr. Luttrel, against Dr. Davis; recapitulated, with a masterly hand, the evidence on the part of the plaintiff, as well as that on the part of the defendant; stated with admirable precision the verdict of the jury, and retailed one or two observations on this trial, which appeared in The Lancet on Saturday, *August the 30th*. There is nothing more unfavourable to the successful exercise of the inventive faculty, than a comparison of dates; and if the distance of the editor of the Excrescence from the place of publication is to increase in the ratio of the interval after which our intelligence or our articles are appropriated, the consistent excuse for this last feat of dexterity, would be, that the editor was *half seas over*. But Dogberry, whose spirit has descended on the gentle Roderick, may supply him with a more specious apology:—"*An two men ride upon one horse*," saith that subtle dialectician, "*one of them must ride behind*."

Simple in its primitive constitution, and performing with scrupulous fidelity that important function of a medical corporation—the examination of its members, the Dublin College of Surgeons throve on the innocence of its youth, and silently grew into a sound and robust adolescence. With the exception of a few ordinances, impolitic, but well intended, a freedom from a complex system of laws, and consequent exemption from political intrigue, deprived it of all temptation to abuse its confidential powers. It aspired to no imperial attribute of reducing one portion of the profession into a degraded caste, as a profitable contrast to the other;

it required a compliance with no code of education laws from its pupils; there was equality among its licentiates, and a choice of instructers conceded to its students. Among its senior branches there was, therefore, little dissension, because there was no domination; and comparative content among its noviciates, because the means of acquiring knowledge were elective. Its temper, however, has lately undergone a portentous revolution; and we shall, in all probability, have to be pointing to the infancy of this Institution as a sort of "golden age," in its historical progress from a state of virtue to one of crime. It seems, indeed, to be growing weary of being obscurely useful, and passively innocuous. Having acquired strength, wealth, and celebrity, it has latterly become impatient of its former inglorious inactivity, and burns for the dangerous distinction of competing with the criminal pursuits of its contemporaries. The guileless mechanism of its youth, by which the objects of its institution were tolerably well attained, appear unsuited to indulge the passions of its maturer years, and to the ingenious obliquity of the age, which disdains the humble task of doing good without sophistication. It has cast an envious glance on the intriguing spirit of surrounding establishments, and longs to participate in the fashionable spoils of corporate tuition. The glare of guilty gain, and seduction of sinister systems, are alluring it to destruction with an irresistible impulse. It is smitten with the splendid spoliations of the surgical aristocracy here, who fatten on the misery and property of our paupers, and endeavour to elevate themselves to a deceitful altitude, by depressing those beneath them. It cannot resist the temptation of enjoying the supreme pleasure of imitating the gorgeous vices and magnificent misrule of that body, which has just been diplomatically speculating on the demoralisation of a public character by contract, whose integrity and talents have triumphantly resisted their attempts to effect his ruin. It is this worst impersonation of the corporate system which now seeks to ruin by conciliation, him whom it could not crush by coercion; which, until this hour, left the *man*, who wrote the articles in the Encyclopœdia when a *boy*, who composed the treatise on Ruptures, the lectures on the Zoology of Man, the lectures on the Anatomy, Physiology, and Pathology of the Eye, and many of the best detached essays in medical literature, to the patronage secured by his own deserts. It is this corporate Mæcenas which patronises genius by leaving it to the meritorious task of asserting its own ascendancy without assistance, and when neglect fails, attempts its degradation through the treacherous pledge of affection, proffered, like the poisoned shirt sent by the harlot Dejanira to Hercules, by hands practised and grown old in deception. It is this rare patron of merit and paragon of equity, which the provincial mimic of Dublin is endeavouring to caricature in the composition of a new code of laws to be complied with by its pupils, and an arrangement which has, for its object, the separation of the future surgical profession of Ireland into plebeians and patricians. These are the novel and important objects, for the attainment of which the Dublin College, under the tuition of its new professor, Mr. Jacob, has, we understand, been deliberating for some evenings. While this diminutive personage was lecturer to a private school, he was one of the most noisy opponents of the injurious influence of the ticket-system. The influence of that system then touched his personal interests; and he thought it a serious injustice that certificates from his school should not be received as qualifications for obtaining diplomas from all the "constituted authorities." But no sooner was he tranferred from Park Street to Stephen's Green, than the error of his late opinion became manifest; and he instantly discovered, on entering on office, that colleges possessed the right, and ought to exercise it, of compelling pupils to attend *their* lectures, be those lectures good or bad. To be sure, he is still acting consistently; it was then his advantage that the certificates of private schools should be received, as it is his interest now that they should not; and we believe his professions were as hollow then, as they are now despicable. But destitute of all principle, as the propounder of these measures must appear, we suppose we must, for the hundredth time, refute them argumentatively. The absurdities and evil effects of those measures, are really innumerable and incalculable. Theoretically they assume the falsehoods, that pupils can be instructed in their profession by particular professors, at particular places, and particular times of the year, only; that, in short, the lectures of corporate teachers alone are worth attending. Just observe the contradiction implied in these measures, as evinced in the case of Mr. Jacob himself: in Park Street, had he remained there, and this system acted on by the College, his lectures, which are now alone considered orthodox, would then be of no value at all; so that, by this assumption of the College, the professors of York Street are all presumed perfect; those of Park Street, or any other private school, all dunces; the air of the former, like the atmosphere of Attica, clears the brain, and improves the understanding; that of the latter, like the fogs of Bœotia, dulls the senses, and debilitates the intellect, while neither party is considered capable of communicating instruction, as long as the thermometer stands above forty. These are but specimens of the absurdities necessarily involved in the measures proposed by Mr. Jacob for the adoption of the College; and we must be equally brief, at present, in producing examples of their practical effects on the profession, and the education of pupils. In the first place, any regulation which compels a student to attend a *particular professor*, must tend to diminish the diligence of that professor, because his fees are altogether independent of exertion to secure them. To him his income is precisely as certain, whether he neglects or performs his duties; whereas, in a state of competition, he must work, or he would neither have pupils nor fees. Along with deteriorating tuition, compulsory laws deprive the student of the instructions of men who must necessarily exert themselves, and inflict on these meritorious individuals the great injustice of depriving them of many pupils, and of communicating instruction at a rate lower than the several colleges. Lastly, by diminishing, as these compulsory laws have a tendency to do, the number of private teachers, it must necessarily diminish the chances of scientific discoveries, and the improvement of the healing art; for it is notorious, that it is from among this body of men, that most discoveries in science emanate, and that the colleges are supplied with their ablest professors. Extinguish, in short, private schools, and you commit an injury on medical science, which no ordinance, comprehending this evil as one of its provisions, can ever compensate. The whole of this train of argument has been lately followed up at so much length by our correspondent "Erinensis," that we think it unnecessary to pursue the subject further than to point it out as one of great importance to the private schools, and to hope that the proprietors of them will not permit the Irish College to adopt a system so hostile to its own interests, and so degrading and injurious to the profession, and to the public.

Elements of Descriptive and Practical Anatomy, for the Use of Students. By JONES QUAIN, A. B. M. B. Member of the Royal College of Surgeons, and one of the Lecturers on Anatomy in the Medical School, Aldersgate Street. London. Simpkin and Marshall. 1828. pp. 700.

Mr. Quain has so sensibly and felicitously described, in his preface, the plan of his work, and the mode in which he considers it should be executed, that we cannot do better than transcribe the entire article :—

"In the composition of the subjoined work the author has kept the following objects constantly in view :—

To give a condensed and methodical description of the different structures and organs which enter into the composition of the human body ;

To point out the most convenient methods of conducting their anatomical examination ;

To indicate some of the more important practical applications that may be made of the facts disclosed to the student during the progress of his inquiries ;

And, finally, to present abridged summaries of the most instructive principles of general anatomy.

The attention of students, during the limited period of their public education, is necessarily divided between a variety of objects. They have to pass through the whole circle of medical science, and to attain a competent knowledge of the different departments into which it is divided ; so that each can receive but a limited portion of attention. It generally happens that the earlier essays of a student in practical anatomy teach little, save a negative knowledge ; they teach him how he ought not to proceed, and his own ingenuity, limited as his experience is, must be taxed, to determine how he should conduct the examination of a similar part at a future period. The effort is again made, no doubt with a certain degree of improvement, but it is necessarily slow and tedious. To lessen, if not altogether to remove, this source of difficulty, the author has deemed it advisable to indicate how the first incisions through the skin should be made when the examination of each region is about to be commenced, and also to note the parts which lie, layer after layer, beneath the skin, and how they ought to be displaced and removed. This may be termed the enchiræsis of the art ; and though it can be acquired only by practice, the time and labour necessary for its acquisition may be considerably abridged by following such rules as are embodied in this book. The precepts here alluded to will be found at the conclusion of the sections, and in a smaller type, so as not to interrupt the continuity of the work, or weaken its claim to the rank of a systematic treatise.

Human anatomy cannot be considered as an abstract science : scarcely any one enters on its study unless with a view to make practical application of the facts it discloses in the treatment of diseases. It is on this account that the works of some of our scientific and erudite neighbours on the Continent are found so defective as assistants to the inexperienced. Some, even of the treatises most generally read, treat anatomy as if it were cultivated by itself, and for itself ; or, in other words, as if a knowledge of the anatomical characters of bones, muscles, arteries, &c., constituted the ultimate object which we seek to attain. A student looks to them in vain for any suggestions as to the method of conducting his anatomical analysis ; he searches in vain for even an occasional remark on the practical applications that may be made of the different facts brought under his notice ; and were he to follow their guidance for even a year or two, sedulously devoted to the study of descriptive anatomy, he should then commence a new course, and select some other guide to teach him the use that is to be made of the knowledge he has acquired.

As a knowledge of anatomy throws considerable light on our curative indications in the different forms of disease, so a knowledge *à priori* of disease is of use to the anatomist, both by indicating the objects which should be kept in view whilst examining the different regions of the body, and still more so, in giving an additional zest to his inquiries. It is on this principle that the author has subjoined to the description of the different arterial trunks, the most approved method of exposing them in different parts of their course, so as to place ligatures upon them. With this view he has also given detailed descriptions of the mode of conducting the examination of those regions of the body which are occasionally the seat of capital operations. The dissection of the inguinal region naturally suggests to the mind the propriety of considering the different structures contained within its limits, in reference to the diagnosis, relations, and treatment (by operation) of the more ordinary forms of hernia ; and our examination of the perinæum could scarcely be said to contribute to any useful purpose, were it not so conducted as to impress on the mind clear ideas of the manner in which a catheter should be introduced, and the operation of lithotomy performed.

A knowledge of anatomical facts and of their practical applications, though of primary importance in itself, should not form the ultimate limit of a professional man's inquiries. "Knowledge," says a great authority,* "though founded in particulars, yet can expand itself only *by* general views." To study the different parts of a complex machine in detail, surely cannot be sufficient for those whose duty it is to restore its regular actions when deranged, and the due performance of which duty pre-supposes a correct knowledge of the general principles on which it is constructed, and the relations which its parts severally bear one to the other. In a work such as the present, written professedly on descriptive and practical anatomy, general principles could only be introduced with a view to elucidate its main design. Hence the summaries which are given ef the general anatomy of the osseous system, of the articulations, of the circulation in the adult and in the fœtus, must necessarily have been very much abridged; but it is hoped they will be found sufficient to place before the reader correct *coup-d'œil* views of these important topics.

---

* Locke.

There is one consideration which cannot be too strongly impressed on the mind of every individual about to enter on the study of anatomy; it is the indispensable necessity of acquiring, at the outset, a correct and thorough knowledge of the osseous and muscular systems, as reference is constantly made to them during the description of every other part of the body. If this be neglected in the first instance, the deficiency will seldom be supplied at a subsequent period; and at every step of the student's progress he will feel the want of certain portions of knowledge, which reminds him that an important link in the chain of demonstration is lost. As well might a person hope to acquire clear notions of the demonstrations in Euclid's Elements, without a knowledge of the definitions and axioms to which reference is made in every problem, whether it be simple or complex, as hope to prosecute anatomy with success without an accurate knowledge of those parts which form the basis of all the others, and to which allusion is made in every subsequent step of his progress."

As we have allowed Mr. Quain to give his own account of the objects he had in view in the composition of his work, and the advantages of the method of study he has recommended, he must permit us to remark, that in no instance has he lost sight of the former, nor has he, in any one respect, overrated the importance of the latter. The excellence of the author's plan, is equalled only by the extreme fidelity of its execution; the work, indeed, is a splendid performance; the anatomical descriptions are written in a style, at once forcible, vivid, and elegant, and the observations on surgery, are evidently based on a thorough knowledge of morbid anatomy.

This book must prove invaluable to students engaged in dissection, and of scarcely less value to the established practitioner.—Mr. Quain, if we mistake not, will reach the summit of his profession.

MR. LIZAR'S METHOD OF AMPUTATION.

In amputation of the thigh, arm, and fore-arm, Mr. Lizars makes two flaps, cutting from without inwards, with a knife the same length as the longest used by Lisfranc, with this difference, however, that it has only one cutting edge. In amputation of the thigh, he makes the outer flap first, cutting nearly transversely to the bone, the incision pointing a little obliquely upwards towards the trunk; he then carries it along the outer edge of the bone, four or five inches, in the same direction, according to the muscularity of the limb. The inner flap is made to correspond precisely with the outer; the assistant instantly grasping the inner flap, and thus completely commanding the artery; so that, if the operator chooses, he may with safety perform the operation without a tourniquet.

The superiority of this mode of amputation over that of transfixion, is said to be, that the surgeon can lengthen his flaps as much as he pleases, even in the middle of the operation, if he considers them too short to cover the bone; besides, he cuts in the same line of direction; whereas, in transfixion, he cuts first from, and then towards himself. In this mode also the flaps are much fuller and thicker; and no lower third flap can possibly remain, as in transfixion.

CASE OF TRAUMATIC TETANUS, SUCCESSFULLY TREATED.

By John Sang, *Esq., Surgeon, Bishop Auckland.*

The subject of the disease was a spare man, 23 years of age. The symptoms made their appearance three weeks after the receipt of a severe bruise of the fore-finger, and the patient was seen by Mr. Sang on the 12th of February, two days after the attack. At this time the pulse was *hard and quick*, the jaw nearly closed, the abdominal muscles, and also those of the lower extremities, very rigid. Severe pain was felt at the pit of the stomach—the bowels much constipated. Ordered six grains of calomel and two of opium, in a powder; a strong purgative mixture (a dose to be given every two hours), and soap liniment, with laudanum, to be rubbed over the abdomen. In the evening the powder was repeated.

On the 13th, the symptoms were unrelieved; the bowels had been slightly evacuated. Two grains of calomel, and one of opium, were directed every two hours, and the purgatives continued. On the 14th, friction, with mercurial ointment, was had recourse to—the calomel and opium, at the same time, were continued; and, on the 15th, the man was decidedly better. The symptoms, on the 16th, were much aggravated—the whole body seemed to be in one universal spasm. On the 17th, the patient was much relieved. The powders and mercurial inunction were steadily continued—the bowels had been freely evacuated during the preceding night. From this time the tetanic symptoms gradually subsided. On the 20th, profuse ptyalism was excited, and the calomel and opium were in consequence discontinued. On the following day, the mercurial ointment was omitted; and, on the 22nd, the patient was able to open his mouth as well as usual, only complaining of slight stiffness about the jaw.

The disease, in this case, Mr. Sang observes, appeared to be at its crisis on the *sixth* day; from which time there was a progressive amendment. We congratulate him on the successful issue of a case, in which, looking to the experience of the past, there was but too much reason to expect little could be done.

CASE OF DELIRIUM TREMENS.

Treated By Matthew Jackson, Esq., *Surgeon, Masham, Yorkshire.*

M. H., ætat. 53, a spare man, of intemperate habits, was first visited on the 26th of May, at which time he was, and had been for some days past, labouring under mental alienation: the illusions were of a varied nature. A saline draught, containing 6 drops of laudanum, was directed to be taken every hour, and a cathartic was given in the evening. Throughout the two following days, there was a decided amendment; the aperient acted freely, and the patient was directed to take weak brandy and water, as a common beverage. A relapse took place on the afternoon of the 29th, when the pulse was very rapid and incompressible, with great throbbing of the temporal arteries, and pain in the head. Fourteen ounces of blood were taken from the arm, and 50 drops of laudanum given; no impression was produced on the disease by these means; on the contrary, the patient was worse. Small doses of laudanum, as at first, with the liq. ammon. acet. were now given, with marked benefit. On the 30th, the bowels being much constipated, one drop of croton oil was prescribed; this acted freely, and the patient was in every respect better. In the evening of the 31st, a draught was given containing a *quarter of a grain of acetate of morphine*, and this, after a lapse of a few hours, was repeated. The effect produced was several hours' sound sleep, and the patient awoke much better: he continued to improve until the 3rd, when there was some return of mental aberration, and the morphine was again administered with success. From this time, nothing important transpired.

LARGE POLYPUS UTERI SUCCESSFULLY TREATED BY LIGATURES.

By C. Smith, Esq. *Surgeon, Highworth, Wilts.*

In June, 1823, I was requested to attend Mrs. K——, ætat 40, whom I found in a very exhausted state, complaining of pain in her loins and abdomen, shooting down the thighs, with great bearing down, and a constant discharge of bloody sanies. On making the slightest exertion, she frequently lost a pint of blood, or more; her bowels were generally constipated; she had frequent desire to make water, which was scanty and tinged; she had been ill for three years, and confined to her bed about eighteen months. She was the mother of one child, now six years old, and there was nothing remarkable occurred in her labour. The pulse was exceedingly weak and quick; the skin clammy; tongue white; the woman was indeed literally blanched by the successive discharges of blood.

The finger could only be introduced a little way, as the vagina was found to be distended to the full size of the pelvis, with a firm fleshy substance, which bled profusely. I found it impossible to reach the root of this substance, or to ascertain what kind of origin it had; but as the patient was so far reduced, that death must soon have taken place, I resolved to extract it, if possible; and with the double canulas, I succeeded in applying a well-twisted cord around its root; but to effect this, I was obliged to place the patient on her hands and knees, a position I recommend in cases of large polypi. After uniting the canulas, and pulling the cord, the hæmorrhage was immediately suppressed, and the patient complaining of but little pain, convinced me that I had not included any improper part. I tightened the ligature every second day, and on the sixth day it became detached; and how to extract the substance became the next consideration. I first secured it by midwifery forceps, but after considerable exertion, they slipped, and occasioned much suffering. I next had recourse to the sharp hook, with which I eventually succeeded in the delivery. The polypus thus extracted, was a firm fleshy substance, weighing nearly *two pounds*, very much resembling a calf's heart; the surface divided by the ligature measured two inches in either direction, showing that it had an extensive attachment. On examining the womb, I found it wide open, and flattened from the weight of the polypus which grew, from its very bottom. The patient gradually recovered her strength, and continues regular, and enjoys good health to this day. The substance extracted is in my possession.

ST. BARTHOLOMEW'S HOSPITAL.

PHLEGMONOUS ERYSIPELAS OF THE FORE-ARM AND ARM, SUPERVENING ON INJURY, TREATED BY INCISION.

Edw. Bittendike, ætat. 48, a large muscular man, and a free liver, was admitted into Mr. Lawrence's ward, July 16th, having received a simple fracture of the left radius, and a lacerated wound of the integument covering the upper part of the ulna. Splints and a bandage were applied, and the latter kept wet with cold water.

18. The forearm has been very painful during the night, and has prevented his sleeping; the splints were taken off. The back part and upper third of the forearm were considerably swollen, tense, and tender; the skin was of a bright red colour, more particularly around the wound, which discharged some thin pus; he had heat of skin, white tongue, and headach; pulse frequent and full. Mr. Lloyd (who attended for Mr. Lawrence) ordered venesection to eighteen ounces, but the dresser, finding some difficulty in bleeding him, had him cupped from the back of the neck, and applied thirty leeches to the inflamed part. A dose of calomel and jalap was given, and afterwards saline medicines, with antimony.

19. The pain of the arm was relieved by the leeches, and he had passed a better night; the inflammation and swelling, however, were increased, and had extended to the upper arm; the other symptoms continued, with the exception of pain in the head. Twenty-four leeches, and afterwards a bread poultice. In the evening he had flushed countenance, violent headach, with a very frequent and full pulse; he was bled to twelve ounces, and the head kept cold with wet cloths; the blood was cupped and buffed.

20. He has passed a very restless night; the arm has been acutely painful. The treatment had relieved the constitutional symptoms, but had not influenced the local disorder. The inflammation had increased, and now occupied the upper half of the forearm, extending along the back part of the arm to near the axilla. The limb was swollen to twice its natural size, tense and tender, and there was an indistinct feel of fluctuation above the olecranon. Mr. Weekes, the house-surgeon, made a longitudinal incision through the skin and cellular membrane, along the back of the limb, extending from the wound to above the olecranon, and about six or seven inches in length. A small quantity of pus flowed from the lower part of the womb; the cellular membrane was much thickened, and of brawny consistence and colour; the wound bled freely, and it was encouraged by hot fomentations, after which a bread poultice was applied.

22. The swelling and tension of the forearm and arm were considerably diminished; the skin had lost its bright red colour, and had now assumed a wrinkled appearance; the wound discharged healthy pus; the pain had entirely left him, and he slept well; the pulse was quiet, and the feverish symptoms subsided.

25. The limb was of nearly its natural size and colour, and he was in all respects much better. There was copious discharge of matter from the wound, and portions of the cellular membrane, in a sloughy state, had come away, and a granulating healthy surface has succeeded.

30. The wound was healing rapidly, and his health was considerably improved. The poultice was discontinued, and the arm dressed and rolled. In a few days afterwards he was discharged, to attend as an out-patient.

PHLEGMONOUS ERYSIPELAS OF THE LEG,

Consequent on an Injury; treated by Venesection and repeated application of Leeches, and terminating fatally.

John Hayling, ætat. 32, a robust and rather corpulent man, a brewer's servant, and a hard drinker, was admitted into Mr. Earle's Ward, September 7, and placed under the care of Mr. Skey, who attended for Mr. Earle.

About three hours before his admission he received a severe blow, from a horse kicking him on the outside of the right knee; it was followed by acute pain, swelling, and redness of the upper part of the leg. Previous to his admission he had applied a few leeches. The inflammation rapidly increased, his pulse became full and frequent, and feverish symptoms came on. Thirty-six leeches were applied to the inflamed parts, and he was bled to sixteen ounces: the blood was inflamed, and covered with a thick buffy coat. The senna mixture was given to open the bowels.

8. He has passed a restless night; complains of pain in the head; tongue white; hot skin; pulse frequent and full. The leg was acutely painful, and much swollen. The swelling extended from the outside along the fibular aspect of the limb, to the extent of some inches; the skin was of a deep red colour, tense and shining, and extremely tender. A dose of calomel and jalap was given, and thirty-six leeches applied. In the afternoon he became delirious and quite unmanageable, and the strait waistcoat was put on; there was great heat of head—his countenance flushed; the temporal artery was opened, and twenty ounces of blood drawn. The inflammation and tension of the limb were considerably increased, and it was swollen to twice its natural size. Thirty-six leeches repeated, followed by fomentation and bread poultice; cold wet cloths to the head.

9. His countenance was much altered; he has had no sleep, and has been at times quite boisterous, struggling and throwing himself about in the bed. The redness not so bright, but the whole limb was increased in size, and enormously swollen, with tension of its upper two thirds; there was an obscure sense of fluctuation on the outside of the knee; he experienced great tenderness on pressure, along the whole fibular side of the leg; and its lower part was covered with slight vesications, containing turbid yellowish serum. Mr. Skey made an opening through the skin and cellular membrane, about an inch and a half in length; little or no matter flowed out; the wound gaped; and the cellular membrane, of a yellow colour, thickened, and partially infiltrated with matter, was exposed. The poor man grew rapidly worse, and expired on the evening of the same day.

Examination twenty hours after death.

The whole stratum of subcutaneous adipose and cellular structure, occupying the outer half of the limb, and extending for about two inches above the knee to near the external malleolus, had gone into a state of suppuration: it was of a yellow colour throughout, as if infiltrated with pus, and a thin turbid yellowish fluid gradually oozed from it, leaving behind thicker matter. On the outside of the knee the pus was collected, and here formed an abscess. Where the suppurative state ended, the cellular membrane was loaded with a clear yellow serum.

The vessels of the brain and membranes were excessively turgid; the arachnoid membrane was thickened and opaque, and elevated by serous effusion into the cellular texture of the pia mater; the ventricles contained a large quantity of serum. The contents of the thorax and abdomen were healthy, excepting the liver, which was light-coloured and very soft.

ST. THOMAS'S HOSPITAL.

COMMINUTED FRACTURE OF THE SPINE, WITH DISLOCATION OF THE RIBS.

William Rouens, ætat. 59, of short stature, a healthy-looking and muscular old man, was admitted into Jacob's Ward on the afternoon of Thursday, Aug. 28, under the care of Mr. Travers.

He stated, that for some months past he had been subject to vertigo and pain in the head, and that soon after dinner on Thursday, he went on the top of the scaffolding, where he was at work, (being by occupation a bricklayer,) when he became giddy, and fell off, and pitched with his back upon some bricks. The height from which he fell was about 25 feet from the ground. He immediately felt severe pain in his back, and found himself quite incapable of rising or moving his legs. He was taken up directly and conveyed to the Hospital, where, on examination, it was found that there was an irregularity of the spine about the last dorsal vertebra, and a distinct crepitus was felt also at this part. All parts below the seat of injury were completely paralysed; respiration was performed almost solely by the diaphragm. The pulse was depressed, and the countenance anxious. He was immediately placed in bed, a catheter introduced into the bladder, and the urine drawn off. He was cupped upon the loins to 20 ounces, and in the evening a common enema was administered.

29. He passed a restless night; the stools have escaped involuntarily. Respiration exceedingly difficult and painful; belly tense, pulse hard, quick, and rather full; skin hot and dry; tongue furred; the catheter was introduced this morning, and in the evening. He has no sensation whatever in the integuments of the abdomen below a line drawn transversely across it, two inches above the umbilicus.

He continued much in the same state for the first four days, after which time, the powers of life became gradually weakened, and he sunk early on Friday morning, September 5th, having lingered nearly eight days from the period of his admission.

Post-mortem Examination.

On cutting through the integuments of the back, the muscles were found to be much bruised and softened, and between them a great quantity of blood was extravasated. On dissecting these away from the spine, it was discovered that the spinous processes of all the dorsal vertebræ, excepting the three first and the last, were fractured and considerably displaced. There was also found a fracture of the 12th dorsal, and also of the 3d, but neither of them were attended with any great degree of displacement. On removing the arches of the dorsal vertebræ throughout, it was found that, opposite to the fracture, through the 3d dorsal, there was a complete division of the medulla spinalis, and laceration of its investing membranes. There was also considerable inflammation of the spinal marrow, to the extent of some inches; but there was no extravasation of blood within the theca vertebralis, at the point of separation. The whole of the ribs, from the 3d to the 12th, were completely dislocated from the spine, and were driven forwards, so that their heads rested in contact with the sides of the bodies of the vertebræ. There was extravasation of blood behind the pleura, where attached to the ribs and spinal columns, and this part also had been the seat of active inflammation. The lungs exhibited extensive traces of organic disease; and hence the respiration had been rendered more difficult on this account.

RUPTURE OF THE SPLEEN.

On Wednesday afternoon last, 10th ult., a man of short stature, and between thirty and forty years of age, was brought to the Hospital from Newington, in consequence of his having fallen a height of sixty feet from the ground. At the time of his admission he was in a state approaching to syncope, and died in two hours afterwards. The body was examined on the following day, and most extensive and dreadful injuries were discovered. On opening the thorax, the lungs were found to be lacerated in three different places, and there was found, at least, two quarts of grumous blood effused between them. On the left side, ten ribs were fractured, and the sixth and seventh were so much driven inwards that they had perforated the left lung at least an inch and a half in depth; on the right side, the four first ribs were fractured, and considerably displaced, and the seventh, eighth, and ninth were dislocated from their connexions with the transverse process of the vertebræ; there was also a fracture through the body of the ninth and tenth dorsal. In the abdomen, a large quantity of blood was effused, and there was an extensive rupture of the spleen. The last lumbar vertebra was fractured near its connexion with the sacrum, and the transverse processes of the three last lumbar were completely detached, and hanging loose between the origins of the abdominal muscles. There was extravasation of blood into the cellular membrane, under the psoæ muscles, and also beneath the clavicles. The poor fellow had also a complete division of the upper lip, and a great many cutaneous bruises. There was no division of the spinal marrow, and the patient, while living, was able to use the muscles of the legs, as was evinced by pinching him.

List of *surgical* cases admitted at St. Thomas's, on Thursday the 14th, under the junior surgeon.

Abraham's Ward, No. 11.—James Ryde, ætat. 45, indolent ulcer of the leg.

George's Ward, No. 18.—John Jearner, curvature of the spine.

Jacob's Ward, No. 7.—John Henley, ætat. 27, chronic enlargement of the testicle with hydrocele.

No. 21.—Michael Lowder, ætat. 40, contusion of the foot.

Anne's Ward, No. 7.—Jane Groves, ætat. 27, aneurism of the lower part of the femoral and also of the popliteal arteries. The aneurism is apparently divided by the adductor magnus into two parts. The tumour is of enormous size, and the pulsation exceedingly strong.

No. 9.—Sarah Miller, ætat. 24, ulceration of the leg.

Elizabeth's Ward, No. 22.—Elizabeth Collins, ætat. 22, ulceration of the leg.

Dorcas's Ward, No. 23.—Catherine Dean, ætat. 18, inflammation of the elbow.

Queen's Ward, No. 21.—Rebecca Chilton, ætat. 23, exostosis of the inner condyle of the femur.

No. 18.—Eliza Pearcey, ætat. 21, inflammation of the wrist-joint.

There were several venereal patients admitted, the principal of which were a very singular and anomalous case of eruptions—a case of lepra syphilitica—a case of ulcerated sore throat, with eruptions; and several cases of bubo, with *gonorrhœa*.

GUY'S HOSPITAL.

MALIGNANT TUMOUR OF THE JAW—EXTIRPATION BY MR. KEY.

A. H., ætat. 37, tall, and of rather a spare habit, was admitted into Martha's Ward under the care of Mr. Key.

She stated that, about twelve months since, she suffered from severe pain of the teeth on the left side of the lower jaw. The pain subsided in a short time, but left a slight swelling of the cheek. This swelling gradually increased, and felt of a stony hardness, but was unattended with pain. After a few months, she found the actions of the jaw become restrained, and whenever she was eating, the jaw was spasmodically, and with great force, drawn against the upper, so as to produce an audible noise, which was so frequent and constant, that latterly it became quite an annoyance to her. She had not menstruated for the last thirteen years, and though married, had never been pregnant. Within the last three months the actions of the jaw had been completely restrained, and the teeth were kept nearly in contact, so that she was obliged to exist entirely on broths.

When admitted, there was a considerable fulness of the cheek on the affected side ; and on examination, a firm tumour about double the size of a walnut, could be distinctly felt, occupying the space between the base of the lower jaw and prominent part of the malar bone. It was apparently firmly attached to the jaw, but both its anterior and posterior edges could be clearly defined. Mr. Key believed it to originate from the periosteum, which was attached to the jaw, and that it was covered by the masseter. He advised its immediate removal, as he considered it to be of a malignant character. The patient readily assented to this proposal, and the operation was performed on Tuesday the 26th ult., in the following manner :—

A semilunar incision was first made completely through the integuments and fascia, nearly on a level with a line drawn from the corner of the mouth to the lobe of the ear. The convexity of this incision was downwards. A portion of skin was then reflected upwards, and with it some branches of the pes anserinus. A transverse incision was then carried across the tumour, just below the parotid duct, which was before exposed, and carefully turned out of the way. This second incision divided the fibres of the masseter. A third incision was carried through the centre of the tumour, which was thus divided in halves. The lower portion, which was found to be very firmly adherent to the jaw, was then carefully dissected from its connexions. The upper portion also was very firmly attached to the malar bone, and this was, in a similar manner, carefully removed ; and in doing this, the knife and the finger were alternately employed. No vessel of any size was divided—none required ligatures—and, comparatively speaking, little blood was lost during the operation. The dissection was conducted with a great deal of care, and the operation was completed in twenty-seven minutes. Immediately that the lower portion of the tumour was removed, the patient said she could open her jaw, and on the upper part being taken away, it was found that she could open the mouth to nearly its natural extent. The flap of skin which had been reflected was then laid down, the parts lightly dressed, and the patient placed in bed. The tumour was considered to be of a malignant kind, approaching very nearly to scirrhus. It was covered by the masseter muscle, the fibres of which, by its projection, were much attenuated and changed in colour, especially in the centre. The patient, ever since the operation, has been doing exceedingly well. A great part of the wound has united by adhesion. A good deal of inflammation and tumefaction followed on the second day, but it rapidly subsided under the application of an emollient poultice. On the fourth day suppuration was established, and the cavity discharged healthy pus. She could freely open her mouth, and had no pain in the part. Up to the present period, September 7, she has been doing well.

CALCULUS VESICÆ—OPERATION BY MR. KEY.

George Chalcraft, a spare lad of thirteen years of age, was admitted into Lazarus Ward, at the latter end of August, under the care of Mr. Key. The patient had had symptoms of stone in the bladder for the last three years, though, till latterly, they had been very equivocal. He had been under the care of a surgeon of Godalming, who sent him to town, to have the operation performed.

The operation was undertaken on Tuesday, Sept. 2, in the presence of several French surgeons, and a large assemblage of students. The bladder was opened, and the knife and staff withdrawn in *nineteen seconds.* The stone was extracted in *ninety seconds* Its perfectly round size caused it to recede from the operator's forceps three or four times before it could be grasped. It was as large as a common walnut. During the operation the patient lost a considerable quantity of blood, but it was principally venous. One artery, of larger size than usual, and apparently going to the bulb of the urethra, bled rather freely ; but a few minutes pressure with the finger completely restrained the hæmorrhage. The patient was put to bed.

September 3.—He passed a good night, had had no bleeding, and the belly was soft, without tenderness. The bowels were relieved in the evening, skin free from heat, tongue white, and slightly furred—urine had flowed freely through the wound.

7. Up to-day : he has not had an unto-

ward symptom. On the third day the urine escaped partly by the penis, and now does almost wholly so.

12. He is in every respect doing well.

CELLULAR MEMBRANOUS TUMOUR OF THE RIGHT LABIUM — OPERATION BY THE JUNIOR SURGEON.

Mary Mills, a healthy-looking girl, about nineteen years of age, was admitted into Dorcas' Ward on the 27th of August, under the care of the junior surgeon.

She stated that, about five years ago, she was getting upon a chair, when it tilted up, and the corner of it came with considerable force against the right labium. The blow produced the most intense aching of the part, which lasted several hours, and then entirely left her. In a week afterwards she felt a small hard lump in the part that had been injured. This lump continued to increase, but as it was unattended with pain, she took no notice of it. Within the last four years it had attained an enormous size, but did not at all affect her health in any way, and she only regarded it as an inconvenience, by its impeding progression. When admitted, it was of very great magnitude, hanging to the extent of ten or twelve inches between the thighs. Anteriorly it appeared to resemble in shape a pear, having an expanded fundus, and a narrow and very much contracted base. It appeared to grow from the whole extent of the right labium. Its surface was irregular, and seemed covered with small nodules. It was of a dark pink colour at its lower part, and became gradually paler as it approached its root. On Tuesday last it was removed. The arteries which supplied it were of large size, and bled profusely. These were secured by ligature, and the part dressed with a piece of lint. The patient was placed in bed. The part has begun to suppurate, and ever since the operation the girl has been doing well.

The junior surgeon on the same day also removed a malignant disease of the mamma. The particulars of this case, will be noticed in our next.

TO CORRESPONDENTS.

Communications have been received from Mr. Seldith—Mr. Mitchell—Dr. Gibbs—Dr. Forster—A Town Accoucheur—Humphrey Blue Devil—Penna—Mr. Beddingfield—Mr. T. Parker, jun.—A.—Mr. Hayward—Dr. J. Ward—Dissector Q.—Pip—X.—Mr. R. Williams—Dr. Wilson.

"C. P."—No.

"Philo"—He shall *feel* whether we can or not.

Thanks to X., but we fear that his communication cannot be inserted.

Mr. LAWRENCE was elected a Member of the Council of the College of Surgeons about six weeks since. He was proposed by Abernethy! and seconded by A. Cooper! How "straight-forward!" but the "serpentine" scheme has failed. Mr. Lawrence remains firm, and is still the TREASURER of the fund subscribed for effecting a radical surgical reform. This is a sufficient answer to the twaddle of which CRITO speaks. Let him watch the events of the ensuing autumn.

Dr. Blundell's concluding Lecture on "Midwifery," will be found at page 801. His invaluable Lectures on the "Anatomy and Physiology of the Gravid Uterus," and on "Diseases of Women and Children," will be commenced in an early Number; and at about the same period, we shall publish the first of another Course of Lectures, of acknowledged excellence and utility.!

R. E. G. asks, "Where is the Surgical Committee?"

SUBSCRIPTIONS

FOR THE DISTRESSED MEDICAL GENTLEMAN AND FAMILY.

Subscriptions advertised	£180	18	0
Marshall Hall, M.D.	1	1	0
Henry Harrington, M.D.	1	1	0
G. E. Roupell, M.D.	1	1	0
Chas. G. Cooke, Esq.	1	1	0
Thos. Hardy, Esq. "Walworth"	1	1	0
Dr. Roots	1	1	0

END OF VOL. II., 1827—8.

Printed by Mills, Jowett, and Mills, Bolt Court, Fleet Street.

INDEX

TO

VOLUME II.—MDCCCXXVII—VIII.

A

PAGE

Abdomen, extensive wound of 184
——— fœtus in the, during forty years 632
——— severe injury to, followed by acute peritonitis 541
Abdominal aorta, aneurism of 635
——— tumours 652
Aberdeen diplomas 574
Abernethy, Mr., "a suspected character" 118
——— his "circular" to the Governors of St. Bartholomew's 153
Abortion, use of ergot in producing 794
Abscess of the brain 89
——— from wound of the scalp 511
——— of the knee 123
——— in the perineum and groin 223
——— fatal, of the neck, from swallowing a bone 393
——— psoas, puncturing of, followed by hæmorrhage 447
——— not a fatty tumour 11, 569
——— large, of the chest and left side 667
——— of the elbow-joint 700
Abscesses of the liver and spleen .. 657
Absorption, cause of 502
Abuses at St. Bartholomew's Hospital 348, 503, 557, 630, 720, 763
——— in the College of Surgeons.. 126, 316.
——— in St. George's Hospital 463
——— in the Borough Hospitals 464
——— in St. Thomas's Hospital, 512, 555
——— in the Richmond School of Anatomy 75, 112
——— in the Veterinary College, 77, 141
——— in the Westminster Hospital.. 79
Acids, vegetable 391
Acid, oxalic 392
—— citric .... ib.
—— malic .... ib.
—— gallic .... ib.
—— benzoic .... ib.
—— tartaric 391

PAGE

Acid, hydrocyanic, its value in gastrodynia 256, 294
——— poisoning by 627
—— muriatic, a solvent of gold 263
—— nitric, a powerful corrector of putrefaction 450
Accoucheur, position of the, in the application of instruments 6
Active principle of hemlock 219
Act, Apothecaries' 495
——— inefficiency of .. 688
——— injury of, to surgeons 296, 574
——— unjust operation of 212
Acupuncturation successful in rheumatism 366, 409
Advertisement of Mr. B. Cooper's *affectionate* pupils 29
Adult, foramen ovale, open in an .. 305
After-pains 707
Albugo 334
Alcohol 419
Alexander's, Dr., paper on the medical profession 424
Alderson's, Mr., speech on body-snatching, remarks on 659, 812
Alison, Dr., sketch of, by Scotus .. 282
Alum, use of, in dyeing 290
Alumina 290
Amaurosis 103
——— curious case of 173
——— cause of 184
——— treatment of 543, 778
Ambergris 616
Ammonia, cuprate of 10
——— metallization of 171
Amputations, Dr. Bushe on 204
Amputation at the hip-joint 682
——— of the jaw 318
——— of the extremities, without ligature on the vessels 230
——— in spreading mortification 428
——— at the shoulder-joint 25
——— of the thigh 158
Analysis of polygala Senega 45
——— of cutaneous perspiration.. 687

PAGE
Anasarca, congenital, in a calf 14
Anatomy of the ear................ 357
——— Committee, report of, remarks on 721
——— remarks on Mr. Harrison's evidence 786
——— of vegetables, Prof. Brande on 321
——— Richmond school of 75
——— of a young lion 393
——— descriptive and practical, Mr. Quain on ....
Anchylosis of the sacro-coxygeal joint 228
Aneurisms following arteriotomy .. 455
Aneurism from bleeding 312
——— of aorta 253, 635, 636
——————— thoracic 636, 638
——— carotid, Dr. Bushe's successful case of 149
——— inguinal, iliac artery tied for...................... 570, 634
——— of the innominata, for which subclavian artery was tied........ 760
——— popliteal 90, 188, 256
——— of the temporal artery 381
——— anastomosing of the temple, excision of 413
Animal, functions in some of the.... 617
————— respiration ...... ib.
————— temperature 618
————— exhalations, putrid 629
Anomaly, rare, of the vascular system 488
Antimony, Prof. Brande on 41
————— on the sulphuret of, or crude 42
————— the oxides of ...... ib.
————— protoxides of ...... ib.
————— peroxides of ...... ib.
————— crystals, or argentine flowers of 42
————— glass of........... ib.
————— hydro-sulphuretted oxide of .... ib.
————— crocus, or liver of.. ib.
————— tartrate of, experiments with 536
——— its uses in several diseases 250
Antimonial, or James's powder 43
————— mode of preparing ib.
Antrum, disease of, causing protrusion of the eye.................. 91
Anus, artificial, operation for 523
—— imperforate in infants 769
—— artificial, spontaneously cured 683
Aorta, aneurism of the 253, 635
—— thoracic, aneurism of.... 636, 638
Apprentices, apothecaries', tax on.. 448
————— medical treatment of 814
Apothecaries' Act, unjust operation of 212
————— injury of, to surgeons......................296, 574
————— inefficiency of, 495, 688
Apoplexy in pregnancy 27, 516
Aphtha 776

PAGE
Arabia, state of medicine in........ 325
Argenti nitras, preparation of 200
Arm, dislocated, reduced after seven months 345
—— dislocation of the 49
—— erysipelas of the.............. 828
—— necrosis of 568
Arms, on the difference of strength in the right and left 140
Arsenic, a test for 137
Arseniates and arsenites 138
Arteriotomy followed by aneurisms 455
Arteries, distribution of, in the head of the sheep 13
Artery, common iliac, tied for inguinal aneurism................570, 634
——— hepatic, ligature of 69
——— subclavian, tied by Mr. Wardrop for aneurism of the innominata 760
——— temporal, aneurism of the .. 381
——— umbilical, a single 488
Artificial anus, operation for 523
————— spontaneously cured 683
Assaying, a process of, for silver .. 201
Asafœtida 294
————— existence of sulphur in.. ib.
Ascites, "fœcal tapping" in........ 637
Assistants, medical 15, 80, 318
Axilla, tumour in the............. 671

B

Ballingall's, Dr., clinical lecture.... 757
Balneum metallorum 202
Balsam, Peruvian, applied to ulcers 367
Barley, composition of............ 385
Barlow, Mr., successful Cæsarian operation by........ 551
Baron, Dr., on changes of structure 436
Bats, consolation for the 441
Bath, warm, efficacy of, in puerperal convulsions 513
Bed, revoluble, Mr. Jerrard's 506
Belmetal, composition of 12
"Birling mixture," inefficacy of in hydrophobia.................. 328
Bilateral operation for stone 522
Bile, on the secretion of the........ 69
—— composition of the........... 453
Birth, five children at a........... 13
Birmingham Hospital, lithotomy in 93
Bistouri cachee, used in lithotomy.. 159
Bitumen 389
Bitter principle of vegetables 385
Bladder, sloughing of............. 3
———— disease of 668
———— gravel and calculi in the .. 520
———— stone in the, treated by lithotrity 806
Blarney, Dr. James, post mortem examination of.................. 511
Blast from the North, notice of 241
Bleeding, efficacy of, in preventing convulsions 513

PAGE

Bleeding, inflammation of the vein after 658
Blister, a, causing tetanus 72
Blisters, early use of, in measles.... 814
Blistering infants, beware of 773
Blood, derangement of the circulation of the...................... 41
——— experiments on the 85
——— on the composition of the.... 450
——— on the circulation of the 502
——— on the circulation of, in the fœtus 710
——— curious appearance of 630
——— quantity of, that may be taken from infants.................... 773
——— experiments on the velocity of the 743
Blundell, Dr., on the symptoms occurring during the puerperal state. Of laborious labours 1
——————— on the use of instruments........................... ib.
——————— on the collapse after laborious labours .... ib.
——————— on inflammation of the peritoneum, &c., after laborious labours 2
——————— on puerperal irritability ib.
——————— on rigours, wastings, sweatings, vomitings, and purgings, after laborious labours...... ib.
——————— on retention of urine, after laborious labours 3
——————— on sloughings, after laborious labours .... ib.
——————— on sloughing bladder ib.
——————— on sloughing rectum.. ib.
——————— on cramp, in laborious labours 4
——————— on the use of instruments in labours .... ib.
——————— on the use and application of forceps 5
——————— on the application of instruments in face presentations ib.
——————— the position of the fœtus, to be carefully ascertained before the application of instruments ...... ib.
——————— on the position of the woman in the application of instruments.......................... 6
——————— on embryotomic and embryospastic instruments 4
——————— on the position of the accoucheur in the application of instruments 6
——————— on the use of the forceps, and tractor, or lever 33
——————— on the long forceps .. 34
——————— on the tractor or lever 37
——————— on the short forceps .. 97
——————— on the means of determining whether the embryospastic instruments should not be used .. 100

PAGE

Blundell, Dr., on the extraction of the fœtus by craniotomy 129
——————— on craniotomy forceps ib.
——————— on the signs which indicate the need of craniotomy 134
——————— on the indications of the death of the fœtus 161
——————— on the Cæsarian incisions 163
——————— on the removal of wombs in rabbits................ 167
——————— on the means of superseding the Cæsarian operation.... 193
——————— on the section of the symphysis pubis 194
——————— on laborious labours, from deficiency of room in the apertures of the pelvis 196
——————— on laborious labours from rigidity....................... 225
——————— on anchylosis of the sacro-coxygeal joint 228
——————— on hydrocephalus in the fœtus.......................... 229
——————— on means of preserving circulation in the umbilical chord, during difficult labour .... ib.
——————— on retension of the placenta.................... 257, 481
——————— on monsters.......... 482
——————— on convulsions........ 484
————————— treatment of 486, 514
————————— leeches to the temples in 513
————————— cupping in .... ib.
————————— prevention of .. ib.
——————— on apoplexy, and sudden death during gestation 516
——————— on labours, complicated, with tumours in the pelvis........ ib.
——————— on the inversion of the uterus 545
————————— treatment of.... 546
——————— on ruptures of the uterus, how ascertained 549
————————— treatment of .. 550
——————— on lingering parturition, and on labours, with plurality of children 577
——————— on delivery, after the death of the mother 609
——————— on delivery in latter gestation 610
——————— on delivery, and latter pregnancy, in conjunction with fever 611
——————— extra-uterine pregnancy .... ib.
——————— complete excision of the womb, by 597
——————— on puerperal fever.... 641
————————— treatment of .. 642
————————— varieties of 673, 675
——————— on phlegmasia dolens.. 705

PAGE

Blundell, Dr., chronic.............. 707
———— on overflow of the lochia.......................... 708
———— on stoppage of ditto .. ib.
———— on laceration of the perineum 709
———— on the diseases of infants, including accidents from labour 738
———— on defective medulla spinalis......................... 742
———— on imperforate œsophagus.......................... ib.
———— on closures in the intestinal tube................... 769
———— on imperforate anus .. ib.
———————— duodenum .... ib.
———————— jejunum ...... ib.
———— on retention of urine in infants 770
———— on purulent ophthalmia in infants..................... 771
———— on lues venerea in infants .... ib.
———— on *medical* diseases of children........................ 772
———— on application of leeches to 773
———— on the quantity of blood that may be taken from......... ib.
———— on blistering infants—beware of..................... ib.
———— on marasmus and diarrhœa in infants .... ib.
———— on strophulus intertinctus, or red gum............. 774
———— on flatulent colic...... ib.
———— on convulsions ...... ib
———————— treatment of .. 775
———— on serous diarrhœa.... 776
———— on aphtha or thrush .. ib.
———— on mesenteric obstructions 777
———— on the after-treatment of the puerperal state...........
———— on the gravid uterus ..
Board, Mr., on uterine hæmorrhage 337
Body-snatching 658
———— Mr. Alderson's speech, remarks on 659, 812
Bone, swallowing, causing a fatal abscess 393
—— composition of 616
Bones, tarsal, removal of 413
—— diseases of the 415, 430, 714
Bony concretions in the placenta .. 13
Borough Hospital, tameness of the pupils of 118
Brain, ramollissement of 89
—— abscess, encysted, of ...... ib.
—— concussion of 186, 255, 344
—— abscess of, from wound of the scalp 511
—— loss of the 817

PAGE

Brande, Prof., on zinc, tin, and copper 6
———— on oxide of zinc...... ib.
———— on flowers of zinc, or philosopher's wool.............. ib.
———— on chloride of zinc.... 7
———— on muriate of zinc.... ib.
———— on sulphate of zinc .. ib.
———— on carbonate of zinc .. 7
———— on a test for zinc...... ib.
———— on the uses of zinc.... ib.
———— on the chlorides of tin 8
———— on the proto-chlorides of tin .... ib.
———— on the per-chloride of tin .... ib.
———— on electric calamine.. ib.
———— on the oxides of tin .. 7, 8
———— on common tin ...... ib.
———— on grain tin.......... ib.
———— on tin powder, as a dangerous vermifuge 8
———— on nitrate of tin...... ib.
———— on salts of tin........ ib.
———————— tests for ...... ib.
———— on the purple powder of Cassius..................... ib.
———— on powder for colouring porcelain .... ib.
———— on plated tin .... ib.
———— on cadmium, and its tests .... ib.
———— on copper, and its uses 9
———————— oxides of...... ib.
———— on protoxide of copper.......................... ib.
———— on peroxides of copper ib.
———— on hydrated peroxide of copper...................... ib.
———— on green ore of Chili ib.
———— on cuprate of ammonia 10
———— on copper, and its alloys.......................... ib.
———————— how to obtain pure .... ib.
———— on verditer 11
———— on the composition of brass 12
———————— of bell metal .. ib.
———————— of speculum.... ib.
———————— of bronze...... ib.
———————— of cock-metal .. ib.
———— on the tinning of copper.......................... ib.
———— on lead............ ib.
———————— how to obtain it pure .... ib.
———————— oxidization of.. ib.
———— on red lead.......... ib.
———— on massicot.......... ib.
———— on the salts of lead .. ib.
———— on the action of chlorine upon lead................. 40
———————— iodide of lead .. ib.

PAGE

Brande, Prof., proto-nitrate of lead ... ib.
——— ores of lead ... ib.
——— sulphate of lead ... ib.
——— hydro-sulphuretted oxide of lead ... 41
——— phosphuret of lead ... ib.
——— carbonate of lead, or common white lead ... ib.
——— on alloys of lead ... ib.
——— of pewter ... ib.
——— of plumber's solder ... ib.
——— of metal for printer's type ... 43
——— on which music is engraved ... ib.
——— on sympathetic inks ... 44
——— on the ferrocyanate of lead ... 41
——— on painter's colic ... ib.
——— on antimony ... 42
——— oxides of ... 48
——— protoxides of ... ib.
——— peroxide of ... ib.
——— crystals, or Argentine flowers of antimony ... ib.
——— chloride of ... ib.
——— glass of ... ib.
——— crocus, or liver of antimony ... ib.
——— Kermes mineral ... ib.
——— antimonial, or James's powder ... 43
——— mode of preparing ... ib.
——— a kind of pyrophorus ... ib.
——— on cobalt ... ib.
——— smalt prepared from ... ib.
——— on the use of the oxide of, in making paper and starch ... 65
——— on bismuth ... ib.
——— oxide of ... ib.
——— butter of ... ib.
——— alloys of ... ib.
——— on uranium ... 66
——— on titanium ... ib.
——— on cerium ... ib.
——— on tellurium ... ib.
——— on silenium ... ib.
——— on arsenic ... ib.
——— combinations of ... ib.
——— white oxides of ... 67
——— on arsenite of potash ... ib.
——— on liquor arsenicalis ... ib.
——— on the arsenites ... ib.
——— on Macquer's tasteless ague salt ... 68
——— on tests for arsenic ... ib.

PAGE

Brande, Prof., on the effects of arsenic as a poison ... 136
——— tests for ... 137
——— on molybdenum ... 138
——— on chrome, or chrominum ... ib.
——— on tungsten ... ib.
——— on columbium ... ib.
——— on nickel ... 139
——— on mercury and its compounds ... 168
——— on cinnabar ... ib.
——— on metallisation of ammonia ... 171
——— on silver and its compounds ... 199
——— native ... ib.
——— its specific gravity and ductility ... ib.
——— fulminating powder prepared from ... 200
——— chloride of ... ib.
——— horn, or luna cornea ... ib.
——— chlorate of ... ib.
——— iodide of ... ib.
——— nitrate of ... ib.
——— sulphate of ... 200
——— standard composition of ... 201
——— its alloys ... 201
——— means of ascertaining its purity ... 201
——— on gold ... 202
——— how and where found ... ib.
——— its ductility ... ib.
——— muriate of ... 263
——— oxide of ... ib.
——— solvents of ... ib.
——— etherial solution of ... ib.
——— alloys of ... ib.
——— standard of ... ib
——— mode of assaying ... ib.
——— on platinum ... 264
——— its combination with paladium, rhodium, iridium, and osmium ... 264
——— on silica ... 289
——— influence of fluoric acid on ... ib.
——— silicated fluoric acid gas ib.
——— on alumina ... 290
——— on pottery, porcelain, and glass ... 291, 292
——— on clay, its use in pottery ... ib.
——— on painting on pottery 293
——— on vegetable chemistry 321
——— on anatomy of vegetables ... 322

PAGE
Brande Prof., on gum, sugar, starch, and gluten ... 353
——— on vegetable chemistry 385
——— analysis of wheat, barley, oats, peas, potatoes, carrots, Swedish turnips, common turnips, cabbage ... 385
——— on tanning ... 385, 614
——— on calico printing ... 387
——— on wax and fixed oils ib.
——— on soaps ... 388
——— on volatile oils ... ib.
——— on camphor... ib.
——— on resins ... ib.
——— on the active principle of plants ... 389
——— on morphia ... ib.
——— on sulphate of quinine 390
——— on brucine ... 391
——— on vegetable acids... ib.
——— on oxalic acid... 392
——— on citric acid ... ib.
——— on malic acid ... ib.
——— on gallic acid ... ib.
——— on benzoic acid ... ib.
——— on fermentation... 417
——— on brewing... 418
——— on tonics, their relative strength ... 420
——— on æther, preparation of ib.
——— on acetous fermentation 422
——— on the decomposition of animal matter ... 449
——— on the composition of the blood, milk, and bile ... ib.
——— on urine, on sand or gravel, and the composition of urinary calculi ... 518
——— on analysis of healthy urine ... 519
——— on urea... 520
——— on gelatin ... 614
——— ——— how obtained ib.
——— on sulphate of platinum, a test for gelatin ... 615
——— on fibrin ... ib.
——— on the nutritive qualities of different meats... 615
——— on fat and spermaceti 615
——— on ambergris ... 616
——— on shell... ib.
——— on corals ... ib.
——— on bone ... ib.
——— on enamel ... 617
——— on animal functions .. ib.
——— ——— respiration ib.
——— ——— temperature of ... 618
Brass, composition of... 12
Breasts, three ... 394
Bremser, Dr., death of ... 683
Brewing, process of ... 418
Bronze, composition of ... 12
Brookesian Museum, sale of... 441

PAGE
Brucine ... 391
Burne, Dr., on typhus fever... 245
Burns and scalds, discussion on ... 26
——— ——— new method of treating ... 175, 618
Bushe, Dr., on carotid aneurism 149, 455
——— on temporal aneurism .. 413
——— on amputations ... 204
——— on amputation in spreading mortification ... 428
——— excision of the right eye and a large encysted tumour, by.. 430
Byron, Lord, distortion of the foot 779
——— an engraving of... 784

C

Cabbages, composition of ... 385
Cadmium ... 8
——— test for ... ib.
Cæsarian operation ... 163
——— ——— successful cases of ... 165, 551
——— ——— the means of superseding... 193
——— ——— in Germany 328, 415
Calamine, electric ... 7
Calculi, biliary ... 75, 296
——— urinary, composition of ... 521
Calculus, removed by Lithotrity .. 806
——— vesicæ ... 831
Calf, congenital anasarca in a... 14
Calico printing ... 387
Cambridge, questions proposed to candidates for the degree of M. B., at ... 693
Camphor ... 388
Canals between the peritoneum and corpora cavernosa in the tortoise and crocodile ... 140
Cancer of the womb, excision of the organ... 565, 597
Canterbury tales, manufacture of "Doctors" ... 45
Cant, forensic... 812
Carcinoma of the thumb ... 472
——— of the tongue ... 797
Carcinomatous glands, removal of .. 748
——— mamma, extirpation of 800
Carotid, tied, for excision of the lower jaw ... 74
——— aneurism, Dr. Bushe's successful case of ... 149
——— external, tied, for hæmorrhage from the temple ... 413
Carrots, composition of ... 385
Cartilages, loose, removal of from the knee ... 658
Castle's, Mr., Lexicon Pharmaceuticum ... 565
Cassius, purple powder of ... 8
Castigator's letter to Jemmy Johnstone ... 378
Castration ... 31, 408

PAGE

Castration division of the vas deferens, in lieu of 250
Catarrhus æstivus 687
Caustic, lunar, mode of preparing .. 200
Certificate trade and Sir A. Cooper 48
——— trade 191
Chalmer, Mr., on spina bifida obstructing labour 698
Chancre, and destruction of the glans penis 90
Chausier, Fr., death of 683
Chelmsford Horticultural and Florist Society 28
Chemistry, vegetable 321, 385
Chervin's researches on yellow fever 678
Chest, penetrating wound of the.... 230
——— abscess of 667
——— lateral depression of its parietes 171
Child living, a six months' 351
—— position of, to be carefully ascertained before the application of instruments 5
—— bed fever 643
——————— varieties of........ 675
——————— causes of........ 676
Children, five at one birth 13
Chloride of antimony 42
——— of tin 8
Chlorine, a solvent of gold 263
Cholera, epidemic 55
Chorea treated with subcarbonate of iron 256, 410, 432, 733, 797
——— successfully treated with sulphate of zinc 640
Chrome, or chromium 138
Cinnabar 168
Circulation, velocity of the 743
———— and respiration, relations between 489
"Circular" to the Governors, by "Serpentine Johnny" 153
Clinical instruction at Guy's, absence of 799
Clinique at the Hotel Dieu 173
Cloth, new, made by insects 183
"Clyster case" at St. Bartholomew's, letter on the 537
Cobalt 43
——— smalt prepared from .... ib.
Cock metal, composition of 12
Collapse after laborious labours 1
Coley, Mr., on ranula 495
Colic, flatulent, in infants 774
College of Physicians, Ireland, sketch of 746
——————— bye laws of.... 47
——————— evening meetings at 89
——————— *v.* Dr. Harrison 453
——————— remarks on 465, 594
——————— and Scotch Universities 93
College of Surgeons, its humbug petition 117
——————— abuses in .. 126, 181, 316, 402
——————— Dublin, remarks on the monopoly of 822
College, Veterinary, abuses at the, 77, 141
Colon, rupture of the, from ulceration 571
Colours, accidental 629
Columbium 138
Combustion 203, 551
——— spontaneous, theory of.. 552
——————— human 552
Concussion of the brain causing delirium 186
——— of the brain 255, 344
Conjunctiva, pustule of the 332
Contraction of the rectum 230
Convulsions during and after delivery 484
——— frequent in laborious labours 484-5
——— treatment of 486
——— puerperal 484, 563
——— delivery in 487
——— puerperal, prevention of 513
——— in infants........ 774
——————— treatment of.... 775
Cooke, Mr., on phagedæna of the penis 811
Cooper, Sir A., and the certificate trade 48
——— on the formation of skin 442
Copper, on 6
——— its uses 9
——— oxides of........ ib.
——— native, of South America .... ib.
——— pure, how to obtain it ib.
——— ferrocyanate of, how to prepare........ 11
——— tests for 11, 12
——— culinary vessels, danger of using 12
——— tinning of .... ib.
——— its alloys .... ib.
——— sulphate, cure for dysentery 475
——— sulphate of 567
——————— as a test for arsenic........ 137
——— nitrate of, use in fungus .. 508
Corals 616
Corbin, Mr., on delirium tremens .. 701
Chord, spermatic, dropsy of the, mistaken for hernia 569
Cornea nebulous 333
——— ulcer of, use of nitrate of silver in 331
——— slough of........ 332
Coroners, non-medical, remarks on, 532, 631.

PAGE

Cough caused by elongation of uvula; uvula cut off.................... 492
Cramp in laborious labours 4
Crampton, Mr., common iliac artery tied by 570, 634
Craniotomy, Dr. Blundell on 129
———— signs which indicate its necessity 134
Cranium, fracture of the, with depression 312, 478, 702
———— compound fracture of the, 541, 731.
Cream of tartar 391
Crocodile and tortoise, canals of, between the peritoneum and the corpora cavernosa 140
Crocus, or liver of antimony........ 42
Croton oil....................... 512
Crustacea, respiration of the 630
Crystal rock..................... 266
Cupellation 201
Cupping on the loins, value of, in inflammation of the testicle 31
Cupping-glass, effects of 140
Cupping-glasses to poisoned wounds, applied by the Hottentots........ 479
———— in puerperal convulsions .. 513
Cuprate of ammonia 10
Cyst behind the optic nerves 103

D

Dandelion, properties of 816
Davis, Dr., on hydrophobia 461
——— Mr., letter on the "lost pelvis" 210
Death of the fœtus, on the indications of the 161
——— of the mother after delivery.. 609
——— sudden, during gestation 516
Deaf and dumb, education of 689
Defamation, trial for, at Paris...... 183
Delirium, caused by concussion of the brain 186
Delivery, or latter pregnancy, in conjunction with fever.............. 611
———— after the death of the mother 609
Delirium tremens following fracture, 791, 475, 701, 791.
———— nervasum 554, 791
Denmark's, Mrs., case of aneurism of the innominata 761
Deposits, urinary, treatment for.... 521
Depression of the parietes of the chest 171
Diabetes 174
———— on the nature and treatment of 208
Diarrhœa in infants............773, 776
Diaphragm, perforations of the 808
Digitalis, use of 219
Dill, Dr., on phlegmonoid erysipelas 247

PAGE

Diplomas, follies connected with granting 147
———— Aberdeen 574
Dislocations of the elbow-joint 759
———— of the femur......341, 476
———— of the femur upwards ib.
———— of the femurs, congenital 203
———— of the humerus......49, 85
———— reduced after seven months.............. 345
———— reduced after ten months................ 400
Dislocation and fracture of the fourth cervical vertebra.......... 185
———— of the patella 123
Dissections, petition of the Edinburgh students respecting 25
———— petitions respecting.. 50, 106, 108.
———— canting petition of the College respecting 117
———— supply of subjects for 46
———— discussions on........ 152
———— remarks on Parliamentary speeches respecting 112
———— motion of Mr. Warburton respecting................. 117
———— remarks on the necessity of......................179, 213
———— interesting 511
Dissection of Gilham, the murderer.......................... 362
———— of Irons, the murderer 124
Diseases prevalent in Egypt........ 325
Distortions of the feet, Mr. Sheldrake on.. 142, 271, 361, 406, 524, 621, 716, 779.
———— of the spine, Mr. Sheldrake on 646
Doctor, "the divine"............22, 78
———— manufactured at Lambeth 45
Dropsy, "fæcal tapping" in 637
Ducts, excretory, tied in pigeons.... 69
Dumb and deaf, education of 680
Duncan, Dr., sen., death of........ 500
Dupuytren, Baron, bilateral operation for stone by................ 522
Dysentery, epidemic, of Dublin, 1825 335
———— treatment of 336
———— fatal case of........... 443
———— cured by sulphate of copper........................... 475
Dysmenorrhœa, Dr. Mackintosh on 489
Dyspnœa, cases of, laryngotomy for 665

E

Ear, anatomy and functions of the different parts of the 357
Ectropium 334
Edinburgh Medical and Surgical Journal for April, review of...... 82

PAGE

Edinburgh graduation shop 147
—————— Veterinary school 155
Egypt, diseases common in 325
Elbow, fungus of 274
——— joint, dislocations of 759
—————— sinuses in the 700
Electricity and opium, value of in tetanus 72
Electric calamine 7
Embryotomic instruments.......... 4
——————— rules for using 100
Embryotomy 194
Emphysema 605, 767
Empyema........................ 555
Enema forced through the gut into the cavity of the abdomen 444
Enamel.......................... 617
——— painting 293
England and France, medicine in .. 586
English physicians in Paris 382
Enterodynia, efficacy of stramonium in 444
Epidemic cholera 55
——— in Holland, in 1826 713
Epigram on the wise patient who ran away from Guy's. 88, 160
Epilepsy, cured by moxa 368
——— hereditary 778
Epps, Dr. J., on phrenology........ 187
Ergot of rye, Dr. Neal's work on .. 278
—————— in uterine hæmorrhage 337
—————— in tedious labour ..462, 579
—————— use of....563, 535, 793, 795
—————— use of, in abortions .. 793
Erinensis, sketch of the College of Physicians in Ireland, by 746
Erysipelas, on the nature and treatment of, by Mr. Lawrence........ 727
————— use of tartarized antimony in 250
————— phlegmonous.. 342, 349, 445
————— Dr. G. Dill on.......... 347
————— following wounds of the scalp 476
————— gangrenous............ 639
————— phlegmonous of the arm 828
————— of the leg.............. ib.
Erudition *extraordinary* of Mr. Bransby Cooper 50
Ether, mode of preparing.......... 420
"Excrescence," remarks on the.... 432
Exhumation, trial for, remarks on.. 244, 6'9, 812.
Expulsion of a pupil, attempted at Guy's........................... 121
Extremities, amputation of, without ligature on the vessels 239
Extra-uterine fœtation 396
—————— pregnancy 611
——————————— of 40 years' duration 632
Eye, cat's, of Beer 543

PAGE

Eye compendium of the diseases of the.............................. 439
—— excision of, by Dr. Bushe...... 430
—————— of the 411
—— inflammation of 218
—— lid, tumour on 415
—— peculiar inflammatory disease of the.......................... 685
—— protrusion of, from diseased antrum 91

F

Fæcal fistula in the groin.......... 446
Fæces, escape of, into the abdomen 571
Face, presentation of, application of instruments in 5
——— fungus of the 669, 701
Fat.............................. 615
Feet, Mr. Sheldrake on distortions of the...... 142, 271, 361, 406, 716, 779
—— incurable distortions of 621
Feline obstetrics 384
Female dilator, Weiss's 16
Femoral strangulated hernia .. 160, 122, 223, 273
Femoris cervix, fracture of the 105
Femur, fracture of the 275, 703
——— dislocation of, upwards 49
——— dislocated 341, 476
——— congenital dislocation of 203
Fermentation, and its products 417
—————— acetous 422
Ferrocyanate of copper, how to prepare it 11
Fever, adynamic, or typhus 245
——— intermittent, attacking half the body only 294
——— in conjunction with delivery, or latter pregnancy 610
——— puerperal 641
————— treatment of 643
————— varieties of 673, 675
————— causes of 676
——— swelling of the lower extremities after 75
——— yellow, Chervin's Researches on 678
Fifth pair of nerves, effect of dividing 681
Fingers, paralysis of the muscles of 61
Fire-proof man 585
"Fish" that swallowed Jonah...... 488
Fistula, fæcal, in the groin........ 446
——— urinary 223
Flatulent colic in infants 774
Flooding and rupture of the uterus 110
Floodings, after treatment of 802
——— in the fifth month, value of ergot in 794, 795
Florists' Society of Chelmsford 28
Flour, remedy for burns and scalds 618
Fluor spar 289

PAGE
Fœtation, extra-uterine, of 40 years' duration 632
——— simultaneous uterine and extra-uterine 306
Fœtus, circulation of the blood in .. 710
——— extraction of, in rupture of the uterus 550
——— hydrocephalus in the 229
——— on the indications of the death of the 161
——— extraction of, by craniotomy 129
——— fracture of the tibia of a 14
——— living, putrefaction of a 70
——— position of, to be carefully ascertained before the application of instruments 5
——— separation of the head from the body of a, in labour 383
——— spina bifida of a, obstructing labour 698
Foot, contusion of the 342
Foramen ovale, opening of the 104, 305
Forbes, Dr., and Mr. Guthrie .. 60, 119, 155, 369
——— remarks on his pamphlet 369
Forceps, the use and application of, Dr. Blundell on 5
——— long 35
——— short 97, 296
——— and tractor, or lever, Dr. Blundell on the use of 33, 34
——— craniotomy 296
Forensic cant 812
Forster, Dr., on single and erect vision 345
Fox, Dr., on the glass leech 559
Fracture of the cranium 702
——— compound, of the cranium, with depression 478, 702, 734
——— of the cranium, without signs of compression 541, 813
——— simple, of the cranium, with extensive depression, unattended with symptoms of compression .. 312
——— compound, of the humerus .. 798
——— amputation at the shoulder-joint .... ib.
——— of the lower jaw 476
——— of the zygomatic arch, and symphysis of the lower jaw 508
——— of the os calcis 636
——— of the patella 159
——— of the ribs 605
——— of the ribs—emphysema .. 767
——— of the cervix femoris .. 105, 181
——— of the femur 74, 275, 313
——— of the thigh, near the trochanter 74
——— of the thigh, followed by delirium tremens 701
——— compound, of the femur .. 703
——— of the tibia of a fœtus 14
——— of the tubercle of the tibia 32
——— of the tibia 312, 475, 636

PAGE
Fracture of the tibia and fibula 382
——— and dislocation of the fourth cervical vertebra 185
Frænum linguæ, division of 740
France and England, medicine in .. 586
——— study of midwifery in 777
Fulminating powder 263
Fund, Medical, Widows', remarks on 593, 625
Fungus of the elbow joint 274
——— of the eye 411
——— of the face 669, 701
——— hæmatodes, of the left mamma, operation for 567
——— of the testicle 408

G

Gaitskell's, Mr., obstetrical bandage 805
Gangrene of the leg 479
——— fatal, of the leg 543
Ganglia, ophthalmic, and sphenopalatine, in the horse 12
Gall-bladder, absence of the 489
Gall, Dr., biography of 715
"Gapings of the Oyster" 459
Gastrodynia, value of hydrocyanic acid in. 256, 401, 794
Gelatin, or jelly, how obtained, test for 614, 615
Genitals, malformation of, in infants, 739, 745.
Georget, E. G., death of 683
German naturalists and physicians, society of 633
Gilding, process of 264
Gilham, the murderer, dissection of 362
Gland, parotid, extirpation of 633
——— lachrymal, scirrhous enlargement of 411
Glands, axillary, extirpation of 472, 567
——— of the groin, carcinomatous, removal of 748
Glasgow Royal Infirmary, curious operations in 496, 569
——— defence of, surgical practice in 796
Glass of Antimony 42
——— common 291
——— plate 292
——— leech, Dr. Fox's 559, 632
——— making of 291
——— proofs 292
——— colouring of .... ib.
Gluten 356
Gold, where and how found 202
——— its ductility and immutability .. ib.
——— muriate of 263
——— oxide of 263
——— solvents of .... ib.
——— ætherial solution of .... ib.
——— alloys of .... ib.
Gordon's, Mr., "examinations" for the use of students 403

PAGE

Gravel, or sand, urinary 520
Gravid uterus, Dr. Blundell on 801
Groëningen, epidemic of 1826 713
Gregory, Dr., elements of the theory and practice of physic 468
Greening, Mr., on premature labour 351
Gum 353
—— red, in infants................ 774
Guthrie, Mr., and Dr. Forbes, 60, 119, 155, 369.
Gut, clyster pipe forced through the 444
Guy's Hospital, the "Order" at .. 96
———— attempt to exclude Mr. Lambert from 121
———— rights of pupils of, Mr. Bainbridge on.............. 121
———— "hole and corner" work at 154, 372
———— prizes to pupils at .. 412
———— list of surgical patients admitted at 799
———— remarks on the want of clinical instruction at .... ib.

H

Hæmorrhage in rapid labour 27
———— fatal, after lithotomy, 89, 124.
———— uterine 384
———— uterine, pressure in .. 221
———— treated with ergot of rye 387
———— value of ergot in, 794, 795.
———— profuse, from opening a psoas abscess 447
———— from prolapsus uteri.. 733
Hæmatemesis from a leech in the stomach 104
Hall, Mr. E. S., on artificial anus.... 683
—— Dr. Marshall, on the act of vomiting 600
Hare, Dr., on retention of urine 365
Harrison, Dr., *ats.* Col. of Physicians 453
———— stanzas on 562
———— remarks on the trial of 594
———— to Jemmy Johnstone.. 695
———— trial, Dr. G. Smith's letters on 538, 757, 763
———— remarks on.......... ib.
———— Mr., remarks on his evidence before the Committee on Anatomy 786
Head locked, or impacted.......... 197
—— separation of, in labour 383
Hearing, functions of the organ of.. 357
Heart, enlargement of the 101
——— M. Gendril, on 294
——— disease of the 488
——— of animals of the genus "rana"....................... 602
——— polypus of the 683
Heat in vegetables................ 324
Hemlock, active principle of 219
Hemiplegia treated with extract of nux vomica 44
Hereditary epilepsy 778
"Hernia" no hernia 569
———— cases of 122, 700
———— cerebri.................... 702
———— cerebri, in infants 738
———— femoral, fatal 273, 735
———— strangulated femoral.. 160, 223
———— strangulated scrotal, cases of 122, 351, 410, 666
———— strangulated ventral 380
———— umbilical, in infants 741
Hill, Mr. Nesse, on what is denominated "unsoundness of mind".... 22
Hip-joint, singular affection of...... 508
———— amputation at the 682
History, natural, systems of........ 307
"Hole and Corner" work at Guy's 154
———— surgery at Borough Hospitals, remarks on 308, 338, 372.
———— surgery in London and the country 350
———— surgery at the London hospitals................ 427
Holmes, Mr., his midwifery instruments 296
———— on the value of ergot of rye.............................. 795
Horsley, Dr., on diabetes 174
———— on hydrophobia 471
Horse, opthalmic and sphenopalatine ganglia in...................... 12
——— lithotomy in the 61, 287, 319
Hospital, Bartholomew's, arrangements at, respecting lithotomy patients......................... 14
———— Westminster, advantages of, to pupils.................... 16
———— abuses in the 17
———— reporting, remarks on 338
Hospitals, London and Dublin, exorbitant charges to pupils at the.... 18
———— on the mal-administration of 145
———— of London, mismanagement of 427
Hotel Dieu, clinique at the 173
———— remarks on the clinical professor of...................... 327
Hottentots, their custom of applying cupping-glasses to poisoned wounds 479
Humbug, professor of, wanted 80
Humerus, long standing dislocation of the.......................... 49
———— dislocated, reduced after ten months 400
———— mode of reducing 401
———— compound fracture of the, with amputation at the shoulder-joint 798
Hydatids 122, 736

PAGE

Hydatid of the liver 327
Hydrophobia in South America 44
———— curious case of ...... ib.
———— case of 328
———— cases of............. 461
———— on the treatment of.... 220, 471, 492.
———— and the "Birling mixture"....................... 590
Hydrocephalus, history of.......... 213
———— acute and chronic .. ib.
———— in the fœtus.... ... 229
———— acutus, Dr. Mackintosh on 237, 266
Hydrocyanic acid as a corrector to nauseating medicines 256
———— efficacy of, in gastrodynia 401, 794
———— poisoning by...... 627
Hypertrophy 104
Hysteria...................... 74, 105

I

Idiosyncrasies, extraordinary 505
Impaction, or locked head 197
Infanticide—love of offspring—phrenology 108
Infants, diseases of................ 737
——— accidents to, from labour.... ib.
——— umbilical hernia in.......... 741
——— dropsy of the spinal theca in ib.
——— spina bifida in.............. ib.
——— imperforate œsophagus in .. 742
——— imperforate anus in........ 769
———— duodenum in.... ib.
———— jejunum in .... ib.
——— retention of urine in 770
——— purulent ophthalmia in new born 771
——— lues venerea in .... ib.
——— *medical* diseases of.......... 772
——— application of leeches to 773
——— quantity of blood that may be taken from .... ib.
——— blistering—beware of! ...... ib.
——— marasmus and diarrhœa in .. ib.
——— strophulus intertinctus, or red gum, in 774
——— flatulent colic in............ ib.
——— convulsions in.............. ib.
———— treatment of 775
——— serous diarrhœa in 776
——— aphtha or thrush in .... ib.
——— mesenteric obstructions in .. 777
Inflammation of the peritoneum, &c., after laborious labours 2
———— of the testicle........ 31
————value of cupping in ib.
Ink-marking, mode of preparing.... 200
Inks, sympathetic 44
Inoculation for the plague .... ib.
———— effects of the cupping-glass after........................ 140

PAGE

Inquest, coroners', on hospital patients, remarks on 532
Insanity, discussion on.......... 73, 107
Insects, makers of a new cloth...... 183
Instruments, on the use of, in laborious labours 1
———— on the use of the, in labours 4
———— application of, in face presentations 5
———— application of, position of women, in the................ 6
———— embryospastic.......... 4
———— embryotomic .... ib.
———— embryospastic rules for deciding whether they should or should not be used 100
———— midwifery, Mr. Holmes' 297
Intermittents, value of sulphate of quinine in 22
Intermittent fever attacking half the body only 294
Intermittents, use of ligatures in.... 744
Intestine, rupture of, in hernia.. 160, 223
———— protrusion of, from a wound into the abdomen 184
———— punctured by trocar 637
Inverted vision 571
Inversion of the uterus 545
———— treatment of 546
Irish College of Surgeons, monopoly of the......................... 447
Iris, protrusion of the.............. 333
Irritability, puerperal 2
Irons the murderer, dissection of.... 124
Iron, how to separate it from nickel 139
—— subcarbonate of, successful in chorea 256, 410, 432, 733
Irvine, Mr., on hernia 351

J

James' powder 43
———— mode of preparing.. ib.
Jaw, lower, excision of a portion of 74
—— amputation of the 318
—— lower, fracture of the symphysis of 508
———— lower fracture of the.... 476
—— malignant tumour of.......... 831
Jenkins, Mr., on hydrophobia 461
Jerrard's, Mr., revoluble bed 506
Jerrard, Mr. on ergot of rye........ 793
———— on the value of hydrocyanic acid in gastrodynia........ 794
Joe Burns' pun 83
Joint, elbow, fungoid disease of.... 274
———— injury to the 32
Johnstone, Jemmy, letter to 231
———— the creature's consistency.......................... 308
Johnstone, Jemmy, letter to, by "Castigator"......................... 378
———— a few hints to 504

PAGE
Johnstone, Jemmy, the poor devil's affidavit 562
———————— the affidavit again 626, 663.
———————— his discovery of an extraordinary error, remarks on .. 694
———————— Dr. Harrison to .. 695

K

Keate, Bobby, value of venesection to 160
Kent on Midwifery 597
Kermes mineral 42
Knee-joint, injury to the 32
—— wound of the 272
—— joint, disease of the 123, 125
—— chronic enlargement of........ 584
—— joint, removal of a cartilage from 657
———— suppuration of the 272
———— inflammation and suppuration of 408

L

Labium pudendi, tumour of 832
Labours, laborious, rigours, wastings, sweatings, vomitings, purgings, and aphthæ after 2
———————— retention of urine after 3
———————— sloughings after .. ib.
———————— cramp in........ 4
———— rapid, attended with hæmorrhage 27
———— after-treatment of........ 801
———— turning in................ 85
———— tedious, use of instruments in 102
———— difficult................130, 563
———————— from narrowing of brim of pelvis 198
———— retention of the placenta after 257
———— at six months, with living child 351
———— separation of the head of the fœtus in 383
———— tedious, value of ergot of rye in 462, 580
———— complicated, with tumours in the pelvis.................... 516
———— obstructed by a dead fœtus 575
———— lingering, value of secale cornutum in.................... 579
———— twins in 580
———— obstructed by spina bifida 698
———— followed by after-pains .. 707
———— spasms in, from distension of the bladder................ 708
———— laborious, from rigidity.... 225
———————— causes of...... 196
———— lacerations of the perineum in 709

PAGE
Labours, laborious, chronic 710
———— premature, value of ergot of rye in 791
Lambeth Doctors 78
Lambert, Mr., on division of the vas deferens 250
Lanyon, Mr., jun., on pressure in uterine hæmorrhage................ 221
Larceny, literary.................. 88
Larynx, leech in the, suffocation from 104
Laryngotimy, operations of 664, 665
Latham, Mr., on ergot of rye 462
Laughter, not peculiar to man...... 480
Lau, Dr., on the circulation of the Blood, and causes of absorption .. 502
—— relating to dissections of murderers 754
Lawrence, Mr., on the nature and treatment of erysipelas 727
———————— and Mr. Earle...... 118
Lead, pure, how to obtain it........ 12
———— oxidization of.............. ib.
———— red .... ib.
———— salts of, composition of...... 12
———— ferrocyanate of 41
———— the alloys of................ 41
———————— pewter............ ib.
———————— plumber's solder.... ib.
———————— metal for printers' type 43
———————————— for engraving music on .... ib.
———— preparations of 423
Leather Russia, how prepared 615
Lecture, clinical, on diseases of the bones, by M. Dupuytren 714
Leeches to infants, application of .. 773
———— in the larynx, causing suffocation 104
———— in the stomach 104
———— application of, in puerperal convulsions 513
———— preservation of.......... 479
Leech, glass, Dr. Fox, on the.. 559, 632
———— communicating syphilis.... 14
Leg, amputation of..............17, 224
—— gangrene of.................. 479
—— fatal gangrene of 543
—— sloughing of the.......... 442, 605
—— ulcer of, treated by excision of the vena saphena interna 478
—— erysipelas of 828
Leucoma 334
Lever or tractor, and forceps, on the use of the 33
Lexicon pharmaceuticum 565
Library at St. Thomas's Hospital .. 472
Ligature of excretory ducts and hepatic artery 70
———— of the vena porta 70
———— use of in intermittents 744
———— not requisite in amputations 231
Ligamentum patallæ, laceration of the.......................... 32

PAGE

Lightning a cure for paralysis 182
Lime, quick, value of, as a manure.. 325
Lion, a young, description of his organs 393
Literary larceny 88
Lisfranc, M., lecture on extirpation of the neck of the uterus 364
Lisfranc's Taliacotian operation 808
Liver, hydatid of the.............. 327
Lithotomy patients, surgical arrangements respecting, at St. Bartholomew's 14
——— Mr. B. Cooper's case, remarks on 20, 50
——— at Guy's, advertisement of Mr. B. Cooper's *affectionate* pupils 29
——— operation of 25, 83
Lithotomy, successful cases of, 157, 541; 542, 636, 698.
——— fatal cases of, 89, 186
——— case of, with immense calculus.......................... 531
——— operations of, *intended* 668
——— at Birmingham Hospital .. 93
——— hæmorrhage after 124
——— with the bistouri cachee .. 159
——— bilateral operation of 522
——— with the *straight staff*—more tripping! 159
——— success of, in America 307
——— high operation of 667
——— in the horse 61, 287
——— in the horse, successful case of 319
Lithotrity, successful, by M. Civiale
Lochia, the 708
——— overflow of.................. ib.
——— stoppage of................ 709
London Hospital, remarks on the Lectures at 96
——— Med. Soc., discussion at, on tetanus from incision 27
——————— on softened placenta; hysteria 74
——————— on hysteria .. 105
——————— fracture of the cervix femoris 105. 181
——————— on dissections 152
——————— on extraordinary wound of the abdomen...... 181
——————— on the use of spurred rye, and of digitalis...... 219
——————— on antimony tartarised, its uses in several diseases 250
——————— on operations on the vasa deferentia 295
———————on Lloyd's new instruments for transfusion 295
London University, remarks on the medical school of 561, 818
——————— certificates not recognised by the Scotch Colleges 733
Lost pelvis 127, 192, 210

PAGE

Lovegrove, Mr., his case of poisoning by oxalic acid 512
Lucas, Mr., case of lithotomy in the horse............................ 61
Lunatics, paupers, bill for the regulation of.......................... 128
Lungs, inflammation of the, in children 299
——— on diseases of the 501
——— abscesses in 655
Lupus 92

M

M'Cormack, Dr., on stammering.... 352
——————— on gastric and diaphragmatic perforations 808
Maclure's, Mr., manual of midwifery 597
M'Donald, Mr , on palsy 188
M'Dowell, Dr., on external necrosis 430
Mackintosh, Dr., on hydrocephalus, 237, 266.
——————— on dysmenorrhœa, successful treatment of 489
——————— experiments with tartrate of antimony by.......... 536
Mad dogs, ancient mode of treating persons bitten by................ 462
Malaria.......................... 450
——— Dr. M'Culloch on 576
Malignant disease of the testicle.... 31
——— tubercles 91
Mammæ, three 394
——— extirpation of, for fungus hæmatodes 567
——— carcinomatous, extirpation of 800
Man and animals, changes of structure in 436
——— the fire-proof 585
Manure, vegetables 324
Marasmus in infants 773
Marking ink...................... 200
Massicot 12
Matter, extractive, of vegetables .. 385
Measles, use of blisters in the early stage of.......................... 814
Meats, nutritive properties of 615
Medd, Mr., on hydrophobia........ 220
Medical diseases of infants.......... 772
——— profession, state of the law regarding.......................... 690
——— profession, its anomalous condition.......................... 424
——— fund for widows and orphans 540
——— assistants, poor pay of, 15, 80, 318
——— apprentices, treatment of .. 814
Medicine, state of, in Arabia 325
——— in France and England, comparison between 586
Medico-Chirurgical Society, discussion at, on fracture of the thigh-bone, near the trochanter 74

PAGE

Medico-Chirurgical Society — excision, of a portion of the lower jaw ib.
Medulla oblongata 393
——— death from pressure on the ib.
——— spinalis, defective in infants 742
Mein, Mr., on rupture of the colon, and escape of the fæces.......... 571
Mercury, use of, in ulceration of the glans penis 90
——— and its compounds........ 168
——— triple salts of 170
——— its compounds with chlorine 168
——— preventive against the plague 447
Mesenteric obstructions in infants .. 777
Metal, bell, composition of 12
——— speculum, composition of.... ib.
——— cock, composition of........ ib.
——— for printers' type 43
——— on which music is engraved.. ib.
——— fusible, Sir Isaac Newton's .. 65
Metallorum balneum 202
Metallisation of ammonia.......... 171
Meteoric stones, nickel and iron in.. 139
Midwifery, use of the short forceps in 97
——— axiom in, relative to the Cæsarian operation 194
——— study of, in France 777
——— instruments, Mr. Holmes's 296
——— Dr. Ryan's introductory lecture to 394
——— synoptical table of...... 597
——— cases in............ 383, 574
Milk, composition of 452
Mind, "unsoundness" of, Mr. Nesse Hill on 22
Mineral waters, natural and artificial 251
Mitchell, Mr., on difficult parturition 562
Molybdenum 138
Monopoly of the Irish College of Surgeons 447, 823
Monsters, varieties of.............. 482
Morning Herald's pun on *Chiropodist Brodie* 785
——— article on dissections, remarks on 754
Morphia 389
Mortality, tables of 44
Mortification, spreading, amputation in 428, 758
Moxa, successful in paralysis 359
——— successful in epilepsy 368
Mulberry calculus 522
Murderer, Irons, the 124
Murderers, dissection of, remarks on 81
——— Gilham, dissection of .. 362
Muscles suddenly paralysed 63

N

Nævus, removal of a 672
Natural history, systems of 307
Naturalists and physicians, German, society of 633
Neck, tumour of the 92
Necrosis 415
——— of the tibia 224, 668
——— external 430
——— of the arm 568
Nerves, optic 103
——— cyst behind .... ib.
——— and spinal marrow, reunion of wounds of the 203
——— optic, on the union of the, and single vision 572
——— pneumo-gastric, influence of 590
——— fifth pair, effects of dividing the 681
Nervous delirium 554
New South Wales, healthiness of .. 480
Newton, Sir Isaac, fusible metal of.. 65
Nickel 139
——— how to separate it from iron ib.
——— tests for .... ib.
"Ninnyhammers" of St. Thomas's Hospital, second farce 50
Nitric acid, a powerful corrector of putrefaction.................... 450
——— a test for copper 12
Nitrate of tin 8
——— of silver, its use in ophthalmia 331
Nitromuriatic acid, a solvent of gold 263
Non-medical coroners 631
Nose, ulceration of 92
Nux vomica, extract of, given in hemiplegia 44
———successful in paraplegia 474

O

Oats, composition of 385
Obstetrics, feline 384
Ocular adjustment, fallacy of the doctrine of 591
Œsophagus, scirrhus of, causing inanition and death 157
——— imperforate, in infants.. 742
Oils, fixed 387
—— volatile 388
Oil, croton, power of 512
Opal 266
Operations, "doing one," by C. Brodie 122
Ophthalmia, nitrate of silver used in 331
——— caustic in .... ib.
——— purulent, in infants 771
Opium and electricity, value of, in tetanus 72
——— successful in delirium tremens 666
Optics 70
Optic nerves, destruction of the 103
"Order," sapient, at Guy's Hospital 96
Ore, green, of Chili 9
Or-molu 264

PAGE
Os calcis, fracture of 636
Oxalic acid, poisoning by 512
Oxide of nickel, a test for potash .. 479
“Oyster,” gapings of the 459
——— the letter of an, respecting medical fees 498
——— a letter on its gapings 544

P

Painters’ cholic 41
Painting on pottery 293
——— enamel .... ib.
Palate, soft, division of 140
Palpebræ, granular 334
Palsy, Mr. M‘Donald on 188
Paralysis, sudden, of the muscles of the fingers 64
Paralysis 89
——— caused by aneurism 635
——— cured by lightning 182
——— cured by moxa 359
——— of the muscles of the shoulder 63
——— without evidence of cerebral derangement .... ib.
——— of the lower extremities .. 381
Paraplegia successfully treated by nux vomica 474
Paris, war at, amongst physicians, apothecaries, and chemists 183
Parotid gland, extirpation of 633
Patella, dislocation of the........ 123
——— fracture of the 159, 479, 699
Pearson, Mr., on the division of the vasa deferentia 295
Peas, composition of 385
Peat 389
Pelvis, the “lost” 127, 192, 210
——— contracted 196
——— narrowing of the brim of the 198
——— severe contusion of the...... 223
——— tumours in the, with complicated labours 516
Penis, glans, destruction of 90
——— taliacotian operation on the 669
——— phagedenic ulceration of 671, 810
Penkivil, Dr., on diabetes 208
Perchloridum hydrargyri 169
Perforator, on the use of the .. 198, 295
Peritonitis, acute 541
Peritoneum, inflammation of the.... 2
Perineum, lacerations of, in labour 709
——— chronic........ 710
——— warty disease in the 411
Peripneumony........ 299
“Personal” attacks, remarks on.... 276
Perspiration, cutaneous, analysis of 687
Pewter as an alloy of lead 41
Petition to Parliament of the Edinburgh students on dissections 25
Petitions relative to dissections 50, 106, 199.

PAGE
Phagedenic ulceration of the penis 671, 811
Phlegmasia dolens 705
——— treatment of .. 706
——— chronic 707
Phrenitis—interesting examination 606
Phrenology!—love of offspring!—infanticide! 108
——— Dr. Epps on 187
——— letters on the doctrine of 314, 432, 604, 752.
Phthisis 152
Physicians, on the by-laws of the College of 47
——— College of, evening meetings at 89
——— *v.* Dr. Harrison 453, 538, 562, 594, 695, 736, 757, 763.
——— remarks on 465
——— English, in Paris 382
Physic, practice of 468
Physicians, King and Queen’s College, Ireland, “transactions” of 213, 299, 331.
Placenta, bony concretions in 13
——— and uterus, communication between the vessels of 231
——— retention of the, Dr. Blundell on 257
——— removal of the 261, 481
Plants, composition of 325
——— active principle of 389
Plague, inoculation for 44
——— mercury a preventive against the 447
——— origin of the 807
——— committee for investigating.. 634
Platinum 264
——— its combinations .... ib.
——— oxide of .... ib.
——— mode of obtaining .... ib.
Plated tin 8
Platinum, sulphate of, test for gelatin 615
Pleurisy 555
Poisoning by prussic acid 627
Polygala senega, chemical analysis of 45
Polypus uteri removed by ligature 310, 827
——— cordis 683
——— of the uterus 156
Popliteal aneurism cured by operation on a person of ninety 189
——— aneurism 256
Porcelain 293
——— colouring powder for...... 8
Portrait, a, where is it?........ 351
Potash, ferroprussiate, test for zinc 7
——— ferrocyanate of, a test for nickel 139
Potatoes, composition of 385
Potash, a test for 479
Pottery........ 291
——— painting on 293
Powder, fulminating 263
Practitioners, unqualified 603
——— remarks on 810
Prout, Mr. H., on hydrophobia 328

PAGE

Pregnancy, apoplexy in 27
——— in conjunction with delivery and latter gestation........ 610
——— extra-uterine 611, 632
Pressure in uterine hæmorrhage.... 221
Prizes to pupils 277
——— at St. Thomas's Hospital 320
——— at Guy's Hospital .. 412
Prolapsus uteri 733
Protochloridum hydrargyri 169
Protoxide of lead—how to obtain it 12
Pyrophorus 43
Puerperal state, symptoms occurring in, Dr. Blundell on.............. 1
——— irritability 2
——— convulsions 486
——— treatment of 514
——— fever.................... 641
——— treatment of 643
——— varieties of 675, 673
——— causes of 676
——— state, after-treatment of .. 801
Pudendum, gangrenous erysipelas of 639
Pulmonary veins, valves in the 584
Pun by Joe Burns 88
——— by a barrister 535
——— of the "Morning Herald" on Chiropodist Brodie.............. 785
Pupils, exorbitant charges to, at the London and Dublin Hospitals 18
——— "perpetual" on their *exclusion* from Guy's Hospital 372
——— regulations, of St. George's.. 358
Purpura hæmorrhagica cured 444
——— Dr. T. Woodforde on....................... 576
Putrefaction 449
——— of a living fœtus 70
——— infectious.............. 450
——— corrected by nitric acid ib.
Putrid exhalations 629

Q

Quacks 495
Quain's, Mr. Jones, Elements of Descriptive and Practical Anatomy, notice of 825
Quartz 266
Query of a patient to his surgeon .. 476
Quick-lime, value of, as a manure .. 325
Quicksilver 168
——— oxides of............. ib.
Quinine, sulphate of 390
——— value of in intermittents.................... 22

R

Rabbits, removal of the wombs of .. 167
Rana, genus of, on the heart of the animals of the 602

PAGE

Ranula cured by excision 495
Red gum in infants................ 774
Rectum, sloughing of.............. 3
——— contraction of........... 230
——— urine discharged from 223
Remarks on the exorbitant charges to pupils at the London and Dublin Hospitals 18
——— on Mr. Bransby Cooper's operation of lithotomy 20, 50
——— on the dissection of murderers 81
——— on the lecturers at the London Hospital 96
——— on speeches in Parliament relative to dissections............ 112
——— on the Bill for regulation of lunatics 128
——— on the mal-administration of the London and Dublin Hospitals 145
——— on the Edinburgh "graduation" process................ 147
——— on the necessity of dissections 179
——— on the false pretensions of the Scotch dubs 212
——— on Baron Hullock's decision respecting dissections 213
——— on the Scotch Universities 241
——— on a trial for exhumation.. 244
——— on attacks on "private character" 276
——— on the "Hole and Corner" surgery of the Borough Hospitals 308
——— on the Professor at the Hotel Dieu 327
——— on "hospital reporting," and "Hole and Corner" surgery 338
——— on the monopoly of the College of Surgeons................ 402
——— on the mismanagement of the London Hospitals 427
——— on the "excrescence".... 432
——— on Dr. Harrison's trial with the College of Physicians 465, 594
——— on the twaddle of the "Oyster" 498
——— on the treatment of hospital patients and Coroner's Inquests 532
——— on the medical department of the London University 561, 818
——— on the establishment of a Medical Benevolent Fund 593
——— on unqualified practitioners 603, 810.
——— on the Widows' Fund 625
——— on Mr. Alderson's speech on body-snatching 659, 812
——— on the laws affecting the medical profession 689
——— on Jemmy Johnstone's *erudition* 694

PAGE

Remarks on the Report of the Committee on Anatomy.......... 721, 753
——— on the arguments of *The Herald* respecting the dissections of murderers 754
——— on Dr. G. Smith's letters on Dr. Harrison's trial 757
——— on the evidence of Mr. Harrison before the Committee on Anatomy 786
——— on the want of clinical instruction at Guy's Hospital 799
——— on unqualified practitioners, and inutility of the Apothecaries' Act 810
——— on the dysentery of Dublin, 1825 335
Respiration and circulation, relation between 489
——— of the crustacea 630
Resins 388
Retention of the placenta 257
——— of urine 365
Retina, concussion of, causing amaurosis 185
Review of Dr. Kennedy on the epidemic cholera 55
——— of the Edinburgh Medical Journal for April 82
——— of "A Blast from the North" 241
——— of Dr. Burne's Treatise on Typhus Fever 245
——— of Dr. Neale on Ergot of Rye 278
——— of the Transactions of the King and Queen's College of Ireland.................213, 299, 331
——— of Pamphlets on the Supply of Water to the Metropolis 372
——— of Gordon's Examinations for the use of Students.............. 403
——— of Baron's "Changes" in Man and Animals 436
——— of Watson's Compendium of Diseases of the Eye 439
——— of Gregory's Elements of the Practice of Physic 468
——— of Williams's Signs of Diseases of the Lungs and Pleura.... 501
——— how to, "Medico Chirurgically" 504
——— of Mitchell on difficult Parturition 562
——— of Castle's Lexicon Pharmaceuticum 565
——— of Maclure's Manual of Midwifery 597
——— of Messrs. Goodeve's and Evans' table of Midwifery ...... ib.
——— of Kent's Essay on Midwifery ib.
——— of Medico-Chirurgical Transactions 651, 685, 727
——— of Ballingall's Clinical Lecture 757

PAGE

Review of Quain's Elements of Descriptive and Practical Anatomy.. 825
Rheumatism cured by acupuncturation 366, 409
Rhinoplastic operation by M. Lisfranc 808
Ribs, fracture of the 605
—— fracture of the, with emphysema 767
—— carious removal of 413
Richmond School of Anatomy .. 75, 112
Rigidity, a cause of laborious labour 225
Rights of pupils at the Borough hospitals 121
——— of surgeons sacrificed .. 212, 296, 574, 810.
Rigors, wastings, sweatings, vomitings, and purgings, after laborious labours 2
Rogers, Mr., on the value of ergot of rye 795
Rock crystal 266
Rupture of the colon 571
——— of the stomach by vomiting 687
——— of the intestine in hernia .. 160, 223.
——— of the vena cava inferior 48
——— of, and flooding from the uterus 110
——— of the uterus 549
——————— how known .. ib.
——————— treatment of 550
Rupia prominens 342
——— simplex 664
Russian army and navy medical service 768
Ryan's, Dr., introductory lecture on midwifery 394
Ryan, Dr., on delirium tremens 791

S

Sacro-coxygeal joint, anchylosis of .. 228
St. Bartholomew's Hospital, surgical arrangements at 14
——————— Hospital, abuses at .. 348, 503, 557, 630, 720, 763, 785
St. George's Hospital, regulations for the pupils at 358
——————— Hospital, abuses in 463
St. Thomas's Hospital, *surgery* at .. 219, 252.
——————— Hospital, prizes at .. 277, 320.
——————— and Guy's, abuses in .. 464
——————— Hospital library 472
——————— Hospital, abuses in .. 512, 555.
Salts, triple of mercury 170
Sang, Mr., successful treatment of traumatic tetanus ....
Scalp, wounds of, followed by erysipelas 476
—— laceration of, followed by abscess of the brain 511

PAGE
Scalp, tumour of 606
Scalds and burns 175
Scirrhus of æsophagus causing inanition and death 157
——— of the lachrymal gland .. 411
Scotus, sketch of the medical schools of Scotland, by 282
Scotch Universities and London College 93
——— medical graduates, remarks on 211
——— Universities refuse the certificates of the London University .. 733
Secale cornutum..210, 337, 535, 563, 579, 793, 795.
Section of the symphysis pubis 194
Secretions, mucous 453
Seeing objects at different distances 70
Shell 616
Sheldrake, Mr., on distortions .. 142, 271, 361, 406, 524, 621, 646, 715, 779.
Sheep, distribution of the arteries in the head of 13
Shoulder joint, amputation at the .. 25
——— sudden paralysis of the.... 63
Shute, Mr., on a curious appearance of the blood 630
Silica 265
Silver, its specific gravity and ductility 199
——— oxide of .... ib.
——— fulminating powder prepared from 200
——— chloride of .... ib.
——— horn or luna cornea .... ib.
——— iodide of .... ib.
——— chlorite of .... ib.
——— nitrate of .... ib.
——— sulphate of .... ib.
——— standard; composition of .. 201
——— its alloys .... ib.
——— means of ascertaining its purity .... ib.
——— and its compounds 199
——— native .... ib.
Sinus, frontal 569
Sketches of the medical schools of Scotland—No. 9.... 282
——— profession in Ireland—College of Physicians 746
Skin, new, Sir A. Cooper on the formation of 442
—— on the formation of 573, 606
Sloughings after laborious labours .. 3
——— of the leg 442
Smith, Mr. C., on enlargement of the knee 584
Smith's, Dr. G., letters on the trial of College *v.* Harrison 538, 766
Snake-catchers 496
Soaps 388
Society, Zoological 178
Soft palate, division of 140
Softening of the womb 204

PAGE
Sovereigns, weight of 263
Spermaceti 616
Spine, disease of the 555
—— distortions of, Mr. Sheldrake on 646
Spinal marrow and nerves, re-union of wounds of the 203
Spina bifida 741
——— obstructing labour 698
Spirits, how to ascertain their strength 419
Spleen and liver, abscesses of 657
Sponge, use of, in preserving circulation in the chord during labour .. 229
Spontaneous combustion 203, 551
——— human combustion 552
"Staff, straight," more of the 159
Stammering, Dr. M'Cormack on 352
Stanzas on Dr. Harrison 562
Staphyloma 234, 439
Starch 355
Steel, its admixture with silver increases its sharpness 292
—— Peruvian 265
—— hardening of 628
Stephenson, Mr., on popliteal aneurism 189
Stethoscope, indications of the, in open foramen ovale 305
Stomach, leech in the 194
——— rupture of the, produced by vomiting 687
——— perforations of the 808
Stricture of the rectum 230
——— of the vagina 383
Strophulus intertinctus 774
Stramonium, efficacy of enterodynia 444
Strangulated scrotal hernia 122
——— femoral hernia 122, 160, 223
——— hernia, cases of 351, 666, 735.
——— ventral 380
Students, meeting of, at the Webb Street School 108
——— exactions from, at the Hospitals 191
Subscription for the distressed medical gentleman and family 352, 384, 416, 441, 480, 512, 608, 640, 672, 704, 736, 768, 800, 832.
Sugar 355
Suffocation from a leech in the larynx 104
Sully, Dr., on the prevention of hydrophobia 493
Sulphate of zinc successful in chorea 640
Sulphur, its existence in asafœtida 294
Summer catarrh 687
Suppression of urine for seven weeks 393
Surgery at St. Thomas's Hospital 219, 252
Swelling of the lower extremities after fever 75
Syphilis communicated by leeches .. 14
——— in infants 771
Symphysis pubis, section of the 194
Sympathetic inks 44

T PAGE

Tables of mortality .... ib.
Taliacotian operation on the penis .. 669
—————— for a new nose, by M. Lisfranc 808
Tanning 385
Tapping "fœcal" 637
Taraxacum, properties of 816
Tarsal bones, excision of 413
Tax on apothecaries' apprentices .. 448
Testes, wasting of the, from division of the vasa deferentia 295
Testicle, malignant disease of the .. 31
——— disease of the .... ib.
——— fungus of the 408
——— diseased, division of vas deferens for 475
Test for arsenic 137
—— for tin 8
—— for cadmium 8
—— for copper 11-12
—— for nickel 139
—— for zinc 7
—— for the purity of silver 201
—— for gelatin, or jelly 615
Tetanus from incision, discussion at London Medical Society 27
——— from the application of a blister 72
——— traumatic 607
——— cured by opium and electricity 72
Thigh, dislocation of, upwards 49
——— fracture of the 313
——— fracture of, with delirium tremens 701
——— and hip, singular affection of 508
Thumb, carcinomatous ulceration, with enlarged axillary glands 472
Thrush, or aphtha 776
Tibia, disease of the 17, 312
——— fracture of, in the fœtus 14
——— fracture of the tubercle of .. 32
——— and fibula, fracture of 382
——— fractures of the 312, 475, 636
——— necrosis of 224, 668
Tic doloureux 222
Tin, Prof. Brande on 6
—————— on chlorides of .. 8
—————— proto-chloride of .. 8
—————— per-chloride of .. 11
—————— plated 8
—————— salts of .... ib.
—————— tests for .... ib.
—————— oxides of 7-8
—————— common 7
—————— grain. .... ib.
—————— powder, dangerous as a vermifuge 8
Tinning of copper 12
Tincture of ergot of rye 535
Tobacco enema successful in hernia 351
Tongue, carcinomatous ulceration of 797

PAGE
Tortoise and crocodile, canals between the peritoneum and the corpora cavernosa of the 140
Tractor, or lever, and forceps, Dr. Blundell on the use of 37
——— Dr. Blundell on 33
Transactions, Medico-Chirurgical, reviews of 651, 685, 727
—————— of the King and Queen's College, Ireland, review of .. 213, 299, 331.
Traumatic tetanus, case of, treated 33 by Mr. Sang ....
——— tetanus 607
Trial at Bristol for malpractice, remarks on 690
Trichiasis, cases of 510
Trought, Mr., on hernia 351
Tubercles, malignant 91
Tumours in the pelvis, with complicated labours 516
——— of the neck 92
——— of the scalp 606
——— malignant, in the axilla .. 671
——— malignant of the jaw 830
——— fungoid of the face, weighing seven pounds 679, 701
Tumour of the labium pudendi 832
——— abdominal 652
Tungsten 138
Turf 389
Turning in labour 85
Turnips, Swedish, composition of .. 385
——— common, ditto .... ib.
Twins, birth of 580
Typhus fever 245

U

Ulcer, varicose, of the leg—excision —death 509
—— of the leg cured, by cutting the vena saphena interna 478
Ulceration of the nose 92
——— carcinomatous, of the tongue 797
Ulcers cured by Peruvian balsam .. 367
Umbilical chord, means of preserving circulation in the 229
——— vein in the right auricle .. 488
University of Cambridge, questions proposed at, for the degree of M. B. 693
Universities, Scotch, remarks on .. 93, 211.
Unqualified practitioners 603
"Unsoundness" of mind, Mr. Nesse Hill on 22
Urea 520
Urethra, malformation of, operation for 672
Urinary fistula 223
——— system, malformation of 745

Urinary sand or gravel 520
Urinals of water-proof cloth 368
Urine, discharge of, from the rectum 223
—— healthy, analysis of 519
—— secretion of .... ib.
—— retention of, after laborious labour 3
—— retention of 365
—— retention of, in infants 770
—— suppression of, for seven weeks 393
Uterus, softening of the 204
—— polypus of the .. 156, 310, 311, 312.
—— and placenta, communication between the vessels of 231
—— rupture of the 110, 549
—— —— how ascertained ib.
—— —— treatment of .. 550
—— excision of, by Dr. Blundell 597
—— cancer of the 565
—— gravid, Dr. Blundell on 801
—— inversion of the 545
—— —— treatment of .. 546
—— extirpation of the neck of .. 364, 672.
—— hour-glass, and irregular contraction of the 261, 262
Uterine hæmorrhage 384
—— hæmorrhage, value of ergot in 794, 795
—— and extra-uterine fœtation, simultaneous 306
Uvula, elongation of, causing cough 492
—— cut off .... ib

V

Vagina, stricture of the 383
—— laceration of, in parturition .. 383
—— imperforate in infants 739
Valves in the pulmonary veins...... 584
Varicose abdominal veins, superficial 158
—— ulcer of the leg cured by cutting the vena saphena 478
—— veins treated by blisters .. 446
Varix; incision; death........ 509
Vas deferens, division of, as a substitute for castration 250
—— division of, in diseased testicle 475
Vasa deferentia, division of, in a horse and two asses........ 295
Vegetable chemistry, Prof. Brande on 321
Vegetables, nutrition of........ 324
—— heat in........ 324
Vegetables, composition of........ 325
Vein, inflammation of, from bleeding 658
—— pulmonary valves in the...... 584
—— abdominal varicose, enlargement of the 158
—— varicose, treated by blisters.... 446
Vein, inflammation of, from excision; death........ 509
Vena cava inferior, rupture of the .. 48
—— porta, ligature on the 70
—— saphena, excision of, for an ulcer 478
Venesection, value of, to Bobby Keate........ 160
—— causing aneurism 312
Ventral strangulated hernia 380
Vertebra, fourth cervical fracture of, with dislocation 185
—— disease of the........ 555
Verditer........ 11
Vermifuge, powdered tin, dangerous as a 8
Veterinary College, abuses at.... 77, 141
—— School, Edinburgh 155
—— Society, meetings of the 314, 382, 405, 500
Vinegar, mode of preparing 422
Vision, some facts connected with.... 70
—— independent of the optic nerves 103
—— Mr. T. Williams on, 156, 344, 591
—— anomaly of 229
—— Dr. Forster on single and erect 345
—— inverted 571
—— single 572
Vomiting, mechanism of the parts producing 600
—— producing rupture of the stomach........ 687

W

Wallace, Mr., on a peculiar inflammatory disease of the eye 685
Wansbrough, Mr., on acupuncturation in rheumatism 366
Warburton, Mr., his motion for a committee on anatomy 117
Ward, Dr., on flour as a remedy for burns and scalds 175, 618
Wardrop, Mr., on aneurism of the innominata 760
Warty disease in the perineum 411
Water, supply of, to the metropolis, review of pamphlets on 372
Watson, Mr., on diseases of the eye.. 439
Wax and fixed oils........ 387
Waters, mineral, natural and artificial 251
Weatherill, Dr., his case of successful excision of cancer of the uterus .. 565
Wedgwood's ware, preparation of .. 293
Weeke's, Mr., on rupture of the stomach, caused by vomiting 687
Weiss' female urethra dilator 16
Wenzel, Dr. K., death of 683
Westminster Hospital, advantages of, to pupils 16
—— abuses in the.... 17, 79
—— Medical Society, discussions at, on burns and scalds.. 26
—— —— on insanity 73, 107

Westminster Hospital, on phthisis .. 152
Wheat, composition of 385
Whitlow, treatment of 85
Whiskey a cure for delirium tremens! 792
Widows' and Orphans' Medical Fund 540, 593, 625
Williams, Mr., on Vision 346
——— Dr., on diseases of the lungs and pleura 501
——— ——— on the Russian army and navy medical service 768
Wines, their relative strength...... 418
Womb, excision of the, by Dr. Blundell.......................... 597
——— ——— by Dr. Weatherill 565
——— cancer of the .... ib.
——— removal of the neck of...... 672
——— prolapsus of the............ 733
——— removal of, from rabbits.... 167
——— softening of the............ 204
Woodforde, Dr. T., on the efficacy of hydrocyanic acid, in gastrodynia 401
——— ——— on purpura hæmorrhagica 576
Wound of the abdomen............ 184
——— of the leg, sloughing........ 605
——— ——— fatal gangrene.... 543
——— of the knee................ 272
——— of spinal marrow and nerves, re-union of 203
——— in the scalp, followed by erysipelas 476
——— of the scalp 511
——— of the frontal sinus.......... 569
——— of the chest 230
Wounds cured by balsam Peru...... 367

Y

Yellow fever, researches on the nature of 678
——— goth, literary honesty of the 663

Z

Zinc, Professor Brande on.......... 6
—— oxide of .... ib.
—— flowers of, or philosopher's wool ib.
—— chloride of 7
—— muriate of .... ib.
—— sulphate of .... ib.
—— carbonate of, or calamine...... ib.
—— test for in ferro-prussiate of potash .... ib.
—— uses of .... ib.
—— sulphate of, successful in chorea 640
Zoological Society 178
Zygomatic arch, fracture of the 508

BINDING [illegible] DEC 1 1942

R The Lancet
31 1827/28, v.2
L3
1827/1828
v.2
cop.2

Biological
& Medical
Serials

PLEASE DO NOT REMOVE
CARDS OR SLIPS FROM THIS POCKET

UNIVERSITY OF TORONTO LIBRARY